Reforming Human Services in Illinois

A Review of Past Efforts and Current Directions

Illinois Human Services Commission

December 2010

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January 2011

MESSAGE FROM THE CO-CHAIRS OF THE HUMAN SERVICES COMMISSION

The first report of the Illinois Human Services Commission, submitted to the Office of the Governor and the General Assembly in June 2010, catalogued over 300 human services programs as well as issues or challenges within the more narrow scope of each program area. In this second report, the Human Services Commission captures lessons learned from past large-scale human service reform efforts and documents more recent recommendations made by the hundreds of lawmakers, advocates, service providers, consumers and experts who serve on commissions and related advisory entities convened by the state and whose work was solicited for this report.

This report ensures that the Human Services Commission will build on previous work without duplicating the efforts of other commissions. It gathers, in one document and for the first time, information on how the state carried out a major reorganization of the human services system in the 1990s as well as more recent, on-going efforts of dozens of groups that focus on specific issues and populations.

Several areas of this report are designed to help readers navigate the large number of entities that exist and the hundreds of recommendations they have generated. Section Four sorts all recommendations submitted to the commission by issue areas and populations served. Appendix B organizes them by entity. Section Three examines a set of cross-cutting issues that emerge when all of these recommendations are considered together. Appendix A lists current and recent human services commissions and related advisory entities and offers general information about how they are formed.

Regarding the compilation of current and recent recommendations, please note that:

1. The recommendations come from diverse sources and represent a wide range of perspectives; indeed, taken together, some recommendations listed are in conflict with others. They have not been adopted by this commission or agreed to by all commission members.

2. The recommendations and the roster of human services advisory entities were collected through two calls for submissions, issued over the second half of 2010 and into early January, 2011. It bears noting that there may be entities that did not hear of or respond in time to the Human Services Commission's requests.

The effort to improve human services is an on-going task. Changes that are made reflect our values and negotiated agreements on resource allocations and service delivery systems. Large scale changes are generally made as the result of changes in federal law, such as welfare reform, child welfare reform and health care reform. These federal laws affect the lives of thousands, or in some cases millions, of Illinois residents and can alter the state service delivery systems dramatically. Smaller scale changes can be the

results of law suits or applications of best practices based on evidence and years of refining services to produce better outcomes.

The Human Services Commission, created in November 2009, has the opportunity to examine improvements that have been made over the years to determine what its specific contributions will be at this particular moment in time through recommendations made to the Governor and the legislature by November 2011. We recognize that the State of Illinois is facing an unprecedented financial crisis which threatens the safety net for many Illinois residents and presents challenges to the preservation of quality human services. We also recognize that there is a new law in place requiring that the state develop its budget based on outcomes. We anticipate that the final report from the Human Services Commission will have recommendations to address the fiscal challenges of our state and how to document effective outcomes of human services.

We are grateful for the support and contributions made by commissioners, external experts and staff from the Governor's Office, state agencies and The Chicago Community Trust who have made this second report possible.

Sincerely,

Ngoan Le and Toni Irving - Co-chairs, Illinois Human Services Commission

HUMAN SERVICES REFORM EFFORTS OF THE 1990S

Section 1: Lessons and Observations from the 1990s Human Services Reform Efforts

Illinois's current human services system has been shaped both intentionally and by accretion. It consists of hundreds of discrete programs, created over time in response to specific needs and made possible through various funding streams.[1] Programs are designed, implemented and refined based on those specific needs and funding requirements; yet they also exist within an overall human services system that grows and changes with each new addition.

Due to these generative conditions, human services systems tend to be valued for their responsiveness and criticized for their fragmentation and complexity.

Periodically, there are opportunities to look at human services in their entirety and to intentionally rationalize and restructure the system. This last occurred in Illinois in the 1990s, over a five-year period that coincided with the advent of federal welfare reform.

Today, the Illinois Human Services Commission is charged with conducting a review of the human services system and making recommendations that will have the attention of the Governor and the legislature. The commission accomplished the former task in its first report, *Human Services in Illinois: A Point-in-Time Review of the Current System*.[2]

In its next phase of work, the commission's recommendations will help chart a course for improving the system. As was the case in the 1990s, any subsequent reform or reorganization that occurs will be affected by a larger federal initiative, this time health care reform.

To bring historical perspective to this work, this section of the report focuses on key observations and lessons from a series of reform efforts that occurred during the 1990s and that culminated in the creation of a new state agency – the Illinois Department of Human Services (DHS). The observations and lessons are drawn from the following sources:

- Archival materials from the Governor's Task Force on Human Services Reform (1993 – 1997) and from the staff team that later implemented the human services reorganization that was signed into law in 1996.[3]

- Interviews with individuals who were involved in various phases of the reform effort.[4]

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[1] See *Human Services in Illinois: A Point-In-Time Review of the Current System*, Illinois Human Services Commission, June 2010, page 278 ff for a chronological history of Illinois and federal human services programs. Available at: http://www2.illinois.gov/hsc/Documents/HSC%20First%20Report%206-30-10.pdf

[2] Ibid.

[3] The commission is grateful to Robert Goerge, Chapin Hall, Ngoan Le, The Chicago Community Trust and Paula Woolf, Chicago Metropolis 2020 for maintaining and providing archival materials.

Section 1: Lessons and Observations from the 1990s Human Services Reform Efforts

This human services reform effort was a complex, years-long process, so this discussion cannot capture every significant point.[5] Rather, the archival materials were used to identify the key aspects of reform efforts discussed below. Interviews were used to help fill in their details and provided the benefits of retrospective observations.

- **The 1990s reorganization grew out of a confluence of needs, opportunities and an external imperative.** The incoming Edgar administration faced fiscal constraints and also the desire to improve inefficiencies in the system. The Casey Foundation, whose mission is to improve outcomes for vulnerable children, sought an opportunity to work with the new administration to design a human services system that could deliver better results for at-risk families through improved coordination of services at the state and community levels. Both parties saw a need to address inefficiencies which had grown, on the one hand, from the historic accretion of programs spread across various agencies and, on the other hand, from emerging social issues, including the crack epidemic. The latter was causing staggering growth in foster care and AFDC (Aid to Families with Dependent Children) caseloads, at a time when heart-wrenching stories, including the death of three-year-old Joseph Wallace and the plight of the so-called "Keystone Kids" were gripping the public.

  Creating a blue ribbon task force and attaching the governor's name to it would, it was hoped, shine light on the problems of system fragmentation, duplication and other inefficiencies; add the governor's weight and authority to whatever solutions the task force would develop; and, at the same time, keep the governor's office itself invested and engaged over what would end up being a years-long planning effort.

  Midway through the planning process, the new federal welfare reform law was enacted, which required all states to dramatically restructure their human services programs and meet new mandates. The logical vehicle for preparing to implement welfare reform in Illinois was the human services reform effort that was already underway. In the end, this imperative would significantly influence the scope and shape of the Illinois reorganization, including the new federal law's emphasis on time-limited benefits and "work first" policies.

- **The planning effort behind the reorganization was a highly complex undertaking, involving multiple entities, phases and actions.** The main entities, phases and activities were:

  - A Governor's Task Force on Human Services Reform, created in 1993 and composed of members of the legislature, the heads of state agencies, senior staff in the governor's office and business and civic leaders. A team of six senior staff from the state and seven *pro bono* staff from McKinsey & Company provided staff support for the work of the Task Force. The task force conducted an extensive review of the human services system, gathered input from providers, clients and academics, designed and operated pilot projects and convened its own advisory council. It developed a sweeping, detailed

[4] Interviews were conducted with: John Bouman, Sargent Shriver National Center on Poverty Law, Robert Goerge, Chapin Hall, Howard Peters, Illinois Hospital Association and Paula Woolf, Metropolis 2020.
[5] See Section 2 of this report for a more detailed summary of IDHS's creation, drawn from the archival materials.

proposal for a redesigned human services system encompassing government, service providers, churches and other community based groups, as well as private business. Among other things, the proposal called for human services funding, programs, oversight and accountability to be organized around a new type of local entity – the community federation – and this approach was piloted in several locations.

- An Executive Order, signed Governor Edgar in January 1996, which called for all or most of seven state agencies to be consolidated into a new Department of Human Services.[6]

- House Bill 2632, signed into law in July 1996 which consolidated three entire agencies and parts of three others under the new Illinois Department of Human Services.[7]

- **From the beginning, planners had a fairly clear picture of what human services reform should look like, but this picture changed over the course of the four phases. The actual shape of the 1997 reorganization was only concretized in the last phase of this process.** The task force's initial goals for human services reform were highly ambitious. They were based on a set of principles that included overall family well being, making communities full partners in service provision, adopting practices of the business sector, targeting prevention over than amelioration, defining and tracking outcomes and other accountability measures, moving to integrated services and blended funding streams, to name just a few. The task force also sought to better understand the various types of consumer profiles and the service design and inventions each one needed.[8] As this expansive vision encountered political realities and the rigors of implementation, the goals shifted as needed, but continued to measure up to the ambitious scale that characterizes major restructuring efforts.

  Over time, the reorganization came to focus more closely on the question of how the state could get a better return on its human services investments through consolidation, better coordination among agencies and programs, and by defining and tracking outcomes. The need to create in a year's time a newly consolidated human services agency, one that would operate in a seismically altered welfare environment, was the pressing – and still highly ambitious – task.

  Many of the reorganization's initial goals were realized at the programmatic level, if not system wide. For example, Teen REACH (Responsibility, Education, Achievement, Caring, and Hope), created under the 1997 consolidation and in existence today, focuses on prevention, by diverting kids from the criminal justice system and providing constructive activities during out-

[6] The departments that were to be consolidated under the Executive Order were Aging (DOA), Public Health (DPH), Rehabilitation Services (DRS), Public Aid (DPA), Alcohol and Substance Abuse (DASA), Mental Health and Developmental Disabilities (DMHDD), and the Department of Children and Family Services (DCFS).

[7] The consolidated agencies were DASA, DMHDD and DRS; in addition, certain programs previously under DCFS, DPA and DPH were moved to the new DHS. See Section 2 for a more detailed summary of this phase of the reorganization.

[8] More recently, Chapin Hall has undertaken similar research to gain better insight into human services consumers / clients who present the most challenges to service delivery and outcomes. Chapin Hall kindly provided their *Issues Brief* on this topic as an attachment to this report.

of-school time. It reflects a whole-family approach by targeting older youth who had been overlooked by the system's traditional focus on mothers and their younger children. And it was funded through a more flexible allocation of TANF, mental health and substance abuse dollars.

- **Outside and flexible resources were important during all phases of the reorganization,** the Teen REACH program being one example of this. Also, early on, grants from the Annie E. Casey Foundation supported a senior staff position in the governor's office who, in turn, kept the task force coordinated and moving ahead. During times of intense negotiation with legislators and interest groups, the reorganization's ability to attract additional federal dollars to Illinois, by making changes that would meet the new welfare law's requirements, was something that helped the different interests come to agreement.

- **The new TANF law complimented and constrained the effort.** TANF brought flexible and new dollars to the state, validated the need for reform and boosted the reorganization's visibility and status with government, the media and even the private sector. However, when it came to implementation, the federal emphasis on "work first" policies meant that new programs and approaches could not always address root causes of welfare dependency, both in the lives of individuals and families (e.g., lack of education and life skills) and in the broader community (e.g., the lack of local job opportunities and transportation infrastructure in low-income neighborhoods).

  Comprehending and meeting myriad new federal requirements demanded a great deal from the reorganization team. This in turn limited the number of beyond-compliance measures that the final reorganization could accomplish. The original task force goal of a system-wide focus on the well-being of the whole family and whole communities had to adjust, under welfare reform's requirements, to a system-wide goal of moving people into the labor market and off the welfare rolls.

- **Interest groups used different strategies to influence the reorganization, and arrived at different results.** The idea that consolidation would improve coordination and get to economies of scale did not necessarily appeal to groups that work with specific populations. They were concerned that the needs of their constituents and the services they require might get lost or take lower priority within a larger, restructured agency.

  In some but not all cases, interest groups made efforts to keep their programs and agencies out of the consolidation. Although the Department on Aging was originally included in the executive order calling for a seven-agency consolidation, a lobbying effort succeeded in keeping that agency out of the later legislation that directed the reorganization. Similarly, under a consent decree entered into with the ACLU, DCFS remained a separate agency.

  While DCFS was not part of the larger consolidation (beyond some programs that moved to the new DHS) it did engage in reform, including adopting performance-based contracting. In the

process, it went from being one of the worst to one of the best child welfare agencies in the nation, with significantly reduced foster care caseloads (from over 50,000 in the mid 1990s to under 15,000 in 2010). For DCFS, staying separate was the pathway to reform.[9]

In contrast, the field of early childhood care and education (ECE) used consolidation as an opportunity to rationalize and grow Illinois's fragmented child care system. Prior to the 1997 reorganization, there were separate child care programs for TANF recipients, former TANF recipients, low-income people who were not on TANF, children in foster care, etc. These programs were spread among different agencies and departments, and a lack of coordination between them made it difficult for parents and providers alike to navigate the system. By embracing consolidation, at a time when welfare reform was directing new federal dollars to child care and giving states latitude to increase their own investments, the ECE community got both a more efficient system and more funding.

- **During all phases of the 1990s reorganization, the need for a streamlined, integrated information technology system for human services was a high, yet elusive, priority.** The benefits of an integrated electronic system for management, client intake and reporting functions were outlined in the task force's earliest materials. Years later, a specific planning effort around integrated technology was on the agenda of the legislative task force that oversaw HB 2632's implementation. However, while progress was made around the use of technology, the integrated system was not realized. Planning efforts continue to this day, now through Illinois Framework. Given the durability of this issue, the two main obstacles encountered during the 1990s reorganization are useful context for today.

    - First, the cost of equipment, system redesign, software purchases, installation, human hours to revise and document multiple work processes and for staff training and other needs totaled many millions of dollars, more than the budget could bear. Cost overruns in IT installations and conversions were common and staggeringly high. The total price for a new, integrated IT system, however sensible and economical in the long run, was not affordable for a new agency startup that was already carrying so many other upfront costs.[10]

    - Second, networked systems themselves were in the early stages of development and e-mail was in its infancy. The electronic document exchange that today is so quick and effortless at that time still involved physically transporting disks and drives between locations. The time needed to set up a system, smooth out the bugs and become

[9] DCFS has kindly provided an overview of these improvements as an attachment to this report.
[10] The conversion cost dilemma persists today. Universal electronic medical records are viewed as an eminently sensible idea for saving costs and even lives; however, we have yet to figure out how to make affordable the technological and human aspects of such a large-scale conversion.

> operational was frequently elongated, because network technologies were more cumbersome, and the people with knowledge of them were in high demand. Under these conditions, the reorganization team could not be confident that all the technical expertise needed to create, debug, start up and maintain an integrated technology system would be available before the new DHS opened its doors. [11]

The 1997 reorganization faced other obstacles and tasks, including less tangible things such as changing organizational culture. Workers who were experienced in administering benefits had to be reoriented to a new system focused on outcomes that lead to self sufficiency.

Each phase of the reorganization required negotiation between the aspirational – "the ideal system" – and the practical and the mandated – "what can we do; what must we do." The original task force began with a highly ambitious set of principles and goals that extended well beyond government, to community and family life; private business and the civic sector. However the resources to support the reorganization, as well as the size of the arena where planners actually had control, were much narrower.

The arrival of welfare reform added a new set of mandates that both complimented and constrained the effort. The more aspirational aspects of the reorganization, while not always realized, served as a touchstone of values and principles that guided decision making within the more limited field of possibilities that comes with implementation.

[11] In fact, two years later, in 1999, a smaller-scale technology consolidation caused huge headaches for the state, when child support payment processing was contracted out to a centralized entity (as mandated under federal welfare reform) whose technology system utterly failed at start up, resulting in massive payments delays to poor families and a chorus of negative publicity.

Section 2: Findings and Recommendations from the 1997 Human Services Reorganization

The following synopsis of the 1997 human services reorganization is wholly based on archival documents. Source materials include presentations prepared by McKinsey and Company, which provided a *pro bono* team to the reorganization effort, as well as back issues of "The Reorganization Reporter," an internal newsletter that kept staff in various departments and locations informed about the reorganization's progress.

These documents offer a real-time glimpse into the many processes and tasks behind a complex system's redesign. As archival materials, they also present inherent limitations. They were intended to aid planning and implementation more than to provide lessons for today. As static documents, they may not answer every question they raise for today's reader. In these cases, they nevertheless contribute by calling our attention to durable issues and areas in need of further investigation.

Agencies Involved in the Reorganization

Legislation signed by Governor Edgar in July 3, 1996 created the new Illinois Department of Human Services (DHS), effective July 3, 1997. The new law consolidated three state agencies in their entirety:

- Department of Alcoholism and Substance Abuse (DASA)
- Department of Mental Health and Developmental Disabilities Services (DMHDD)
- Department of Rehabilitation Services (DRS)

Other state agencies had some of their human services programs moved over to the new state agency, including:

- Department of Children and Family Services (DCFS): Employment-Related Daycare and Youth Services
- Department of Public Aid: Cash assistance, food stamps and Medicaid eligibility, employment programs and child care, and social service programs
- Department of Public Health (DPH): Women, Infants, and Children (WIC), Family Case Management as well as several other health-related and prevention programs

Goals for a New Service Delivery System

Among the major goals of the new DHS were to: 1) allocate existing resources more holistically, instead of within historic program silos, and 2) focus services on family assets, priorities and action plans. The new system emphasized prevention and the achievement of self-sufficiency. It intended to get clients in and out of the system as quickly as possible.

In order to achieve these goals, the new service delivery system was designed with three components:

- **Coordinated intake with initial assessment**. The previous categorical intake system frustrated clients, who often had to go to multiple sites to access services, as well as employees, who were generally unable to deal with problems outside the scope of their specific agency.

  In the new system, intake workers would help clients to understand their situations, identify their assets and goals, and work on achieving appropriate next steps. Next steps might be as simple as a one-time service to address a client's immediate need, such as car repair. In other cases, intake workers would assign eligible clients to appropriate community services, such as a food pantry or free health clinic.

- **Comprehensive service coordination.** After the initial assessment, clients qualifying for state services would be assigned to a service coordinator, who would work closely with clients to identify opportunities for prevention and intervention, involve families in solving problems, use community resources when appropriate and assist clients in meeting their desired outcomes. Four types of service coordinators (case administrators, self-sufficiency coaches, broad-based coordinators and specialist coordinators) were identified to ensure that clients receive the package of services best tailored to their needs.

- **Outcomes management.** The new system incorporated a strong focus on tracking client outcomes. The primary goal, for employee and client alike, was for the client to exit the system expeditiously or, at a minimum, to achieve his or her maximum level of independence.

The redesign called for a new management information system, one that supported one-stop intake and that enabled employees to gather consistent information about each client and refer clients to appropriate community services.

Structuring the New DHS

The legislation called for the DHS to be headed by a secretary appointed by the Governor. Under the Secretary, the new DHS was organized to include a community-based structure and three programmatic divisions.

- **Community Operations.** A central goal of the reorganization was to ensure that human service programs, priorities and resources were coordinated at the community level. The organizational structure therefore included a Director of Community Operations to oversee community operations through six regions, with Cook County region further subdivided into three areas.

Each region would have a Regional Manager overseeing DHS field offices. Beneath them, Community Liaisons would work directly with community members, including governmental entities, the United Way and other organizations, clients and providers, to set priorities, maximize the use of local resources and develop innovative approaches to address community needs.

Program development was designed to be managed through three program divisions, each headed by a director:

- **Community Health and Prevention**, to focus on prevention strategies at the local level in the areas of health, family and youth development, violence and addiction

- **Transitional** services, to provide income, medical assistance and other support services to clients who need temporary assistance to become self-sufficient

- **Disability and Behavioral Health Services**, to coordinate disability and behavioral health services for clients needing them

Division directors were expected to work closely with the field operation to develop programs that meet state and federal guidelines as well as community needs. These divisions would also provide technical assistance to providers and monitor program and provider outcomes.

Inputs to the Reorganization

The reorganization encompassed organizational structure, performance management processes, many different work skills, processes and organizational cultures as well as existing and new management information systems. In order to carry out a project of this scale, the reorganization drew from multiple sources of input including:

- Community input from clients, providers and community organizations and federations

- The Governor's Task Force on Human Services, including its Advisory Committee and pilot projects

- State employees and committees

- The 1996 Executive Order and House Bill

- File review and analysis of a representative sample of clients served by state programs

File Review and Analysis

The file review and analysis revealed a comprehensive array of frontline information that could be applied to and tested against the new organizational design and processes. It was conducted by a cross-disciplinary team, including state staff and *pro bono* analysts from McKinsey & Company.

The team first collected files for 182 families who had utilized 22 programs across seven human services agencies. The file sample represented all ages, ethnicities and types of categorical problems, including short- and long-term challenges. Recognizing that clients were likely to have had contact with other community providers and public services, the review team identified additional such contacts from the original sample of 182 family files and requested those files.

Through these efforts, the evaluation grew to include 370 files that, in their totality, formed a more complete picture of each family's interactions with the human service system, clarified client experiences and pointed to opportunities for improvement.

The reviewers then evaluated the files to identify key issues around client needs, service delivery, service effectiveness and other aspects of the system, with an eye toward implications for the new system.

Their findings revealed that, under the current configuration, the agencies executed well within their narrowly defined goals:

- Aging provided services to help maximize independence for the elderly
- DASA helped individuals address barriers to sobriety
- DCFS protected children who have been victims of abuse and neglect
- DMHDD helped clients control mental illness and cope with associated behavioral and social issues and provided comprehensive care for clients in the developmental disability system
- DPA gave benefits to those who were eligible and helped free clients from abuser/abusive situations
- DPH provided pre- and postnatal care to improve infant and toddler health
- DORS increased independence for disabled clients

However, client needs crossed these agency boundaries, since people often entered the system with more than one challenge. They faced poverty, abuse (child, elder, spouse), a lack of job skills, poor health, physical disabilities, mental illness, developmental disabilities, substance abuse and / or inadequate housing. Many also lived in communities that lacked job opportunities or transportation infrastructure. The team found that individual clients faced an average of 2.2 challenges and their families an average of 2.4 challenges. The common "challenge clusters" were:

- lack of money and unemployment
- lack of money, unemployment and health care
- substance abuse and mental illness, and a lack of money

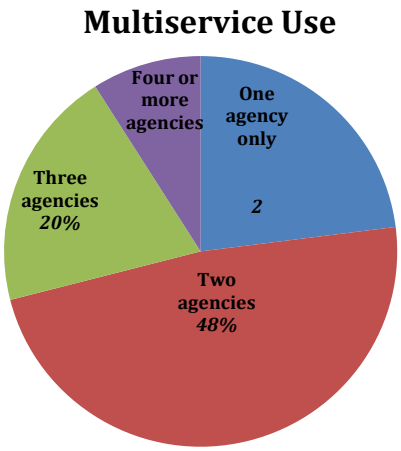
- mental illness or substance abuse, and correctional issues

Because of this, clients were often being served by more than one agency. The following table illustrates the common overlaps by agency:

Most Common Agency Overlaps from the Client Sample	
DPA	91% of clients also served by another agency
DCFS	50% of clients served by DASA or DMHDD 72% of clients served by DPA 22 % of clients in DPH WIC or FCM programs
DMHDD	80% of clients served by DPA 37% of clients served by DORS 46% of clients served by SSA
DORS	53% of clients served by DMHDD 84% of clients served by DPA
DPH	40% of clients served by DCFS 87% of clients served by DPA
DASA	47% of clients served by DCFS 30% of clients served by DMHDD 80% of clients served by DPA
Aging	56% of clients served by HUD 56% of clients served by DPA
Common Clusters	DMHDD + DPA + DORS DPA + DPH + DCFS DASA or DMHDD + DCFS

From the client perspective, the file review found that challenge clusters forced people to access multiple agencies in order to meet their needs, as shown in the next graphic:[12]

[12] The Chapin Hall *Issues Brief* that accompanies this report provides recent research on multisystem families.



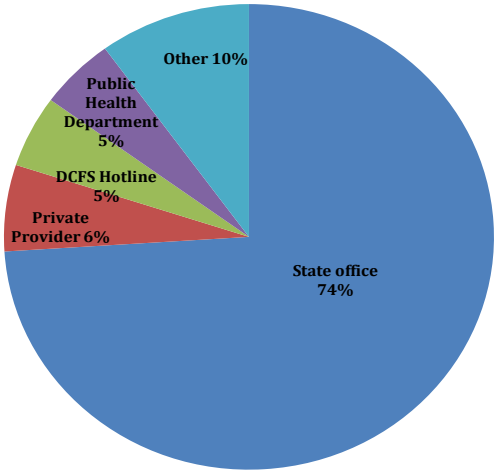
Under the then-existing human services system, each agency delivered a discrete set of services that matched its focus, regardless of the configuration of client challenges. The team's file review documented the complex crisscrossing of presenting needs and provided services that were occurring throughout the human services system's multiple entry points. Those findings are illustrated in the next set of tables and graphics:

PUBLIC HEALTH DEPARTMENT Entrants most common challenges	
Need for healthcare	89%
Lack of money	51%
Mental illness	21%
Most commonly delivered services	
Medical Services	78%

DCFS Entrants most common challenges	
Physical abuse/neglect	100%
Substance abuse	25%
Most commonly delivered services	
Counseling	50%
Substance abuse treatment	25%

PRIVATE PROVIDER Entrants most common challenges	
Mental Illness	40%
Substance abuse	40%
Lack of money	20%
Most commonly delivered services	
Counseling and medication	40%
Substance abuse treatment	30%

Initial Point of Entry



STATE OFFICE Entrants most common challenges	
Lack of money	51%
Need for healthcare	42%
Lack of job skills or job infrastructure	43%
Mental illness	21%
Substance abuse	17%
Most commonly delivered services	
Food	61%
Cash benefits	51%
Medicaid only	19%
Job Training	17%

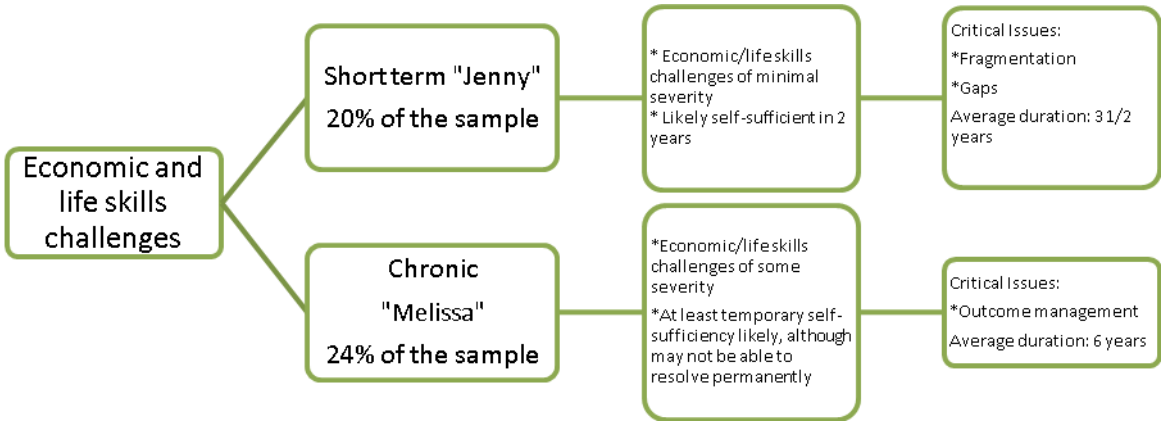
Section 2: Findings and Recommendations for the 1997 Human Services Reorganization

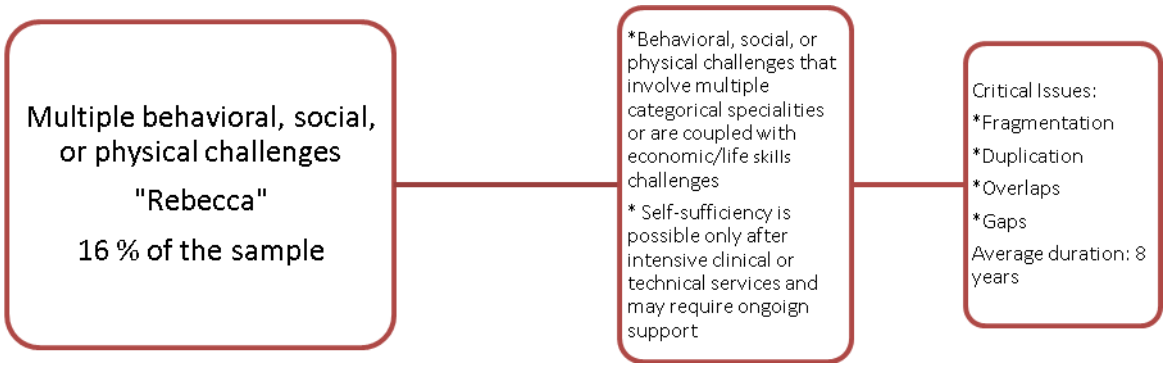
The file review distilled a set of general areas of need as well as recurring shortcomings of the current system. This set of sample cases outlines the presenting needs, services received and their outcome. It was used as the basis for many reform suggestions:

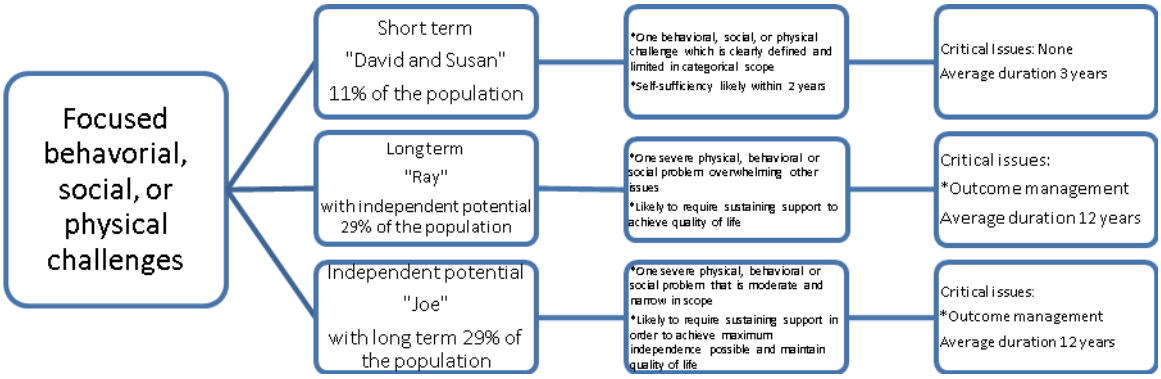
"Jenny"		
Situation at entry	*Services received*	*System experience*
*Became pregnant at the end her HS senior year *Lived with mother until pregnant; now lives with grandparents *Baby's father in town, but out of the picture	*WIC *AFDC *Food stamps *Medicaid	*After 2 years in the system - Gets and loses low-wage jobs repeatedly (e.g. job duration 1 day to 2 weeks) - No clear path to self sufficiency
"Melissa"		
*Mother of 3 (ages ranging from 1-7) *Lived in extremely depressed community *Spotty job history *Husband sporadically present	*Food stamps *Medicaid *AFDC	*After at least 5 years in the system -Little evidence of self-sufficiency - Has 2 more kids - No apparent help to support employment goal
"Rebecca"		
*Struggled with mental illness, substance abuse, and ongoing behavioral issues which drive economic and parenting challenges *Had 3 children *Had 1 sister, also state client	*Housing *Food stamps *Medicaid *SSI (substance abuse) *Job training *DCFS intact family program *Healthy Kids medical care *Counseling *Medication	After at least 5 years in the system - Moved to public housing - Mental abuse issues made Project Chance training useless - In and out of substance abuse treatment -DCFS issues likely to recur
"David and Susan"		
*Baby born dangerously early; needs specialized medical assessment, care *Married couple with sufficient income, but minimal health insurance and health care facilities in the area *She had high school education; he had 2 years of agricultural school	*Health care through local public health department *Medicaid	*After brief contact with the system (i.e. 6 months) - Baby's condition stabilized - Family exited system
"Ray"		
*Had a severe developmental disability *Middle-class parents	*DD assessment *Food *Shelter *Medical care *Treatment	*After 10 years in the system -Learns minimal skills (e.g. brushes teeth) - Has active social life (e.g. goes bowling) - Likely to remain in system his entire life - No parental support or presence

"Joe"		
• Six years old • *Lives with parents in Chicago • *Moderately developmentally disabled	*State school services including life skills training *Supported employment training and services *Food stamps *Medicaid	*After 30 years in the system - Learned life skills to maximize independence -Independent with about 10 hours of support per week of bachelor's level social work - Lives in an assisted living setting

The review team used flow charts to show how each type of challenge was affected by the then-current system's fragmentation, duplication, overlaps and gaps, as well as uneven outcome management.

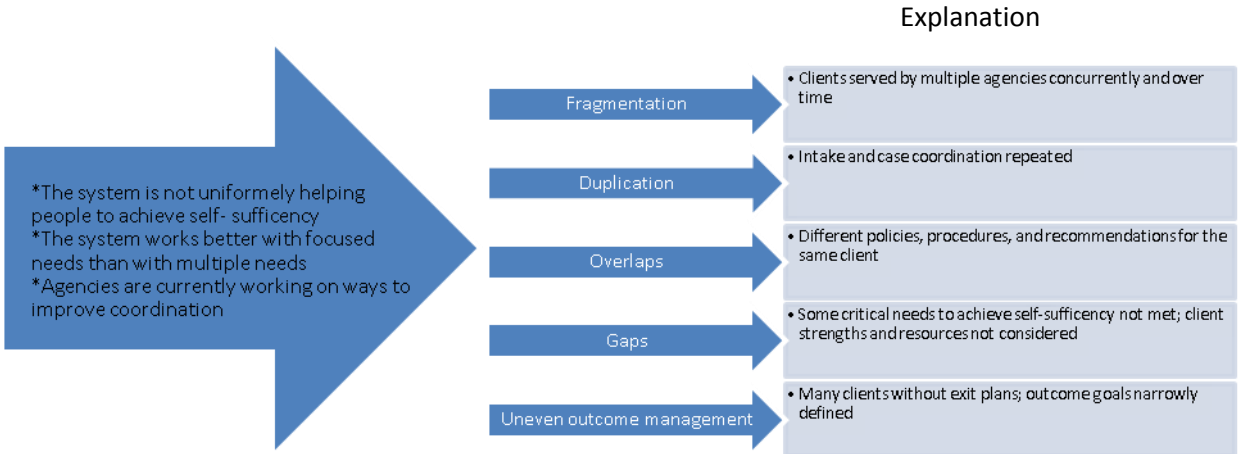






The review team found that, under that current configuration, the system was not always using the state's limited resources to achieve positive outcomes. An evaluation of client self-sufficiency potential revealed that only 33 percent of clients were served well and only 25 percent reduced the cost to the state.

Other key findings about the system were illustrated as follows:



Because the system focused on discrete types of problems, rather than people whose needs did not necessarily conform to system silos, it was not addressing common barriers to independence and self sufficiency. Of the cases analyzed, the team found that 52 percent of clients went through an intake assessment that failed to take into account critical challenges to their independence and self-sufficiency. Commonly missed needs included:

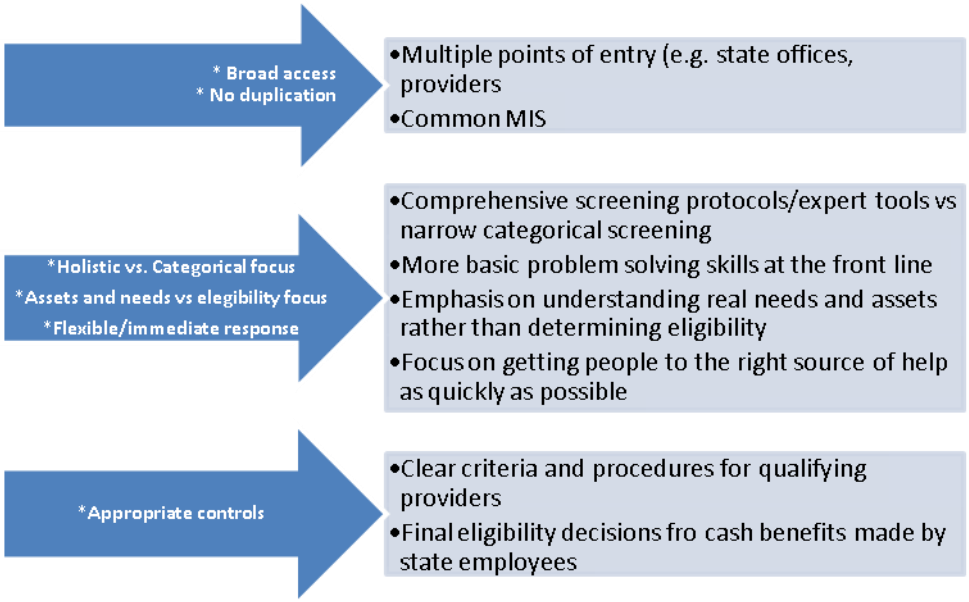
- Substance abuse – 32 percent
- Parenting issues – 17 percent
- Mental illness – nine percent
- Life/job skills or job infrastructure needs – nine percent

This limited the agencies' ability to produce positive outcomes. According to the sample of client files studied, 44 percent of them were targeted to achieve self-sufficiency in two years. Of those, only 25 percent saw improved situations or a positive outcome; 20 percent made minimal progress. Only 16 percent of the study sample was targeted to be self-sufficient in five years. Of these only 24 percent had outcomes moving in the direction of self-sufficiency, described as either "too early to tell," minimal progress or an actual positive outcome.

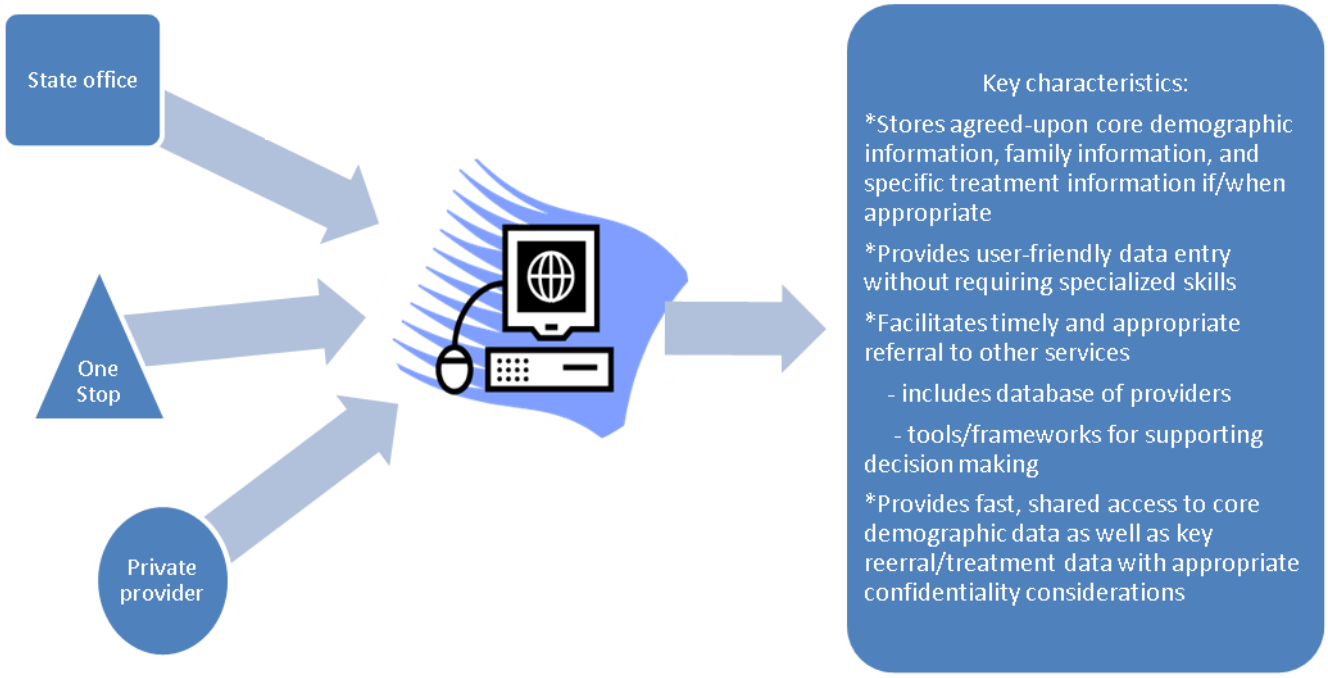
The system's fragmentation and lack of integrated information systems was allowing clients to tell different stories to different agencies. The file review found examples of misinformation that included:

- Household composition
    - Client told DPA she had children, but told DASA that DCFS has removed her children from the home
- Paternity
    - Client told DPA the paternity of her child was unknown
    - DCFS is aware that the father resides in the home
    - Child named for father (e.g. John Doe, Jr.)
- Drug use
    - Client told DMHDD he was drug free, but was in DASA outpatient treatment; DMHDD-paid doctor prescribed medication
- Education
    - Client told DPA she was a high school graduate; told DPH that she had dropped out
- Job experience
    - Client told DPA she had never worked
    - Mental health file revealed spotty job history
- Experience with other agencies
    - Client told DORS vocational rehabilitation that she needed 1-time service to continue education and that DPA said she was ineligible for it
    - DPA has no record of her applying for services

The new DHS aimed to address all of these issues through a reorganized, rationalized approach to service delivery:



The reorganization team recognized that technology would be key to addressing the gaps and inefficiencies that existed, and to the overall reorganization. The management information system scheme called for multiple public and private points of entry to rely on a central system:



RECOMMENDATIONS MADE BY OTHER COMMISSIONS AND RELATED ADVISORY ENTITIES

Section 3: Observations on Human Services Improvement Recommendations

Various state commissions and other types of advisory entities have generated hundreds of policy recommendations over the past ten years. While it is not likely that Illinois Human Services Commission will take on making narrow recommendations regarding the operations of any single state department or agency, the commission is likely to be interested in previous findings that have implications for the system-wide provision of human services.

This report's purpose is to document as many of those recommendations as possible. The commission recognizes that these recommendations may not be universally agreed-upon, and in some instances, recommendations may have been mooted by changes in policy or programs.

A review of state commission and task force reports from recent years reveals significant themes common to many service areas:

1. Need for improved client service coordination across multiple systems
2. Need for stronger data reporting capability
3. Changing the balance of services provided in institutional and community settings
4. Diverting persons from detention-oriented systems to rehabilitative systems
5. Expanding resources for key areas such as programs and services, benefits and staff development.

An illustrative selection of recommendations that reflect these themes is below, organized by theme. The complete set of recommendations gathered for this report is organized by topic in Section 4 and by the entity that generated them in Appendix B.

1. Improved client service coordination across multiple systems. Recommendations found in reports prepared in a number of service areas point to the need for better communication and service coordination across service systems. These recommendations reflect an apparent consensus that the ultimate health of many service recipients requires successful intermediate outcomes deriving from multiple service treatments. Currently, each system has its own points of assessment and intake, funding streams are particular to each defined service, there is a lack of integrated information systems, and there are imperatives and concerns around confidentiality. These factors, individually and together, make service planning difficult across service areas, as the recommendations listed below, drawn from a number of commission and task force reports, attest.

SERVICE PROVISION

- Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system. (Mental Health)

- The importance of greater communication and collaboration among state agencies and with community-based organizations to provide efficient and responsive reentry programs and services. (Re-entry)

- Enhanced collaboration between judicial and mental health systems servicing dually involved African American males (Re-entry)

- Re-commit mandated state agency leadership to address transition-related issues and improving transition outcomes for youth with disabilities including allocation of adequate staff and financial resources to ensure the continuity of IICC operations. (Disabilities)

- Ensure that the nursing home has the appropriate information when the resident arrives, to assure the safety and security of everyone in the home (Aged)

- Create a role in IDHS for a "navigation" person so caregivers who do not meet the standard qualifications for various caregiver support programs are able to easily receive the benefits and information they need. (Aged)

- Improve transition and integration between medical, hospital and long-term care systems and settings. (Aged)

- A thorough review of the current service delivery model. (Youth)

- Establish a Mental Health Authority (Behavioral/Mental Health)

- Identify safety net/collaborative case management tools … that identify in a virtual one stop shop all the agencies that are available as resources for clients. Network case managers in local areas so that they can refer, schedule appointments for clients and provide a collaborative case management tool … (Poverty)

- Provide comprehensive student support to reduce personal barriers to retention and progress that promote smooth transitions within and between educational/training providers and into the workforce. (Adult learning)

DATA

- Facilitate connections between existing electronic applications systems

- Create a third party interface

- Present real-time information

- Establish linkages and referral agreements between partners

INTER-AGENCY COOPERATION

- Improve relationships and communication with the Governor's office and legislative representatives by appointing a Liaison from the Governor's Office to serve on the Illinois Interagency Coordinating Council (IICC)

- Re-commit mandated state agency leadership to address transition-related issues and improving transition outcomes for youth with disabilities including allocation of adequate staff and financial resources to ensure the continuity of IICC operations (IICC)

- Increase membership of the IICC by expanding state level partnerships to include consumer, family and adult service provider entities and providing financial incentives/reimbursements for two parent/consumer members on IICC (IICC)

- Develop a strategy to coordinate existing services across state agencies to address fetal alcohol spectrum disorders prevention, diagnosis, early intervention and treatment across the FASD continuum. (Health)

- Promote the alignment of rules and policies across child care and early education programs to remove barriers, maximize the ability of families to access the programs they need, and strengthen the connections among programs, including family child care homes. (Child Care)

2. Stronger data reporting capability. A number of recommendations across various fields of service point to the need for better data reporting capabilities to 1) enable more coordinated service provision and 2) improve monitoring and evaluation.

CROSS-AGENCY DATA COLLECTION CAPABILITY

- Facilitate connections between existing electronic application systems

- Create a third party interface

- Replace paper-based documentation system with electronic

- Program statewide data collection system to present real-time information

- Establishment of a statewide, provider data-base that will include all state-funded, and non-state funded, service providers, all state agencies will have access to this system

PROGRAM MONITORING

- Ensure increased coordination between all state agencies and ensure adherence to accountable tracking measures (Persons with disabilities)

- Support a quality child care system through adequate standards, base rates, the Quality Counts Quality Rating System and other initiatives to improve the early care and education of children. (Child Care)

- Collect more complete quarterly report data from each local site (Criminal Justice)

- Assess whether the current system is effective or burdensome for sites (Criminal Justice)

- Departments should have routine access to statistical information regarding IDJJ commitments and releases of various types, including former IDJJ or Redeploy Illinois youth committed to IDOC (Criminal Justice)

- Need for more and better data to evaluate the effectiveness of current programs and services available to prisoners and former prisoners, and a greater understanding of how to fill gas in the system to better prepare prisoners for reentry. (Criminal Justice)

- Collect accurate data on race and ethnicity and direct financial resources to counties and communities with high rates of disproportionate minority contact through existing initiatives such as DMC, JDAI and Redeploy Illinois (African American Male)

- Continue to expand and strengthen the state's accountability system to document, evaluate, and improve student and program outcomes on a continuing basis. (Adult learning - workforce)

- The Bureau of Early Intervention must design and implement a web-based data management system.

- The Bureau of Early Intervention must work to implement a comprehensive system of qualitative monitoring, which should include:

    - Consistent, comprehensive qualitative child and family outcome measurement and analysis,

    - Policies and procedures for the provision of support and technical assistance prior to and during the IFSP meeting to better assure that IFSPs reflect EI principles and recommended practices,

    - Policies and procedures for a system of peer review/reflective supervision of service delivery where appropriate and useful; and

- Policies and procedures for the monitoring and evaluation of Family Support experiences.

- The Bureau of Early Intervention will undertake a number of activities designed to enhance the current system of quantitative monitoring, including:

  - Improve the consistency of monitoring and assure that policies are communicated clearly to all parties involved in the monitoring process;

  - Assure the availability of appropriate technical assistance, training, supervision, and mentoring;

  - Design and implement a mechanism to accurately and systematically identify and track children who are waiting for services;

  - Develop measures by which to measure the performance of the Central Billing Office (CBO), including Customer Service measures

ADVANCING HEALTH INFORMATION EXCHANGE INITIATIVES

- Adopt legislation charging the Illinois Department of Public Health (IDPH) with responsibility for advancing Illinois' EHR and health information exchange initiatives and requiring the Department to establish a public-private partnership with a new not-for profit organization

- The legislation should require the establishment of a state-level health information exchange to serve as a "hub" or "highway" to facilitate the sharing of health information among health care providers within Illinois and other states

- The ILHIN should stimulate, facilitate, and coordinate research to better understand the implementation and use of EHRs in the state

3. Changing the balance of services provided in institutional and community settings. A number of recommendations argue for the deinstitutionalization of persons are put forth by commissions addressing housing, mental health, aging, African American males and disabilities. In each of these fields, there has been debate over whether special needs are best addressed through specialized services that, to varying degrees, are delivered separately from mainstream populations or through main stream or community-based service settings. On balance, the weight of recommendations found in recent Illinois commission reports tilts strongly toward addressing service needs in the least restrictive, community-based, mainstream setting feasible. Examples of these types of recommendations are as follows:

HOUSING

- Support "visitability" legislation which mandates that new single family spec homes include certain modest accessibility features, including: (A) one no-step entrance, (b) 32" doorways, (c) reinforced bathroom walls, and (d) lowered utility receptacles

- Expand initiatives by state government designed to provide home and apartment modification grants for individuals with disabilities and their families who require such modifications to live independently

- Identify how existing service and housing options for developmentally disabled need to be redesigned, expanded, or otherwise improved

- Outline how targeted growth or realignment will improve the equity of access by areas of concern (geographic distribution, cultural or economic communities, etc.)

- Include a housing development pipeline list for each disability group that is integrated into the Governor's Housing Plan.

AFRICAN AMERICAN MALE

- Use tele-psychiatry to provide mental health services to underserved African American communities and school systems with large minority populations

AGING

- Call for significant changes and improvements in assessing people before placing them in nursing homes with 24-hour care

- Determine whether individuals can be appropriately monitored and treated in supportive housing

- Ensure that nursing homes have the appropriate information when a resident arrives, to assure the safety and security of everyone in the home

- Raise the standards of nursing home care so that everyone receives the treatment appropriate for their condition

- Increase respite care

- Allow family members to take on the formal (paid) role of caregiver.

DISABILITIES

- Increase funding for programs that allow a person with a disability to live and work in the "most integrated setting" appropriate as ruled by the Supreme Court

- State needs to take measures to rectify the disparity between home- and community-based services available for the elderly versus individuals with disabilities under age 60

- Close or significantly downsize state operated developmental and mental health centers throughout the state and use resulting monies to develop a wide range of community supports and services to meet individual needs.

- Urges the General Assembly and the Governor to use recommendations from the Disability Services Advisory Committee (DSAC) to move Illinois toward full implementation of the Olmstead decision

- Medicaid funding currently used to support residential institutions, sheltered workshops and day training programs should be redirected to support community based services that allow persons with disabilities to receive integrated services in non-segregated environments

4. Diverting persons from detention-oriented systems to rehabilitative systems. Closely related to the concept of avoiding institutional housing of the aged, mentally ill or disabled, is the notion that, particularly for young offenders, but also for the mentally ill or substance users, alternatives to incarceration may produce better outcomes for many. Recommendations in that regard come from commissions bearing on juvenile justice, poverty, and conditions of African American males, as follows:

- Explore less expensive and more effective alternatives to incarceration for low-level nonviolent offenders in the system to enhance public safety and minimize disruption to individuals, families and communities.

- Expand individualized review by a juvenile court judge of all cases of youth to be tried in adult court, beginning with cases in which youth are charged as accomplices or with low-level gun offenses

- Review and improve sentencing policy for those youth tried in adult court to ensure that their age is taken into account during sentencing

- Ensure juveniles are never securely detained solely for a status offense

- Revise the Illinois Juvenile Court Act to bring it into compliance with the federal JJDP Act with regard to the length of time a juvenile may be securely held in an adult county jail or municipal lock-up

- Petition the Illinois General Assembly to review sentencing and discriminatory laws that have contributed to the significant increase in the number of African American men incarcerated in the Illinois penal systems

- Reinstating the use of Adult Transitional Centers (ATCs) for inmates transitioning back into Illinois communities

- Enforce legislation to allow automatic expungement for juveniles.

- Adopt statewide Ban the Box legislation, which prohibits state job applications from asking if an individual has a criminal background, and use the state's leadership to encourage and promote the hiring of individuals with criminal backgrounds.

5. Expanding resources for key services. Resource needs cited across commission reports tend to fall into three broad categories: 1) programmatic initiatives that require new or enhanced funding to implement, 2) systems and benefit changes that would result in either more enrollment of beneficiaries or stronger benefits and 3) staff development. Examples of each are given below.

PROGRAMS

- Support implementation of the strategic plan for Building a Comprehensive Children's mental health system across Illinois (Mental Health)

- Establish adequate staffing levels and fund an Office on Alzheimer's Disease and related Dementias within the Illinois Department of Public Health (Alzheimer's)

- Reinstate Adult Transitional Centers for inmate transitioning back into Illinois communities (African American Male)

- State funding should provide seed money for additional staff to support regional employment coordinators in some regions (Employment)

- Develop additional forms of housing assistance (Housing)

- Increase respite care for the aged (Aging)

- Implement an annual adjustment to base reimbursement rates for providers that is supported by the market rate survey data. (Child Care)

- Increase TANF grants by 15% each year until they reach 50% of the federal poverty line. (Poverty)

- Authorize a program of general assistance for single adults that provides them with income support at the level of deep poverty (Poverty)

ACCESS TO BENEFITS

- Create African American male resource centers to connect men to services available in Illinois

- Promote contextualized adult education and ESL classes for immigrants in order to both improve general English proficiency and acquire trade/skill relevant English as well.

- Develop a website (within Illinois WorkNet) devoted to benefits planning and expand to include other employment resources.

- Increase flexibility of location of application submission

- Provide language assistance

- Replace joint case assessment process

- Establish date of application automatically

- Streamline income-counting policies

- Increase or eliminate asset limits

- Ease documentation and verification requirements

- Allow client to choose location where cases are housed

- Reduce face-to-face interviews

- Eliminate Earnfare monthly recertification meetings

- Simplify spend down procedures

- Provide alternative means for reporting case information

- Align timing of redeterminations

- Update structure of local office workforce

STAFF DEVELOPMENT

- Illinois must boost funding for community services and promote improved conditions for workers so that community agencies can pay competitive wages and attract a stable competent direct support workforce. (Disabilities)

- Ensure that all adult educators have ongoing, specialized professional development in the career cluster framework to deliver high-quality instruction and to use classroom support that fosters learner persistence. (Adult education)

- Support a highly qualified diverse workforce that is well-compensated for the care and education provide to children. (Child Care)
- Support the Gateways to Opportunity program – (Illinois professional development system)

Section 4: Human Services Reform Recommendations By Topic

Many commissions and other types of advisory entities have been tasked with reforming specific areas or subsectors of human services, from operational changes, to eliminating, expanding or altering service delivery, to addressing the needs of specific populations. To support the Human Services Commission's interest in looking across the system's traditional jurisdictions, this section of the report organizes all recommendations submitted to the commission by topic area. (Appendix B lists these same recommendations according to the entity that generated them.)

Since some entities focus on a specific issue (e.g., poverty) and others a specific population (e.g., children), it is not possible to organize all recommendations according to one scheme or the other. Rather, each set of recommendations was classified and sorted according to the main focus of the entity that generated them. This results in a blended set of categories that reflects both issues and populations. To help the reader find areas of interest, topic headings are in alphabetical order and titled as follows:

- Aging
- Behavioral / Mental Health
- Children and Youth
- Criminal Justice
- Data Information Systems
- Education
- Employment
- Healthcare
- Housing
- Persons with Disabilities
- Poverty

Aging

- Call for significant changes and improvements in assessing people before placing them in nursing homes with 24-hour care
- Determine whether individuals can be appropriately monitored and treated in supportive housing
- Ensure that the nursing home has the appropriate information when the resident arrives, to assure the safety and security of everyone in the home
- Raise the standards of nursing home care so that everyone receives the treatment appropriate for their condition

- Increase respite care
- Allow family members to take on the formal (paid) role of caregiver
- Create a role in IDHS for a "navigation" person so caregivers who do not meet the standard qualifications for various caregiver support programs are able to easily receive the benefits and information they need
- Resolve disparities in current funding procedures
- Restore full funding to the Social Services Block Grant
- Expand access and eligibility to program and paperwork requirements for older adults in the re-authorization of federal food programs
- Improve funding for home and community-based services and programs
- Improve transition and integration between medical, hospital and long-term care systems and settings
- Improve access to long-term care services through comprehensive pre-admission assessment screening and options counseling
- Increase caregiver support
- Facilitate access to supportive housing options and affordable housing
- Improve the home and community-based quality management systems
- Convert excess nursing facility capacity
- Maximize the use of technology to support policy development and delivery of long-term care services
- Design and implement strategies to reduce the number of Medicaid certified nursing home beds through a nursing home bed conversion program
- Implement and evaluate a medication management pilot program in the state
- Implement and evaluate a health and social service coordination pilot in the state
- Recommend the development of a training certificate/accreditation program for all long-term care and community-based workers including core curriculum and safety training
- Compile and review results of current caregiver training programs in Illinois and other states.
- Replicate evidence-based caregiver programs in underserved areas of Illinois
- Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care in the FY 2010 IDoA budget
- Call for significant changes and improvements in assessing people before placing them in nursing homes with 24-hour care
- Determine whether individuals can be appropriately monitored and treated in supportive housing
- Ensure that the nursing home has the appropriate information when the resident arrives, to assure the safety and security of everyone in the home
- Raise the standards of nursing home care so that everyone receives the treatment appropriate for their condition
- Offer more community-based residential options, so people with serious mental illness can successfully transition to a setting where they have more independence
- Expand Geropsychiatric Initiative (GPI) across Illinois

- Incorporate medical workers into the continuum of services
- Better address issues of self-neglect among geriatric patients
- Fund personnel to allow the longer patient engagements necessary for successful treatment of older adults
- Utilize GPI Specialists' expertise of their regions to inform future decisions and recommendations
- Establish, adequate staffing levels and fund an Office on Alzheimer's Disease and related Dementias within the Illinois Department of Public Health
- Build a central clearinghouse of widely and conveniently available Alzheimer's related information
- Establish, initiate and require basic, specialized and periodic education and training for persons throughout the state whose responsibilities make it likely that they may come into contact with persons with Alzheimer's disease and related dementia
- Study and, where necessary, propose modifications to the Alzheimer's Disease Assistance Act (410 ILCS 5/) and the Alzheimer's Disease Research Act (410 ILCS 407) to review the composition of the Alzheimer's Disease Advisory Committee and to facilitate Alzheimer's planning, treatment, care and research

Behavioral/Mental Health

- Promote and support children's mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth
- Support implementation of the strategic plan for Building a Comprehensive Children's mental health system in Illinois
- Increase funding for ICMHP strategic plan priorities in FY 11 consistent with the goal to bring implementation strategies to scale statewide
- Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system
- Make promotion, prevention and early intervention a priority consistent with the recommendations set forth by the Institute of Medicine Report, preventing mental, emotional and Behavioral disorders among young people
- Increase the visibility of Illinois initiatives and efforts in the state and country as a model for children's mental health system development
- The State must make an investment in the implementation of evidence based practices (EBP)
- Close or significantly downsize state operated developmental and mental health centers throughout the state and use resulting monies to develop a wide range of community supports and services to meet individual needs
- Use tele-psychiatry to provide mental health services to underserved African American communities and school systems with large minority populations
- Establish a Mental Health Authority

Criminal Justice

- Conduct a policy analysis comprised of: cost-benefit analysis, a system-impact study, a recidivism study
- Work with local sites, IDJJ, and IDOC to improve data collection regarding program activities, administration and evaluation
- Collect more complete quarterly report data from each local site
- Assess whether the current system is effective or burdensome for the sites
- Departments from these agencies should have routine access to statistical information regarding IDJJ commitments and releases of various types, including former IDJJ or Redeploy Illinois youth committed to IDOC
- The need to explore less expensive and more effective alternatives to incarceration for low-level nonviolent offenders in the system to enhance public safety and minimize disruption to individuals, families and communities
- The importance of greater communication and collaboration among state agencies and with community-based organizations to provide efficient and responsive reentry programs and services
- The need for more and better data to evaluate the effectiveness of current programs and services available to prisoners and former prisoners, and a greater understanding of how to fill gaps in the system to better prepare prisoners for reentry
- Expand individualized review by a juvenile court judge of all cases of youth to be tried in adult court, beginning with cases in which youth are charged as accomplices or with low-level gun offenses
- Review and improve sentencing policy for those youth tried in adult court to ensure that their age is taken into account during sentencing
- Enhance rehabilitative programs for youth in juvenile justice system and for youth tried and sentenced as adults
- Collect accurate data on race and ethnicity and direct financial resources to counties and communities with high rates of disproportionate minority contact (DMC) through existing initiatives such as DMC, JDAI and Redeploy Illinois
- Further expand automatic transfer reform
- Discourage facilities from housing both juveniles and adults
- Ensure juveniles are never securely detained solely for a status offense
- Revise the Illinois Juvenile Court Act to bring it into compliance with the federal JJDP Act with regard to the length of time a juvenile may be securely held in an adult county jail or municipal lock-up
- Continue the practice of awarding planning grants prior to the development of Redeploy Program proposals by local sites
- Petition the Illinois General Assembly to review sentencing and discriminatory laws that have contributed to the significant increase in the number of African American men incarcerated in the Illinois penal systems
- Reinstating the use of Adult Transitional Centers (ATCs) for inmates transitioning back into Illinois communities

- Enforce automated legislation to allow automatic expungement for juveniles
- Better communications between state agencies, community-based organizations, law enforcement agencies, and religious organizations to create a pool of services for African American males in transition back to the community
- Automatic expungement system
- Utilization of Racial Coding Manual in Juvenile Courts, Law Enforcement Agencies
- Enhanced collaboration between judicial and mental health systems servicing dually involved African American males

Children and Youth

- Ensure that child care is affordable for Illinois families by implementing the recommendations in IDHS' Making Quality Child Care Affordable for Illinois' Working Families report.
- Promote the Child Care Assistance Program and increase efforts to engage hard to reach families.
- Improve access to the Child Care Assistance Program for children with special needs.
- Support a quality child care system through adequate standards, base rates, the Quality Counts Quality Rating System (QRS), and other initiatives to improve the early care and education of children.
- Implement an annual adjustment to base reimbursement rates for providers that is supported by the market rate survey data.
- Make a one-time adjustment to the base rates for infant/toddler and other specific geographic and age groups as needed to bring rates to the levels recommended in IDHS's Rates Report.
- Support a highly qualified diverse workforce that is well-compensated for the care and education provided to children.
- Promote a coordinated early care and education system achieved through partnerships between federal, state and community agencies and support by policies, procedures and funding.
- Promote the alignment of rules and policies across child care and early education programs to remove barriers, maximize the ability of families to access the programs they need, and strengthen the connections among programs, including family child care homes.
- In conjunction with the Early Learning Council and the Good Start, Grow Smart Team support the development of community early childhood councils
- Increase staffing ratios of Community-Integrated Living Arrangement (CILA) RNs and LPNs by health care level
- Increase CILA RN and LPN wage rates of assumed in the model to the rate published by the Bureau of Labor Statistics as the statewide average RN and LPN wage rates for Illinois for 2005
- Increase the amount of base nursing included in the Community Integrated Living Arrangement (CILA) model
- Increase budget to provide for full statewide expansion of the CILA initiative
- Establish graduated levels of base nursing by health care level in CILA settings

- Ensure that abused and neglected youth are placed in a proper setting and provided necessary services rather than placing them in secure detention
- The review of models of evaluation and assessment to eliminate the conflict of interest that exists within the current system (EI System)
- The Bureau of Early Intervention must design and implement a web-based data management system.
- The Bureau of Early Intervention must conduct a thorough review of the current service delivery model, including a comprehensive evaluation of service delivery models operating in other states, in order to determine the degree to which changes need to be made to Illinois' model of service delivery
- The Bureau of Early Intervention will coordinate and undertake a number of activities targeted to improve the recruitment, development and retention of highly qualified and culturally and linguistically competent personnel
- The Bureau of Early Intervention will coordinate a comprehensive review of Illinois' current initial and annual eligibility criteria and eligibility determination processes in order to assure that children are appropriately identified in a timely manner, that service recommendations are
- The Bureau of Early Intervention will conduct a thorough review of the current Assistive Technology service in order to identify current inefficiencies, incorporate recommended practices and realize cost savings
- The Bureau of Early Intervention must work to implement a comprehensive system of qualitative monitoring, which should include:
    - (1) consistent, comprehensive qualitative child and family outcome measurement and analysis,
    - (2) policies and procedures for the provision of support and technical assistance prior to and during the IFSP meeting to better assure that IFSPs reflect EI principles and recommended practices,
    - (3) policies and procedures for a system of peer review/reflective supervision of service delivery where appropriate and useful; and
    - (4) policies and procedures for the monitoring and evaluation of Family Support experiences.
- The Bureau of Early Intervention will undertake a number of activities designed to enhance the current system of quantitative monitoring, including:
    - (1) improve the consistency of monitoring and assure that policies are communicated clearly to all parties involved in the monitoring process;
    - (2) assure the availability of appropriate technical assistance, training, supervision, and mentoring;
    - (3) design and implement a mechanism to accurately and systematically identify and track children who are waiting for services;
    - (4) develop measures by which to measure the performance of the Central Billing Office (CBO), including Customer Service measures, and
    - (5) develop an anonymous "tip line" for all stakeholders to report concerns

- The Bureau of Early Intervention will explore new funding opportunities and maximize cost efficiencies in order to retain the current eligibility criteria, protect direct services and assure long-term financial stability to the greatest extent possible
- Develop a strategy to coordinate existing services across state agencies to address FASD prevention, diagnosis, early intervention and treatment across the FASD continuum
- Explore the development of a statewide training system on FASD prevention, intervention and the effects on the brain for members of the judicial, law enforcement and corrections system; physicians, nurses and primary healthcare providers; and educators
- Encourage appropriate agencies to identify methods for improving and expanding evaluation and diagnostic services for those suspected of having a FASD
- Advocate for the inclusion of FASD in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) revision and the International Classification of Diseases (ICD) in order to facilitate service delivery and payment mechanisms. The planned publication release date for the updated DSM-V is 2013
- Identify federal and not-for-profit funding opportunities to supplement limited state resources. One such Federal resource is the SAMHSA FASD Center for Excellence created to assist States with resources related to prevention, screening, diagnosis, and treatment of FASD
- Encourage appropriate agencies to seek out ways to improve and expand FASD services including mental health, substance abuse, respite care, supportive living environments, educational supports, vocational training, and family support systems
- Explore the feasibility of amending the Illinois Home and Community Based waiver through the Medicaid program to cover services for FASD population
- Identify federal and not-for-profit funding opportunities to supplement limited state resources.
- Identify funding and methods of increasing public awareness of the consequence of consuming any alcohol during pregnancy such as planning and implementing a statewide prevention based FASD Public Service Campaign with Public Service Announcements highlighting the cost/benefit to society in treating FASD across multiple systems
- Recommend that an Office of Early Childhood Development be created by the Governor and be housed in his office. Creating an Office of Early Childhood Development would serve to elevate early childhood issues and signal its importance to both the members of the General Assembly and the administrators of state agencies, and aid with coordination and implementation of Council recommendations
- Create recommendations for changes to the Early Childhood Block Grant Request for Proposals to better tie explanations of program activities to essential elements of quality service in programs for infants and toddlers as well as preschoolers
- Develop recommendations for components necessary for a comprehensive, high-quality, and cross-agency monitoring system for Illinois' infant and toddler programs
- Solicit input through a web-based survey on programs' practices for engaging children and families from special populations, including homeless children and children in the special education and child welfare systems, among others
- Make legal procedures for guardianship consistent across all Illinois county courts

- Expand use of National Family Caregiver Support Program dollars
- Ensure policies are in place to guarantee grandfamilies benefit from the Fostering Connections to Success and Increasing Adoptions Act of 2008
- Expand and improve respite care services for grandparent and other relative caregivers (through funding the Lifespan Respite Care Act)
- Evaluation of existing father skills programs through Questions and Answers by the State
- Increase "voluntary clients" through utilization and establishment of community based Family Advocacy Centers
- Develop additional programs to meet the needs of African American male teens that are parenting
- Fund additional early intervention programs in schools to address youth with emotional problems
- Support and encourage black male youth entrepreneurship

Data Information Systems

- Adopt legislation charging the Illinois Department of Public Health (IDPH) with responsibility for advancing Illinois' EHR and health information exchange initiatives and requiring the Department to establish a public-private partnership with a new not-for profit organization
- The legislation should provide for the governance of ILHIN by a 31-member board of directors
- The board of directors of ILHIN should elect its presiding officer from among its members and employ an executive director accountable to the board to employ and manage such staff as needed to implement the ILHIN's mandates
- The legislation should require the establishment of a state-level health information exchange to serve as a "hub" or "highway" to facilitate the sharing of health information among health care providers within Illinois and other states
- The ILHIN should stimulate, facilitate, and coordinate research to better understand the implementation and use of EHRs in the state
- The enabling legislation should authorize the transfer of the Illinois Health Network assets from IDPH to the ILHIN and the taskforce recommends the transfer (or licensing) occur as soon as practicable
- Facilitate connections between existing electronic application systems
- Create a third party interface
- Replace paper-based documentation system with electronic
- Expand local office business hours
- Increase flexibility of location of application submission
- Provide language assistance
- Replace joint case assessment process
- Establish date of application automatically
- Streamline income-counting policies
- Increase or eliminate asset limits
- Ease documentation and verification requirements

- Allow client to choose location where cases are housed
- Reduce face-to-face interviews
- Eliminate Earnfare monthly recertification meetings
- Simplify spend down procedures
- Provide alternative means for reporting case information
- Align timing of redeterminations
- Capture maximum federal match for food stamp outreach
- Support survivors of domestic violence
- Update structure of local office workforce
- Systematize a quality control system
- Program Statewide Data Collection System to present real-time information
- Establishment of a statewide, provider data-base that will include all state-funded, and non-state funded, service providers, all state agencies will have access to this system
- Establish linkages and referral agreements between providers
- Establish a taskforce on African American Males in every state agency to track proposals and policy initiatives that impact African American males
- Improve relationships and communication with the Governor's office and legislative representatives by appointing a Liaison from the Governor's Office to serve on the Illinois Interagency Coordinating Council (IICC)
- Re-commit mandated state agency leadership to address transition-related issues and improving transition outcomes for youth with disabilities including allocation of adequate staff and financial resources to ensure the continuity of IICC operations
- Increase membership of the IICC by expanding state level partnerships to include consumer, family and adult service provider entities and providing financial incentives/reimbursements for two parent/consumer members on IICC

Education

- Continue and Expand Current Innovative Pilot Projects : Project Lead The Way, The High Schools That Work, and the Health Career Cluster Initiative
- Align Pathways to the National Career Cluster Initiative
- Pursue curriculum revitalization
- Adopt aligned assessment, curricula, and instructional practices that prepare adults for family-sustaining jobs and career advancement.
- Make use of assessment tools that measure educational skills and readiness for postsecondary education and work to guide learner placement, planning, and progress in Adult Education
- Make employment and postsecondary/occupational training major contexts for the curricula
- Maximize the use of technology to (1) incorporate distance learning, including work-related skills; (2) integrate technology in the classroom beyond the use of individual software to maximize learning, problem solving, and application; and (3) ensure that learners acquire the technology literacy skills they will need in postsecondary education and the workplace.
- Provide comprehensive student support to reduce personal barriers to retention and progress that promote smooth transitions within and between educational/training providers and into the workforce.

- Explore, identify, and share options for providing high-quality counseling and advising to assist all adult education learners in designing an appropriate social, academic, and/or career pathway and enabling them to persist in the continuum of programs, making successful transitions along the way.
- Promote and coordinate regular outreach by community colleges and other training providers to assist adult education learners in connecting with financial aid and available transitioning services.
- Develop closer partnerships with social service agencies to assist immigrants and refugees with multiple native languages who may have difficulty understanding initial guidance and career counseling.
- Strengthen the identification process of learners with special learning needs and provisions for accommodating those needs.
- Provide support services that empower all learners to take responsibility for self-advocacy.
- Partner with agencies in the community to provide case management services and continued support to assist learners in moving along their chosen career pathways.
- Integrate research-based learner persistence strategies for all adult education learners.
- Provide a structure and support necessary to accommodate work schedules and other responsibilities of adult education learners, including transportation, childcare, and family literacy services
- Ensure that all adult educators have ongoing, specialized professional development in the career cluster framework to deliver high-quality instruction and to use classroom support that fosters learner persistence.
- Utilize a statewide professional development task force to design core training for all adult educators that addresses work and career readiness skills,
- Require all program staff to complete professional development training to ensure they have the skills and knowledge to provide high-quality instruction and services
- Ensure training and support for administrators and instructors to develop and implement career pathways programs, including transitions, bridge, and integrated basic skills/occupational training classes.
- Design and deliver specialized professional development and support for transitions and data staff.
- Ensure that all instructors and administrators utilize classroom supports that promote career pathways progression and assist learners to manage barriers to participation, build self efficacy, set realistic goals, and see measurable progress.
- Continue research, professional development, and innovative product development to support the needs of all Adult Education practitioners.
- Build and sustain mutually beneficial relationships with key partners to identify regional skill needs and design and provide career pathways programs that meet those needs
- Enlist the support of state level intra- and inter-agency partners in developing a common message that encourages participation in adult career pathway partnerships at the local level.
- Develop targeted marketing strategies for specific audiences, including potential learners, employers, policymakers, and partnering agencies.
- Identify roles, recommended membership, necessary support, and effective practices of APCs through action research to inform the design, policy, training and support that will result in productive, sustainable local partnerships for implementation of the career cluster framework.
- Identify and solicit non-AEFLA funding partners, including both private and public sectors, to support and enhance pathways initiatives.

- Continue to expand and strengthen the state's accountability system to document, evaluate, and improve student and program outcomes on a continuing basis.
- Research the types of data that will be useful for evaluation, planning, and advocacy.
- Research and analyze data in the development of an Illinois-specific —tipping point or economic impact measure.
- Consistently use data in making policy, procedural, and funding decisions.
- Provide additional training and support for local providers on using data to improve overall outcomes, including career pathways programs.
- Track longitudinal data on learning gains and employment outcomes and make information available statewide.
- Utilize results with an action research approach to maximize program effectiveness and ensure continuous program improvement.
- Integrate clear guidance and expectations on the career cluster framework into current program applications, monitoring instruments, and evaluation procedures.
- Further develop and utilize a system for tracking supportive services provided to students and evaluate the relationship between the provision of these services and student success.
- Evaluate the effectiveness of programs and instructional services.
- Continue to monitor compliance with state and federal requirements.
- Design pathways for adult education learners interested in employment or further education, regardless of their skill level at the point of entry.
- Continue to work with a multi-agency state-level planning structure to integrate Adult Education programs and services into a Career Cluster Framework.
- Develop a system that includes multiple entry points for various functioning levels of adult education learners that is aligned to clearly identified benchmarks, stackable certificates, and/or degrees that lead to employment in high-growth, family sustaining jobs.
- Partner with postsecondary providers to align assessment, curriculum, learner access, and articulation agreements.
- Integrate financial literacy, life skills, technology, and study skills into all levels of the curriculum.
- Support increased Workforce Investment Act cooperation through the utilization of regional/area planning structures composed of key partners to review regional labor market information, identify high-growth job clusters, and develop clearly articulated regional career pathways clusters
- Develop and/or expand piloting of learning options, such as bridge courses, integrated education and training, accelerated learning, and technology-based instruction.
- Develop and/or expand intensive learning options appropriate for low to intermediate adult education learners.
- Utilize the Illinois Service Center Network and the Illinois Adult and Continuing Educators Association to identify, coordinate, and share promising practices among adult education providers, including a continuum of contextualized instruction from basic skills to readiness for postsecondary education and training
- Develop an effective career planning process that utilizes individual plans of study and provides orientation and goal setting for adult education learners to make informed educational and career choices
- Work with partners to develop a strong student support services component to increase access, provide smooth transitions within and between educational providers, and increase learner retention

- Identify and disseminate best practice models for learner orientation, goal setting, educational/career advising, and evidence-based instructional delivery.
- Develop clear expectations and guidance on effective program planning and delivery of a Career Cluster Framework through a deliberate phased-in approach that provides ample time for delivering professional development to local providers in all aspects of the framework, piloting and evaluating new strategies, and developing necessary mechanisms to support the infrastructure of the career pathways system.
- - Continue to seek private and public funding/resources to support the career cluster framework, including options for increased use of transition staff for adult education learners.
- Increase the number of adults, including GED recipients, reentering education and completing a postsecondary credential.
- Increase support for adult students through an emphasis on adult basic education and GED completion, financial aid, support services, and incentives for adults with substantial college credit to finish degrees.
- Expand opportunities for adult learners through regional partnerships, baccalaureate completion programs, and new entryways for low-skilled residents.
- Improve transitions all along the education pipeline.
- Increase the number of postsecondary degrees in fields of critical skills shortages.
- Improve academic achievement
- Increasing college access and success
- Improving use of existing data and measurements, requiring greater data accountability
- Promoting lifelong learning
- Easing the transition to college
- Reducing remediation
- Enforce standing laws which affect the ability of students with disabilities to receive a free and appropriate public education
- Increase awareness of transition services for students with disabilities after they leave the educational setting

- ISBE should obtain the following information that that clearly defines the plans for ELL services.
  -The Transition Committee should distribute the White Paper on High Expectations.
  -ISBE should update or create and post on its website a statewide directory of school service personnel and educators qualified to serve English Language Learners. The directory should include contact information and information about the types of services and languages in which the individual is qualified.
- Identify provisions for how they will meet the needs of low incident students
- Include provisions for the full continuum of services for students
- Provide further clarification for the provision of supervision of the special education programs in the district
- Provide additional information that indicates their ability to meet the children's needs relative to transition from school to work, education, and independent living
- Provide further information that indicates their ability to meet the needs of special education children whose first language is not English

- Issue an annual Illinois report, by school district, which includes the number of suspensions, expulsions, and truancy rates, disaggregated by race and gender to strengthen district accountability
- Amend the IL School Code to address paucities with current policies which, perhaps, add to the disproportionately high number of suspended and expelled minority students
- Create a special commission to monitor academic achievements of minority students, and, review incidents which often adversely affect minority male students in Illinois
- Encourage, as part of the reauthorization of No Child Left Behind Act, the development of performance standards and outcomes that require ISBE and school districts to appropriately address the subgroup of minority males that are not achieving prescribed Annual Yearly Progress
- Have ISBE advocate and demonstrate statewide a comprehensive approach to parental involvement for minority students, in particular, African American parents. ISBE should provide informational meetings regarding parents' rights and responsibilities as required by No Child Left Behind
- Develop performance standards and outcomes which support programs that re-enroll students who are low skilled and high risk.
- Develop and monitor a professional development plan that will be integrated into the Illinois State Board of Education Consolidated State Application
- Revise school house adjustment programs
- Increased and standardized training for school security officers
- School adjustment programs
- Evaluate data strategies for students transitioning from high school with a focus on quality data and an emphasis on outcomes
- Beginning work on recommendations for programs to help them incorporate best practices for English language learners, as well as researching the needs of practitioners and students in teacher preparation programs who will be working with culturally and linguistically diverse populations
- Creating public awareness documents in English and in Spanish for use by Preschool for All providers and parents
- The Bureau of Early Intervention and the Illinois State Board of Education must work together more effectively to assure that all children who are eligible for Part B services, but particularly those children served by the Chicago Public Schools, have an Individualized Education Plan (IEP) in place by the time they reach their third birthday.

Employment

- Illinois should provide state funding to serve as a catalyst and assist with the initial costs of regional healthcare industry sector coordinator(s), and slowly reduce the funding over time
- Funding for a regional healthcare coordinator should be tied to performance wherein the coordinator will be responsible for specific outcomes

- Expanding capacity of educational programs
- Promote best practices
- Promoting alternative delivery systems for adult workers
- State funding for regional coordinators should be provided to existing Critical Skill Shortages
- Initiative (CSSI) public-private consortia to support and expand the partnerships established through the CSSI process
- State funding should provide seed money for additional staff to support regional coordinators in some regions
- Prevent dislocation, address short term needs and shortages and position the state for post-recovery growth in key sectors by accelerating investment in the skills of Illinois workers.
- Partner with industry organizations and employers and education and training providers to utilize incumbent, customized, OJT, and class-sized training mechanisms to accelerate training and provide transitional employment opportunities for workers while in training where possible.
- State funds will be targeted to incumbent worker training because of current limitations in the use of LWIA funds for incumbent worker training
- DCEO will work with LWIAs to coordinate state and local accelerated pre-employment training in targeted sector
- Illinois will use regular state WIA funds to expand access to sector-based bridge programs to provide opportunities for low-skilled workers to access accelerated training opportunities in the targeted key sectors. This will be done through the Shifting Gears initiative
- Key Sectors: Healthcare, manufacturing, transportation and logistics, information technology (focusing on healthcare applications), and green initiatives across all sectors of the Illinois economy.
- Increased funding should immediately allow for increased opportunities for:
  -Incumbent Worker training to keep our businesses competitive and employees working;
  -Ready funding for class size training projects with community colleges or private training providers;
  -Summer employment programs for unemployed and unskilled youth;
  -Bridge programs that provide for rapid increases in key skill sets.
- Expand workplace inclusion and retention
  - Promote and disseminate, on a local and regional basis, as well as through the Illinois workNet Web site, literature and training materials that provide information to people with disabilities and employers on programs and services available to them.
  - Develop and promote promising practice criteria for possible program replication.
  - Provide training programs and conferences for employers on benefits of hiring people with disabilities, making them available online through Illinois workNet, and including a review of local transportation services.
  - Implement self-employment fairs and develop a self-employment support program.
  - Conduct a research study of the employment status of college graduates with disabilities to further correlate education and employment.
  - Develop and disseminate a community self-assessment tool to enable communities to assess available resources and gaps in their respective communities, and to ensure service accessibility.
- Shift the perception about people with disabilities related to employment for employers, parents, educators, and people with disabilities.
  - Work with other state agencies to develop literature and educational materials for parents and educators of children with disabilities regarding work readiness.

- Develop and provide in person and web based (Illinois workNet) disability awareness training and information to employers concerning the benefits of hiring people with disabilities.
- Promote volunteering/working/internships at an earlier age for people with disabilities to gain work experience.
- Convene regional summits with the local Chambers of Commerce to showcase promising employer practices, available technical assistance, disability awareness, promote hiring of people with disabilities, and to potentially increase transportation.
- Conduct benefits planning outreach for youth and their families to ensure that they are aware of work incentive programs.
- Explore the collaboration with other state MIG grantees to develop a public awareness marketing campaign for national and individual state use.

- Communicate and coordinate information on work incentives/benefits planning
  - Develop a Web site (within Illinois workNet) devoted to benefits planning and expand to include other employment resources.
  - Conduct outreach on Health Benefits for Workers with Disabilities (HBWD, Illinois' Medicaid Buy-In Program) to educational settings.
  - Add an HBWD benefits calculator to the benefits planning Web section.
  - Develop marketing materials for benefits planning, including outreach to underserved populations such as Veterans, youth, and minorities.
  - Develop data systems to measure the effectiveness of work incentives
  - Develop the framework for a baseline tracking system by comparing future tracking of Medicaid Buy-In participants with the general Medicaid population of people with disabilities to determine employment status, health status and income of Illinois residents with disabilities relative to work incentive activities.
  - Research available opportunities for collecting and compiling data from other state databases.
  - Participate in federal efforts to compile and standardize data through participation in the Medicaid Infrastructure Grant Research and Technical Support Project.
- Recommend revisions to federal and state policies

  Federal Policies:

  - Request that the Social Security Administration develop a task force of state and federal officials and people with disabilities to review and revise the definition of disability used to determine eligibility for receipt of Social Security benefits and related programs to allow employment.
  - Request that the Centers for Medicare and Medicaid Services research the cost-effectiveness of providing lifetime public benefit support versus providing employment support to enable people with disabilities to work. This analysis must take into account the financial contribution to society that people with disabilities can make when appropriate supports are provided.
  - Request that the U.S. Administration of Children and Families revise regulations regarding the Individual Development Accounts program to include matched savings plans for traditional employment (non-self employment) to use for job supports, such as transportation.

  State Policies

  - Develop a Plan to Achieve Self Support (PASS) Loan Program in cooperation with the Division of Rehabilitation Services, Department of Human Services (DRS/DHS).
  - Review the Business Enterprise Program (BEP) small business policies (administered by the Illinois Department of Central Management Services) to clarify and possibly revise the funding allocation process that governs the recommended share of state procurements that are awarded to businesses certified as owned by individuals with disabilities.

- Continue support of public, private and non-profit initiatives as they may arise throughout the year that are consistent with the mission and vision of this plan.

- Ensure that the Gateways to Opportunity Content Areas provide the framework for the development and sustainability of all credentials under Gateways.
- Implement a unified data collection and dissemination system for early care and education, school-age and youth development training and professional development (aka the Gateways to Opportunity Registry), including practitioner membership, trainer approval, and training approval.
- Evaluate the Gateways to Opportunity Registry.
- Examine the effectiveness of the Gateways to Opportunity System.
- Establish pathways and parameters for recognizing professional achievement through credentials.
- Establish framework for linking Gateways to Opportunity credentials to roles and compensation.
- In partnership with INCCRRA staff, identify financial support opportunities to sustain the work of Gateways to Opportunity professional development system.
- Strengthen the financial support systems for practitioners.
- Support and promote Gateways to Opportunity, Illinois Professional Development System, through marketing, public relations and leadership development.
- Create an organizational structure for the Professional Development Advisory Council that assures cross-sector, diverse representation and member engagement in developing and informing the Illinois Professional Development System.
- Support Professional Development Advisory Council committees in fully utilizing technology to advance Gateways to Opportunity, Illinois Professional Development System.
- Ensure sustainability of Gateways to Opportunity and support for practitioners as related to professional development.
- Link Gateways to Opportunity, to other professional development or related systems in Illinois.
- Provide Leadership to the fields of early care and education, school-age and youth development in Illinois to improve the quality and stability of the workforce.
- Recommend career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers; support introduction of a pilot career program based on a review of best practices in other states
- The State should require mandatory collaboration between organizations providing similar services for African American men and encourage subcontracting by organizations who win competitive funding streams
- Provide meaningful tax credits for companies hiring African American men
- Create African American male resource centers to connect men to services available in Illinois
- Allocate portions of advertising budgets to promote programs and services available to African American men
- Increase number of public projects in African American communities that hire African American men
- Create legislation requiring all state contract awardees in excess of $500,000 to have a community development plan directed toward African American men and a business enterprise program

- Amend the Illinois Procurement Code to allow contracts to be set aside for African American Men
- Require vocational training in secondary schools that will match the projected job market for African American men
- Create incentive programs for high paying employers to move to African American communities and hire African American men
- Establish a job training program to address the needs of the 21st Century job market
- Overcome barriers to employment, such as lower level of educational attainment and ex-offenders
- Prepare African American men for higher paying job classifications
- Ensure that job training programs provide for the attainment of soft and pre-employment skills
- Create a Mentor/Protégé Program for businesses owned by African American men
- Provide resources to create, support, and promote African American small business incubators
- Encourage business collaboration
- Strengthen positive parent educational outcomes.
- Increase staff training on assessment tools to evaluate parents for higher education
- Provide success models that help parents get back into educational activities
- Engage Dept. of Human Services FCRCs, economic development councils & employment/training agencies
- Develop system to share economic support programs with families statewide
- Improve collaboration in family literacy services.
- Include Secretary of State in collaboration planning
- Link Head Start with family literacy providers and resources & promote promising practices
- Develop & distribute models of Head Start collaboration with public libraries
- Develop & distribute parent-child activity & adult education models
- Expand Gateways to Opportunities services.
- Strengthen the collaboration for Gateways system development and supports
- Increase Head Start awareness & use of the services
- Increase number of Head Start teachers using Gateways services
- Develop continuum of individual and group supports for professional development.
- Increase professional development opportunities through multiple delivery methods and coursework.
- Develop alternative delivery methods, such as online coursework & programs
- Increase the availability of culturally & linguistically diverse training
- Support Gateways to Opportunity statewide training Registry implementation.
- Ensure Head Start participation in the Registry
- Strengthen supports for higher education faculty.
- Support Gateways web portal & higher ed listserv
- Increase access to English as a Second Language courses
- Increase articulation between 2- & 4-year institutions

- Support development of family services & home visitor credentials
- Bridge program and training provider collaboration.
- Develop model agreements at state level & distribute/provide training/technical assistance at local level
- Continue and expand state level professional development partner collaborations
- Reduce recidivism through implementation of the re-entry employment service program
- Continue to provide labor market information to support workforce and economic development
- Improve services for limited English proficient clients.
- Consolidate employment programs and simplify process by allowing providers to easily enroll and verify clients. Focus on achieving workforce outcomes not paperwork/process compliance.
- Redesign TANF Work First and employment programs under the Block grant and ARRA funds to deliver Transitional Jobs, Publicly Funded Jobs and Bridge programs.
- Reinvent Earnfare into a Transitional Jobs program as part of FSET.
- Reallocate the Federal TANF block grant to only fund core services for families, increase the grant to 50% of poverty level within two years and continue to support child care.
- Implement TANF work and training programs according to TANF reauthorization requirements
- By December 31, 2011, implement electronic tracking system to capture countable activities and attendance.
- By September 30, 2009, meet the federal work participation rate of 50 percent for all families with one adult working or in work related activities.
- By June 30, 2009, maintain the percentage of TANF clients working (of clients available to work) at or above 12.2 percent.
- Expand supportive employment to assist persons with mental illness in achieving highest levels of self sufficiency.
- By June 30, 2009, increase by 10 percent the number of DMH consumers receiving evidence based supportive employment services 1,300 to 1,450.
- Achieve a high level of productivity by efficiently serving eligible Vocational Rehabilitation customers and helping them attain successful outcomes.
- Through June 30, 2011, increase by 6 percent annually the index of pre-employment
- Vocational Rehabilitation measures from 72,640 in FY 08 to 76,998 in FY 09, 81,617 in FY 10 and 86,514 in FY 11.
- Through June 30, 2011, increase by 6 percent annually the number of competitive employment outcomes in the VR program, from 4,978 in FY 08 to 5,276 in FY 09, 5,592 in FY 10 and 5,927 in FY 11.
- Through June 30, 2011, increase by 6 percent annually the number of high school students employed within 6 months of leaving school. Note this measure is under development and projected numbers are not available at this time. Baseline data will be established in FY 09 to FY10.
- Through June 30, 2011, achieve and maintain the percentage of VR program participants who become successfully employed from 58.0 percent in FY 08, to 60.0 percent in FY 09, 61.0 percent in FY 10 and 62.0 percent in FY 11.

- Increase the quality of jobs obtained by Vocational Rehabilitation program customers.
- Through June 30, 2011, increase by 3.5 percent annually the average hourly wage earned by VR program customers, from $9.73 in FY 08 to $10.08 in FY 09, $10.43 in FY 10 and $10.78 in FY 11.
- Through June 30, 2011, increase by 3.5 percent annually the average hours worked per week by VR program customers, from 29.0 hours in FY 08 to 30.0 hours in FY 09 to 31.7 hours in FY 10 and 32.2 hours in FY 11.
- Through June 30, 2011, increase by 5 percent annually the percentage of VR program customers who obtain jobs with employer provided health insurance.

Healthcare

- Enable prisoners to be able to get a valid state identification upon release, given the essential nature of ID in accessing employment, housing and social services
- Review the barriers that exist to public and private employment of persons with criminal convictions to ensure that they reflect a relationship between the position sought and the past offense, and that they truly enhance public safety
- Change policy to suspend rather than terminate Medicaid and other public benefits upon incarceration to prevent unnecessary delays in reinstating benefits and avoid interruptions in treatment upon release
- Establish a comprehensive health planning agency charged with creating a plan
- Conduct a biennial comprehensive assessment of health resources and service needs and apply evidence-based assessments, projections and decisions to health care delivery
- Support adequate financing of the health care delivery system
- Streamline the application process
- Restructure the Illinois Health Facilities Planning Board
- Provide stability and continuity to the process
- Enforce or introduce measures that ensure the integrity of the CON Board and its activities
- Ensure a transition process that preserves the existing authority of the CON Board while adjustments are made to comply with new rules formulated from legislation
- Extend the “sunset” of the existing law for at least 10 years
- DPH should send a letter to provider organizations to solicit input on how best to reach clinicians who provide screening and cancer prevention services in Illinois
- DPH should send a second letter to the deans of medical schools that train clinicians asking them to report on curricula used to teach cervical cancer screening and prevention measures
- Legislators should consider mandating patient notification of the results of Pap results as is required after mammography
- Task force members should develop a speaker network to provide provider education to clinicians, especially those in areas identified as having high rates of cervical cancer mortality
- Consider the creation of state incentives to foster the use of electronic reminder systems that, in turn, will maximize timely screening
- Educate legislators and staff from areas identified by state epidemiology staff as having disproportionately high rates of cervical cancer

- Identify and partner with other screening programs in the state
- Encourage legislators to stay involved with the fight
- Identify the patterns of screening, follow-up and treatment for women
- Identify other educational avenues
- Build relationships with those working in underrepresented communities to eliminate attitudinal and cultural barriers to care
- Ally with those in the community to speak with others in their communities on cervical cancer prevention
- Write and submit an article on cervical cancer to community papers where women are effected
- Develop public service announcements on the importance of cervical cancer screening and the ability to prevent the disease
- Develop media tool kits for local public health workers
- Encourage relevant state agencies to work with insurers to develop systems for reporting rates of cervical cancer screening modeled after the national HEDIS program and then develop strategies to improve screening rates among insured women
- Focus to work closely with schools, to incorporate more nutritious choices in meals and afterschool programs
- More nurses, etc. to work with kids in schools, since not all schools have that
- Health disparities: underserved areas; rural communities that need more education/awareness
- Ways to partner with healthcare providers to increase knowledge of diabetes thru their programs
- The General Assembly should secure a private, independent consultant to review the managed care proposals presented to the Medicaid Managed Care Task Force
- Contract provisions related to the collection and submission of medical encounter data should be strictly enforced
- The Department of Public Aid shall supply additional information to the General Assembly regarding existing efforts to manage care
- Any future decisions regarding expansion of managed care or implementation of managed care based systems should include additional discussions between all interested parties
- Universal Health Care Coverage to include health examinations as well as medication and supplies for the treatment and management of chronic disease
- Chronic Disease Management with coverage for unlimited educational opportunities provided by qualified health care professionals
- Universal availability of on-going diabetes education and support for adults and children with diabetes as well as parents, care-givers, significant others and support people
- Increase the number and accessibility of health care professionals and lay health educators trained in diabetes treatment and management, as well as the treatment and management of obesity, hypertension and other co-morbid conditions
- Explore a variety of formats and venues to provide education and support such as television, Internet, face-to-face
- Increase the availability of fresh food and nutrition education in schools

- Increase opportunities for safe, appropriate physical activity to promote weight loss or maintenance and decrease the risk for disability or injury while achieving glycemic control
- Increase/improve access to healthcare
- Adopt a population health approach that builds on evidence of the multiple determinants of health
- Strengthen the governmental public health infrastructure—the backbone of any public health system
- Create a new generation of partnerships to build consensus on health priorities and support community and individual health actions
- Develop appropriate systems of accountability at all levels to ensure that population health goals are met
- Assure that action is based on evidence
- Acknowledge communication as the key to forging partnerships, assuring accountability, and utilizing evidence for decision making and action
- Comply with the Health Care Justice Act
- Preserve the current employer-based coverage system with its employer contributions and benefits of personal income tax and Federal Insurance Contributions Act (FICA) exemptions
- Require personal financial responsibility for health care
- Encourage cost-effective, high quality care
- Minimize administrative spending on health care
- Spread the cost of coverage broadly across workers, employers and taxpayers
- Minimize new State costs through the adoption of policies to promote cost-effectiveness, require an employer contribution to coverage and optimize the use of federal matching funds
- Advocate for the continued support of rate increases to achieve a living wage and health insurance coverage for all long-term care and community-based care workers in Illinois
- Report on utilization of health and mental health services by African American men
- Train more African American physicians and health care providers
- The Illinois Department of Public Health should expand collaboration with agencies and groups in the black community and provide positive healthcare strategies and practices focused on African American men
- Present more success stories in the media with positive images of African American males in healthcare roles
- Introduce new legislation to assure that service-related health RFPs and agency funding in targeted areas include strategies for identifying and addressing service disparities for African American males
- Assure that legislation to maintain the Medicaid eligibility of incarcerated and detained individuals is passed, House Bill 2303
- Train more African American physicians and health care providers
- Health service utilization patterns by African American men should be examined and analyzed to determine areas of disparity in access to services, services provided, and service outcomes

- The Illinois Department of Public Health should increase collaboration with agencies and groups in the African American community in providing positive healthcare strategies and practices focused on African American men
- Create more affordable and accessible nutrition programs in the African American community
- Provide diversity and cultural sensitivity training to health system gate keepers and service providers
- Fund more early education programs in the African American community that focus on healthy lifestyle practices

Housing

- Implement a comprehensive approach to foreclosure prevention and mitigation
- Sustain appropriate homeownership programs for low- and moderate- income households
- Implement special needs housing strategies
- Reinvigorate investment in affordable rental housing development through new strategies and improved viability of existing resources
- Promote preservation and increased sustainability of long-term affordable rental housing through improved operations
- Leadership in promoting affordable housing and economic development
- Support "visitability" legislation which mandates that new single family spec homes include certain modest accessibility features, including: (a) one no-step entrance, (b) 32" doorways, (c) reinforced bathroom walls, and (d) lowered utility receptacles
- Expand initiatives by state government designed to provide home and apartment modification grants for individuals with disabilities and their families who require such modifications to live independently
- Identify how existing service and housing options for developmentally disabled need to be redesigned, expanded, or otherwise improved
- Outline how targeted growth or realignment will improve the equity of access by areas of concern (geographic distribution, cultural or economic communities, etc.)
- Include a housing development pipeline list for each disability group that is integrated into the Governor’s Housing Plan
- Develop additional housing assistance

Persons with Disabilities

- Illinois must boost funding for community services and promote improved conditions for workers so that community agencies can pay competitive wages and attract a stable competent direct support workforce.
- Expand services for underserved minority and disability populations, and in the state's unserved and underserved counties through the development of new branch offices of existing Centers for Independent Living (or through new grassroots initiatives)

- All existing Centers should receive an annual COLA that is at least consistent with any increases in the Consumer Price Index
- Provision of non-monetary benefits, such as health insurance and worker's compensation for Personal Assistants
- As the hourly rate for PAs increases there should be no attempt to reduce the hours of PA services individuals currently receive in the Program, and that current "determination of need" eligibility is not raised to decrease access to this Program
- Preferable and more cost effective to serve individuals with disabilities in a community setting
- All polling places must be physically, environmentally and attitudinally accessible to all voters with disabilities providing them the right to cast secret ballots at all local, state and federal elections in Illinois
- Division of Rehabilitation Services would be better equipped to serve people with disabilities if the Director of DRS held a cabinet-level position
- Increase funding for programs that allow a person with a disability to live and work in the "most integrated setting" appropriate as ruled by the Supreme Court
- State needs to take measures to rectify the disparity between home- and community-based services available for the elderly versus individuals with disabilities under age 60
- Urges the General Assembly and the Governor to use recommendations from the Disability Services Advisory Committee (DSAC) to move Illinois toward full implementation of the Olmstead decision
- Medicaid funding currently used to support residential institutions, sheltered workshops and day training programs should be redirected to support community based services that allow persons with disabilities to receive integrated services in non-segregated environments
- Track the DHFS Medicaid “buy-in” program to show how persons with disabilities are increasing their hours worked and reducing their dependence on other forms of public assistance
- Expand the state insurance program to allow private employers to pay into a pooled state insurance fund which would provide insurance benefits for employees with disabilities comparable to their non-disabled peers while allowing the employer to avoid paying higher premiums
- Ensure increased coordination between all state agencies and ensure adherence to accountable tracking measure
- Inclusion of funding initiatives by state government to increase accessible and affordable transportation options for individuals with disabilities and their families in urban, suburban, and rural areas
- Pass a law requiring that a legal guardian get consent from a court of law when seeking to have an adjudicated adult with a disability sterilized
- Create more employment opportunities for individuals with disabilities by way of new legislation and policies
- Increase the Department of Central Management Services’ use of both the Successful Disability Opportunity and the Supported Employment Program

- An Illinois Autism Information Clearinghouse should be established that provides “big picture” planning and broad inclusive collaboration on Autism information dissemination
- DHS should commission a report to look at extant curricula regarding developmental disorders in Illinois schools of nursing, social work, medicine, psychology, occupational therapy, speech and language, and education
- New legislation should be introduced to require health insurance policies to cover Autism Spectrum Disorders and all disorders above and beyond minimums required by mental health parity law
- Close or significantly downsize state operated developmental and mental health centers throughout the state and use resulting monies to develop a wide range of community supports and services to meet individual needs
- Support "visitability" legislation which mandates that new single family spec homes include certain modest accessibility features, including: (a) one no-step entrance, (b) 32" doorways, (c) reinforced bathroom walls, and (d) lowered utility receptacles
- Expand initiatives by state government designed to provide home and apartment modification grants for individuals with disabilities and their families who require such modifications to live independently
- Increase awareness of transition services for students with disabilities after they leave the educational setting
- Enforce standing laws which affect the ability of students with disabilities to receive a free and appropriate public education
- Increase respite care
- Allow family members to take on the formal (paid) role of caregiver
- ISBE should obtain a written strategic plan of improvement relative to the gap in learning
- Further define the district’s services for students relative to transitioning from high school to post secondary, career, and independent living
- Expansion of the cross-disability database to include all disability populations and highlight those who choose to modify their services and living arrangements to better meet their needs.
- Commitment of additional resources to enhance information technology capabilities; especially as it impacts cross-system data flow and tracking need
- Integrate effective traditional services and new services and be responsive to emerging evidence-based best practice, changing needs and emerging disability populations
- Provide the basis for all strategic and tactical efforts to increase funding for services related to the Disabilities Services Plan, and integrate into efforts to increase funding for expansion of services and improved quality of care across the entire system
- Leverage available non-GRF funding to maximize the opportunities for people to choose community supports and services
- Maintain and expand GRF funding to maximize opportunities for people to choose community supports and services
- Create appropriate business opportunities to generate adequate and effective community services and to support the transition away from unnecessary reliance on institutional care

- Document annually the obstacles encountered to developing appropriate service capacity and record or recommend solutions
- Identify the technical assistance and other support (to individuals and/or providers) that the state agencies will provide during the targeted growth or realignment
- Improve the state agency capacity to coordinate and integrate the various service platforms within the system to ensure maximum leverage of resources and capacity and to maximize the user-friendliness of the system
- Integrate and build on all state-level and regional long-term care plans and initiatives to ensure compatibility and consistency of services and access to housing (e.g. the Older Adult Services Act and the Comprehensive Housing Plan)
- Identify how HCBS waiver authority (current or future) will be used to support the targeted changes in service capacity
- Identify how these annual growth or realignment projections interface with cross-disability data on people who are waiting for services and with broader service growth targets for the involved disability service systems
- Describe how these growth and realignment projections will impact the lives and quality of care of those people who choose to remain in an institutional setting
- Develop a strong, compassionate and adequately trained workforce (for developmental disability service system).
- Conduct a full-scale, system-wide study of direct service professionals' wages, benefits, and hours of work, etc.
- Boost and realign funding for community services, so that community agencies can attract and retain competent direct service professionals by paying competitive wages with solid benefits.
- Reduce the disparity between wages paid to state employees and community direct service staff.
- Reduce annual turnover and vacancy rates for direct service professionals.
- Adequately staff all services, so that reliance on over-time is reduced and staff burnout is eliminated.
- Create supports and incentives for effective training, recruitment, and retention of direct-service professionals by providers throughout the developmental disabilities system (e.g., increased training to prevent and manage difficult behaviors, on-call capacity to provide technical assistance to providers/direct-service professionals facing challenging conditions).
- Partner with institutions of higher education (e.g., Illinois Community College Board) to create career pathways supported by certification and degree programs.
- Provide incentives for current direct services professionals to seek additional education and credentialing.
- Develop an orderly, supportive and phased process for transitioning displaced state employees into comparable positions in community-based services.
- People with developmental disabilities should have access to and receive necessary publicly-funded services and supports with reasonable promptness

- Services and supports should be provided in the most integrated setting appropriate to the needs of the individual
- Services and supports must be person-centered
- The provision of services must result in the achievement of preferred outcomes for people with developmental disabilities
- Infrastructure must facilitate the ready access of people with developmental disabilities and families to services
- Services must continuously meet essential quality standards and there must be confidence that quality oversight systems function effectively and reliably
- The system must promote economy and efficiency in the delivery of services and supports
- Every student who is deaf or hard of hearing will have a Communication Plan
- Legislative action is needed to authorize a process for the exchange of child specific data and information between all Illinois Newborn Hearing Program stakeholders and associated state agencies for the coordination of care while maintaining compliance with HIPAA and FERPA
- Legislative action is needed to address the current prohibition of travel compensation included in the Illinois' Early Intervention Services Systems Act
- Legislative action is needed to mandate compliance with Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools
- The Bureau of Early Intervention will direct each Child and Family Connections office to identify designated service coordinators for families of children with hearing loss, and support specialized training for these individuals.
- The Illinois Newborn Hearing Program, in collaboration with Hearing and Vision Connections will conduct family and provider quality assurance surveys, provide up-to-date training for providers who serve infants and toddlers who are deaf or hard of hearing, and establish a parent-to-parent training program to address the unique needs of families who have an infant or toddler who is deaf or hard of hearing.
- The Early Intervention system will include parent liaisons as direct service providers for families of infants and toddlers who are deaf or hard of hearing
- Illinois State Board of Education rules will require a Communication Plan as part of the IEP of every child who is deaf or hard of hearing
- The Communication Plan for students who are deaf or hard of hearing will address the classroom lighting environment
- The Communication Plan for students who are deaf or hard of hearing will address the classroom listening environment
- For every child who is deaf or hard of hearing and has a Section 504 plan, Illinois State Board of Education rules will require a concurrent Communication Plan
- The Illinois State Board of Education will employ a full-time (1.0 FTE) individual to provide leadership, technical assistance and support for the education of students who are deaf or hard of hearing

- The General Assembly should propose and pass legislation that will give consumers and their families the ability to self-direct funds for services and make choices for services on an individualized basis much like a child's educational plan is customized for each individual child
- Adopt a standard definition of deaf/blindness for all state agencies and include deaf/blindness as a separate category on the state PUNS questionnaire (Prioritization of Unmet Needs)
- Conduct trend analysis with the transition data and present this information at least quarterly or the discussion with the IICC
- Share meaningful data for policy and funding decisions with pertinent partners, including but not limited to legislators, advocacy groups, TPCs, school districts, etc
- Use information from trend analysis and data collection to develop policy and position statements on key transition issues and make recommendations to key statewide disability advocacy groups and vital partners
- Partner with others, including state institutions of higher education to formulate public policy recommendations and affect systemic change
- Promote greater awareness and participation of agency directors relative to IICC priorities; this should include but not be limited to sharing a summary of the trend analysis with agency directors and key policy makers
- Invite the Governor's Office and the Attorney General's office to become members of the IICC
- Discuss and plan for the participation of other key stakeholders within the IICC
- Identify and utilize resources from member and other agencies, to include looking beyond the traditional disability-related boundaries, in order to expand the capacity of effective practices
- Secure media coverage for successes

Poverty

- Focus on eradicating poverty in our state based on international human rights standards.
- Create a specific, substantive, measurable strategic plan for cutting extreme poverty in half by 2015 in Illinois
- Offer advice and comment on state matters that may positively or negatively impact the state's goal of ending poverty
- Simplify the application form and process for obtaining a medical card and/or LINK card.
- In 1994 Congress implemented TANF and required single women with children to work. While there was limited initial success, the program largely failed due to its inflexibility and not being intensive enough to meet the needs of women with multiple disadvantages to employment. Women with children who are in charge of maintaining a family unit are paramount to the success of the program.
- To implement an intensive flexible program, additional funding may be necessary, unless current funding can be redirected to this area to provide intensive case management and to assist with keeping the family intact. Based on the redirection of resources, the cost could be reduced by that level of funding.
- Align eligibility requirements for social services, which would allow residents to sign up for all applicable services with one application.

- Safety net programs, a crucial tool to keep families out of extreme poverty, are underutilized in Illinois. Most safety net programs provide support to less than half of eligible Illinoisans. Streamlining the application process for safety net programs would increase usage and help alleviate extreme poverty.
- The State should support the SOAR Initiative in Illinois. SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness.
- Working with an agency whose mission it is to address human services, identify safety net/collaborative case management tools that are currently being used across the state, such as Service Point or Community Collaboration Inc., that identify in a virtual one stop shop all the agencies that are available as resources for clients. Network case managers in local areas so that they can refer, schedule appointments for clients and provide a collaborative case management tool to assist in addressing issues in a holistic approach.
- Support efforts for the creation of Community Resource Centers strategically placed to overcome transportation barriers. This work would not be provided by the State but State agencies would be required to offer needed services at least one day a week in that community. Creating both physical and virtual resource centers in key locations across the state which hold clients accountable to follow through with a plan that they create would directly affect poverty. Key resources would be identified that are pertinent in given service areas and encouraged to participate.
- Increase Temporary Assistance for Needy Families (TANF) grants by 15% each year until they reach 50% of the federal poverty line (FPL).
- Identify rules, policies, practices and procedures that hinder the participation of eligible people in safety net programs and take effective action to remove these barriers. Undertake public education/awareness, outreach and enrollment campaigns.
- Standardize work support application process and make it available online in order to help working families that are struggling stay above the poverty threshold.
- Lengthen the redetermination period for SNAP beneficiaries and shorten the SNAP application.
- Increasing participation in other nutrition programs such as School Breakfast and the Summer Food Service Program – both of which are largely funded by federal dollars – could help bring resources into communities struggling with extreme poverty that would take pressure off of family budgets. Given that having children is a predictor for living in poverty, it seems that focusing on programs that help address the needs of families with children would make sense.
- Increase availability of mobile food programs (e.g. mobile pantries) in high need areas in the state – this could be particularly useful in the far southern regions of Illinois that experience high rates of extreme poverty as community agencies with food programs may not be located near them or in their community. Mobile responses can help to ensure that food can get into outlying communities when needed even if there isn't much organizational infrastructure on the ground.
- Authorize a program of general assistance for single adults that provides them with income support at the level of deep poverty.

- The State should become a 1634 State under the federal Medicaid statute. This change would allow people who are found eligible for SSI by the Social Security Administration to be automatically eligible for a Medicaid card. This change would also take away some of the administrative work from the Department of Human Services.
- Increase the amount of rental subsidies available to those in extreme poverty, including seniors and people with disabilities through expansion of Illinois' Rental Housing Support Program.
- Coordinate funding for supportive services, operating subsidies and capital for the development of permanent supportive housing so that all supportive housing that is developed has all the requisite funding. In addition, the State should require that rental subsidies for people who need supportive services have a source for services attached to the subsidy.
- Ensure the state meets or exceeds the goal of expending 10% of its affordable housing development resources on housing for the extremely low-income.
- Protect, restore and enhance investments in early childhood care and education to maintain and build on the successes of programs like Healthy Families, Early Intervention, Head Start, Preschool for All, and Child Care Assistance Programs. These programs are proven to increase a child's readiness for learning and promote family engagement and empowerment.
- Serve 198,000 kids in Preschool for All (about 35,000 in Head Start, and the remainder in state-supported Pre-K). As of Fiscal Year 2009, we were serving 130,000 kids under Preschool for All.
- Protect, restore and enhance access to quality health care including mental health and social emotional well being. All Kids has reduced the number of uninsured children in IL to 6% and those children could be covered if they applied.
- Build on and expand the work done by the Youth to Adult Partnership to allow emancipated and aged out youth served by Department of Children and Family Services to continue coverage of services as requested and needed. Recently enacted legislation provides this opportunity for emancipated youth but awareness and implementation procedures are under development and would benefit from increased support as a poverty reduction effort. One recommendation is to expand the current legislation beyond the age of 21.
- Adopt statewide Ban the Box legislation, which prohibits state job applications from asking if an individual has a criminal background, and use the state's leadership to encourage and promote the hiring of individuals with criminal backgrounds
- Educate recipients of Social Security Disability Insurance (SSDI) and SSI so they know that they can work and keep Medicaid benefits.
- Establish a statewide transitional jobs program that will engage 40,000 individuals each year when at full scale.
- Increase comprehensive scholarships to low-income community college students which combine "last-dollar" financial aid with student support services that include academic advising, mentoring and tutoring.
- Create at least two dedicated workforce development staff positions at each community college throughout Illinois to increase student opportunities to secure employment upon completion of certificate or degree.

- Direct the Illinois Community College Board and the Department of Commerce and Economic Opportunity to prioritize individuals living in poverty within their programs and work with stakeholders to assess and implement changes, policies and practices that lead to increased access.
- Community colleges, trade schools, and community-based organizations should assist low-skilled immigrants to create a practical career ladder by tying English instruction and vocational training to advancement within specific industries such as restaurants, hotels, tourism, and health care.
- Public and private funds should be increased to promote contextualized adult education and ESL classes for immigrants in order to both improve general English proficiency and acquire trade/skill relevant English as well.
- Triple the state EITC amount.
- Provide free tax preparation services for low-income families.
- Increase access to affordable child care for all low-income working families, with a special emphasis on those in extreme poverty.
- Develop outreach strategies to target families in extreme poverty for the Child Care Assistance Program.
- Eliminate child care co-payments for families in extreme poverty.
- Increase access to unionization through changes in labor law that would ensure that workers had the ability to organize without threat of retaliation from employers.
- Educate workers on their rights so that all workers will know what they are legally allowed to do and what employers are legally allowed to do (and not do).
- Increase enforcement of labor laws.
- Ensure that workers have protections against wage theft, including access to hearings and increased penalties for employers.
- Explore immigrant exploitation/discrimination, and put structures in place to prevent such exploitation and blatant discrimination.
- Increase standards and regulations of staffing agencies, protecting domestic/ temporary/migrant workers from abuses and exploitation.
- Adopt the Illinois Healthy Workplace Act that allows employees who traditionally do not have a right to paid sick leave (e.g. part-time employees) to accrue sick days.
- Eliminate categories of low wage workers not covered by minimum wage, such as those receiving tips, race track handlers, and sub-age workers (below 18).
- Improve workplace compensation by increasing minimum/living wage and benefit standards.

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Appendix A:

Roster of Current and Recent Human Services-Related Commissions and Related Advisory Entities

In developing this report, the Illinois Human Services identified 126 current or recent commissions, task forces, advisory boards and other types of entities that focus on human services improvements. This figure represents entities that responded to two separate calls for submissions during the second half of 2010 and early 2001; the actual number may be higher.

These entities were established either through an official mandate (legislation, a house, senate or joint resolution, or an executive order) or by state agencies that see a need for or benefit to convening experts and have done so through less formal means.

In terms of distribution, the Department of Human Services works with the greatest number of advisory entities: 82 on this roster were tied to that department. The Department on Aging has the next highest number (18), following by the State Board of Education (nine). The other departments represented on the Human Services Commission have six or less of the entities on this roster tied to them.

Agency	Topic or Issue Area	Name	Status
AGING	Population - Older Adults	Generations United Work Group	Active
AGING	Population - Older Adults	Illinois Task Force on Grandparents Raising Grandchildren	Active
AGING	Population - Older Adults	Older Adult Services Advisory Committee	Active
AGING	Population - Older Adults	Senior Task Force	Active
AGING	Supported Living	Statewide Caregiver Advisory Council	Active
AGING	Supported Living	Statewide Independent Living Council	Active
AGING	Food	Illinois LINK Committee	Unknown
AGING	Food	Nutrition Advisory Council	Unknown
AGING	Funding Human Services	FLAG (Finance, Law and Government)	Unknown
AGING	Funding Human Services	Medicaid Advisory Committee	Unknown
AGING	Population - Developmental Disabilities	Illinois Planning Council on Developmental Disabilities	Unknown
AGING	Population - Older Adults	Elder Abuse and Neglect Program Advisory Committee	Unknown
AGING	Population - Older Adults	Illinois Council on Aging	Unknown
AGING	Population - Older Adults	Retired Senior Volunteer Program Advisory Committee	Unknown
AGING	Population - Older Adults	Task Force on Older Workers	Unknown
AGING	Supported Living	Assisted Living and Shared Housing Standards and Quality of Life Advisory Board	Unknown

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Agency	Topic or Issue Area	Name	Status
AGING	Supported Living	Community Care Program Advisory Committee	Unknown
AGING/HFS	Supported Living	Nursing Home Safety Task Force	Inactive
DCEO	Employment	21st Century Workforce Development Advisory Committee	Active
DCEO	Employment	Illinois Workforce Investment Board	Active
DCEO	Employment	Urban Weatherization Board	Active
DHS	Behavioral/Mental Health	Alzheimer's Disease Advisory Committee	Active
DHS	Behavioral/Mental Health	Autism Task Force	Active
DHS	Behavioral/Mental Health	Children's Mental Health Partnership	Active
DHS	Criminal Justice System	Illinois Juvenile Justice Commission	Active
DHS	Employment	Health Care Worker Task Force	Active
DHS	Employment	Professional Development Adivsory Council	Active
DHS	Employment	Social Services Advisory Council	Active
DHS	Health Care	State Board of Health	Active
DHS	Housing	State Housing Task Force	Active
DHS	Information Systems	Health Data Task Force	Active
DHS	Population - Blind/Deaf	Advisory Board for Services for Blind-Deaf Individuals	Active
DHS	Population - Children and Youth	Child Care & Development Advisory Council	Active
DHS	Population - Children and Youth	Early Intervention Task Force	Active
DHS	Population - Children and Youth	Fetal Alcohol Spectrum Disorders (FASD)	Active
DHS	Population - Children and Youth	Illinois Early Learning Council	Active
DHS	Population - Children and Youth	Illinois Interagency Council on Early Intervention	Active
DHS	Population - Developmental Disabilities	Advisory Council on Education of Children with Disabilities	Active
DHS	Population - Developmental Disabilities	Disabilities Services Advisory Committee	Active
DHS	Population - Developmental Disabilities	Illinois Council on Developmental Disabilities	Active
DHS	Population - Older Adults, Behavioral/Mental Health	Advisory Committee on Geriatric Services	Active
DHS	Population - Persons with Disabilities	Interagency Committee on Employees with Disabilities	Active
DHS	Poverty	Commission on the Elimination of Poverty	Active
DHS	Poverty	Commission to Eliminate Poverty	Active
DHS	Poverty	Poverty Commission	Active
DHS		Response to the Access to Benefits Taskforce	Inactive
DHS	Criminal Justice System	Legislative Task Force on Employment of Persons with Past Criminal Convictions	Inactive
DHS	Employment	CILA Nursing Services Reimbursement Work	Inactive

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Agency	Topic or Issue Area	Name	Status
		Group	
DHS	Employment, Prisoner Reentry	Redeploy Illinois Oversight Board	Inactive
DHS	Health Care	Adequate Health Care Task Force	Inactive
DHS	Health Care	Medicaid Managed Task Force	Inactive
DHS	Health Care	Task Force on Health Planning Reform	Inactive
DHS	Population - African American	Task Force on the Condition of African-American Men in Illinois	Inactive
DHS	Population - Blind/Deaf	Joint Task Force on Deaf and Hard of Hearing Education Options	Inactive
DHS	Population - Persons with Disabilities	Interagency Coordinating Council	Inactive
DHS	Behavioral/Mental Health	IL Mental Health Planning and Advisory Council	Unknown
DHS	Behavioral/Mental Health	Prevention of Unnecessary Institutionalization Program Advisory Committee	Unknown
DHS	Behavioral/Mental Health	Psychiatric Advisory Council	Unknown
DHS	Behavioral/Mental Health	Task Force on Mental Health Services in Municipal Jails and Lockups	Unknown
DHS	Employment	Business and Development Task Force	Unknown
DHS	Employment	Business Enterprise Council for Minorities, Females and Persons with Disabilities	Unknown
DHS	Employment	Child Care Program- Head Start State Collaboration Office	Unknown
DHS	Employment	Employment for Disabled Task Force	Unknown
DHS	Employment	State Rehabilitation Council	Unknown
DHS	Employment	Workforce Task Force for Persons with Disabilities	Unknown
DHS	Funding Human Services	Cross-Agency Medicaid Commission	Unknown
DHS	Funding Human Services	Revenue Commission for Community Services	Unknown
DHS	Health Care	Chronic Disease Prevention and Health Promotion Task Force	Unknown
DHS	Health Care	Critical Health Problems and Comprehensive Health Education Advisory Committee	Unknown
DHS	Health Care	Hepatitis Advisory Council	Unknown
DHS	Health Care	Illinois Health Policy Center Advisory Panel	Unknown
DHS	Health Care	Student Health Needs Task Force	Unknown
DHS	Housing	Executive Committee of the State Housing Task Force	Unknown
DHS	Human Services System	Human Services 211 Collaboration Board	Unknown
DHS	IDHS	Illinois Human Services State Plan-April 2009	Unknown
DHS	Information Systems	Social Security Number Protection Task Force	Unknown
DHS	Population - African American	African-American Family Commission	Unknown
DHS	Population - Blind/Deaf	Blind Services Planning Council	Unknown
DHS	Population - Blind/Deaf	Illinois Committee of Blind Vendors	Unknown
DHS	Population - Blind/Deaf	Interagency Board of Children Who Are Deaf or Hard of Hearing and Have an Emotional or	Unknown

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Agency	Topic or Issue Area	Name	Status
		Behavioral Disorder	
DHS	Population - Blind/Deaf	Newborn Eye Pathology Advisory Committee	Unknown
DHS	Population - Blind/Deaf	Universal Newborn Hearing Screening Advisory Committee	Unknown
DHS	Population - Children and Youth	Child Care Advisory Council	Unknown
DHS	Population - Children and Youth	Commission on Children and Youth	Unknown
DHS	Population - Children and Youth	Governor's Youth Services Initiative Board	Unknown
DHS	Population - Children and Youth	Illinois Migrant and Seasonal Head Start Advisory Board	Unknown
DHS	Population - Children and Youth	Parents and Community Accountability Study Committee	Unknown
DHS	Population - Developmental Disabilities	Cross-Agency Coordination Task Force on Developmental Disabilities	Unknown
DHS	Population - Developmental Disabilities	Illinois Purchased Care Review Board	Unknown
DHS	Population - Families	Family Planning Advisory Committee	Unknown
DHS	Population - Latinos	Latino Family Commission	Unknown
DHS	Population - Mothers and Infants	Maternal and Child Health Advisory Board	Unknown
DHS	Population - Persons with Disabilities	State Use Committee	Unknown
DHS	Substance Abuse	Illinois Advisory Council on Alcoholism and Other Drug Dependency	Unknown
DHS	Substance Abuse	Schedule II Controlled Substance Prescription Monitoring Program Advisory Committee	Unknown
DHS	Supported Living	Community and Residential Services Authority	Unknown
DHS	Supported Living	Illinois Long-Term Care Facility Advisory Board	Unknown
DHS	Unrelated to scope of HSC	Governor's Rural Affairs Council	Unknown
DHS	Violence Prevention	Domestic Violence Advisory Council	Unknown
DHS/ DOC	Violence Prevention, Criminal Justice System	Illinois Violence Prevention Authority	Unknown
DOC	Criminal Justice System	Task Force on Trial of Juveniles in Adult Court	Inactive
DOC	Criminal Justice System	Illinois Criminal Justice Information Authority	Unknown
DOC	Criminal Justice System	Office of Juvenile Justice and Deliquency Prevention	Unknown
DOC	Employment	Task Force on Inventorying Employment Restrictions	Unknown
DOC	Prisoner Reentry	Adult Redeploy Illinois Oversight Board	Unknown
DOJJ	Criminal Justice System	Illinois Juvenile Justice Advisory Board	Unknown
DOJJ	Criminal Justice System	School District #428 Board of Education	Unknown
IBHE	Education/ Employment	Illinois Public Agenda for College and Career Success	Active

Appendix A
Roster of Current and Recent Human Services-Related Commissions and Related Advisory Entities

Agency	Topic or Issue Area	Name	Status
ICCB	Education/ Employment	Adult Education Strategic Plan: Creating Pathways for Adult Learners	Active
IDES	Employment	Human Services Plan - State Fiscal Year 2010	Unknown
IDHS	Population - Developmental Disabilities	Division of Developmental Disabilities Strategic Plan FY 2011-FY 2017	Active
IL Council on DD	Funding Human Services	Financing Services to Individuals with Developmental Disabilities in the State of Illinois	Unknown
ISBE	Education	Illinois Growth Model Task Force	Active
ISBE	Education	Illinois Longitudinal Data System Data Advisory Committee	Active
ISBE	Education	Performance Evaluation Advisory Council	Active
ISBE	Education	School Bullying Prevention Task Force	Active
ISBE	Education/ Employment	P-20 Council	Active
ISBE	Population - Developmental Disabilities	Illinois State Advisory Council on the Education of Children with Disabilities	Active
ISBE	Population - Persons with Disabilities	Assessment Committee for Students with Disabilities	Active
ISBE	Employment	Private Business and Vocational Schools State Advisory Council	Unknown
ISBE/ICCB	Employment/Education	2009 Career and Technical Education Report	Unknown
	Developmental Disabilties	Illinois League of Advocates for Developmental Disabilities	Unknown

Appendix B
Recommendations by Current and Recent Human Services-Related Commissions and Related Entities

Agency	Name	Status	Recommendations
AGING	Generations United Work Group	Active	•Expand use of National Family Caregiver Support Program dollars •Ensure policies are in place to guarantee grandfamilies benefit from the Fostering Connections to Success and Increasing Adoptions Act of 2008 •Expand and improve respite care services for grandparent and other relative caregivers (through funding the Lifespan Respite Care Act) •Restore full funding to the Social Services Block Grant •Expand access and eligibility to program and paperwork requirements for older adults in the re-authorization of federal food programs
AGING	Illinois Task Force on Grandparents Raising Grandchildren	Active	•Create a role in IDHS for a "navigation" person so caregivers who do not meet the standard qualifications for various caregiver support programs are able to easily receive the benefits and information they need •Resolve disparities in current funding procedures. (For example, currently if two half brothers are under the care of their grandparent and one child receives child support from his father, that child support payment disqualifies the other brother from TANF money. So the grandparent must now raise two children with the funds intended for one child.) •Make legal procedures for guardianship consistent across all Illinois county courts
AGING	Older Adult Services Advisory Committee	Active	•Improve funding for home and community-based services and programs •Improve transition and integration between medical, hospital and long-term care systems and settings •Improve access to long-term care services through comprehensive pre-admission assessment screening and options counseling •Ensure service allocation equity and the service package •Increase caregiver support •Facilitate access to supportive housing options and affordable housing •Improve the home and community-based quality management systems •Convert excess nursing facility capacity •Maximize the use of technology to support policy development and delivery of long-term care services
AGING	Senior Task Force	Active	•Design and implement strategies to reduce the number of Medicaid certified nursing

			home beds through a nursing home bed conversion program. •Implement and evaluate a medication management pilot program in the state. •Implement and evaluate a health and social service coordination pilot in the state. •Advocate for the continued support of rate increases to achieve a living wage and health insurance coverage for all long-term care and community-based care workers in Illinois. Ensure that wages are at least 20 percent above minimum wage. Provide funding in all programs to support these increases through FY 2011. •Recommend career ladder/lattice programs as well as identify new opportunities for developing programs for frontline workers working with seniors; support introduction of a pilot career program based on a review of best practices in other states. •Recommend the development of a training certificate/accreditation program for all long-term care and community-based workers including core curriculum and safety training. •Compile and review results of current caregiver training programs in Illinois and other states. Replicate evidence-based caregiver programs in underserved areas of Illinois. •Support an increase in the general revenue funds for services that would benefit family caregivers with specific emphasis on respite care in the FY 2010 IDoA budget.
AGING	Statewide Caregiver Advisory Council	Active	•Increase respite care •Allow family members to take on the formal (paid) role of caregiver. This is geared towards instances where a family member is forced to give up existing employment in order to care for children that would otherwise be assigned to a paid state assigned caregiver
AGING	Statewide Independent Living Council	Active	•Expand services for underserved minority and disability populations, and in the state's unserved and underserved counties through the development of new branch offices of existing Centers for Independent Living (or through new grassroots initiatives). •All existing Centers should receive an annual COLA that is at least consistent with any increases in the Consumer Price Index. •Provision of non-monetary benefits, such as health insurance and worker's compensation for Personal Assistants. •As the hourly rate for PAs increases there should be no attempt to reduce the hours of PA services individuals currently receive in the Program, and that current "determination of need" eligibility is not raised to decrease access to this Program.

			•Close or significantly downsize state operated developmental and mental health centers throughout the state and use resulting monies to develop a wide range of community supports and services to meet individual needs. •Preferable and more cost effective to serve individuals with disabilities in a community setting. •Right to cast secret ballots at all local, state and federal elections in Illinois. •All polling places must be physically, environmentally and attitudinally accessible to all voters with disabilities. Division of Rehabilitation Services: •Division of Rehabilitation Services would be better equipped to serve people with disabilities if the Director of DRS held a cabinet-level position. •Increase funding for programs that allow a person with a disability to live and work in the "most integrated setting" appropriate as ruled by the Supreme Court. •State needs to take measures to rectify the disparity between home- and community-based services available for the elderly versus individuals with disabilities under age 60. •Urges the General Assembly and the Governor to use recommendations from the Disability Services Advisory Committee (DSAC) to move Illinois toward full implementation of the Olmstead decision. •Medicaid funding currently used to support residential institutions, sheltered workshops and day training programs should be redirected to support community based services that allow persons with disabilities to receive integrated services in non-segregated environments. •Support "visitability" legislation which mandates that new single family spec homes include certain modest accessibility features, including: (a) one no-step entrance, (b) 32" doorways, (c) reinforced bathroom walls, and (d) lowered utility receptacles. •Expand initiatives by state government designed to provide home and apartment modification grants for individuals with disabilities and their families who require such modifications to live independently. •Track the DHFS Medicaid “buy-in” program to show how persons with disabilities are increasing their hours worked and reducing their dependence on other forms of public assistance •Expand the state insurance program to allow private employers to pay into a pooled state insurance fund which would provide insurance benefits for employees with disabilities comparable to their non-disabled peers while allowing the employer to

			avoid paying higher premiums because a person with a disability has medical expenses which drive up costs of the employer-sponsored plan. •Increase awareness of transition services for students with disabilities after they leave the educational setting. •Ensure increased coordination between all state agencies and ensure adherence to accountable tracking measure. •Enforce standing laws which affect the ability of students with disabilities to receive a free and appropriate public education •Inclusion of funding initiatives by state government to increase accessible and affordable transportation options for individuals with disabilities and their families in urban, suburban, and rural areas. •The SILC supports comprehensive health insurance that offers the same health insurance coverage for people with mental disabilities as physical disabilities. •Pass a law requiring that a legal guardian get consent from a court of law when seeking to have an adjudicated adult with a disability sterilized. •Create more employment opportunities for individuals with disabilities by way of new legislation and policies. •Increase the Department of Central Management Services' use of both the Successful Disability Opportunity and the Supported Employment Program.
AGING/HFS	Nursing Home Safety Task Force	Inactive	•Call for significant changes and improvements in assessing people before placing them in nursing homes with 24-hour care •Determine whether individuals can be appropriately monitored and treated in supportive housing •Ensure that the nursing home has the appropriate information when the resident arrives, to assure the safety and security of everyone in the home •Raise the standards of nursing home care so that everyone receives the treatment appropriate for their condition •Offer more community-based residential options, so people with serious mental illness can successfully transition to a setting where they have more independence
AGING	Assisted Living and Shared Housing Standards and Quality of Life Advisory Board	Unknown	Information not available

AGING	Community Care Program Advisory Committee	Unknown	Information not available
AGING	Elder Abuse and Neglect Program Advisory Committee	Unknown	Information not available
AGING	FLAG (Finance, Law and Government)	Unknown	Information not available
AGING	Illinois Council on Aging	Unknown	Information not available
AGING	Illinois LINK Committee	Unknown	Information not available
AGING	Illinois Planning Council on Developmental Disabilities	Unknown	Information not available
AGING	Medicaid Advisory Committee	Unknown	Information not available
AGING	Nutrition Advisory Council	Unknown	Information not available
AGING	Retired Senior Volunteer Program Advisory Committee	Unknown	Information not available
AGING	Task Force on Older Workers	Unknown	Information not available
DCEO	IL Workforce Investment Board Illinois Strategic 5 Year Plan June 2009 Modification for Title I-Workforce Investment Act of 1998/Wagner-Peyser Act/American Recovery and Reinvestment Act of 2009	Active	• Prevent dislocation, address short term needs and shortages and position the state for post-recovery growth in key sectors by accelerating investment in the skills of Illinois workers. - Partner with industry organizations and employers and education and training providers to utilize incumbent, customized, OJT, and class-sized training mechanisms to accelerate training and provide transitional employment opportunities for workers while in training where possible. - State funds will be targeted to incumbent worker training because of current limitations in the use of LWIA funds for incumbent worker training - DCEO will work with LWIAs to coordinate state and local accelerated pre-employment training in targeted sector - Illinois will use regular state WIA funds to expand access to sector-based bridge programs to provide opportunities for low-skilled workers to access accelerated training opportunities in the targeted key sectors. This will be done through the Shifting Gears initiative • Key Sectors: Healthcare, manufacturing, transportation and logistics, information technology (focusing on healthcare applications), and green initiatives across all sectors of the Illinois economy.

			• Increased funding should immediately allow for increased opportunities for: - Incumbent Worker training to keep our businesses competitive and employees working; - Ready funding for class size training projects with community colleges or private training providers; - Summer employment programs for unemployed and unskilled youth; - Bridge programs that provide for rapid increases in key skill sets.
DCEO	Urban Weatherization Board	Active	Information not available
DCEO	IL Workforce Investment Board Subcommittee: Strategic Planning Leadership Council Illinois Strategic Plan to Reduce/ Eliminate Barriers to Employment for People with Disabilities -January 2009	Unknown	• Expand workplace inclusion and retention - Promote and disseminate, on a local and regional basis, as well as through the Illinois workNet Web site, literature and training materials that provide information to people with disabilities and employers on programs and services available to them. - Develop and promote promising practice criteria for possible program replication. - Provide training programs and conferences for employers on benefits of hiring people with disabilities, making them available online through Illinois workNet, and including a review of local transportation services. - Implement self-employment fairs and develop a self-employment support program. - Conduct a research study of the employment status of college graduates with disabilities to further correlate education and employment. - Develop and disseminate a community self-assessment tool to enable communities to assess available resources and gaps in their respective communities, and to ensure service accessibility. • Shift the perception about people with disabilities related to employment for employers, parents, educators, and people with disabilities. - Work with other state agencies to develop literature and educational materials for parents and educators of children with disabilities regarding work readiness. - Develop and provide in person and web based (Illinois workNet) disability awareness training and information to employers concerning the benefits of hiring people with disabilities. - Promote volunteering/working/internships at an earlier age for people with disabilities to gain work experience. - Convene regional summits with the local Chambers of Commerce to showcase promising employer practices, available technical assistance, disability awareness,

			promote hiring of people with disabilities, and to potentially increase transportation. - Conduct benefits planning outreach for youth and their families to ensure that they are aware of work incentive programs. - Explore the collaboration with other state MIG grantees to develop a public awareness marketing campaign for national and individual state use. • Communicate and coordinate information on work incentives/benefits planning - Develop a Web site (within Illinois workNet) devoted to benefits planning and expand to include other employment resources. - Conduct outreach on Health Benefits for Workers with Disabilities (HBWD, Illinois' Medicaid Buy-In Program) to educational settings. - Add an HBWD benefits calculator to the benefits planning Web section. - Develop marketing materials for benefits planning, including outreach to underserved populations such as Veterans, youth, and minorities. - Develop data systems to measure the effectiveness of work incentives - Develop the framework for a baseline tracking system by comparing future tracking of Medicaid Buy-In participants with the general Medicaid population of people with disabilities to determine employment status, health status and income of Illinois residents with disabilities relative to work incentive activities. - Research available opportunities for collecting and compiling data from other state databases. - Participate in federal efforts to compile and standardize data through participation in the Medicaid Infrastructure Grant Research and Technical Support Project. • Recommend revisions to federal and state policies Federal Policies: - Request that the Social Security Administration develop a task force of state and federal officials and people with disabilities to review and revise the definition of disability used to determine eligibility for receipt of Social Security benefits and related programs to allow employment. - Request that the Centers for Medicare and Medicaid Services research the cost-effectiveness of providing lifetime public benefit support versus providing employment support to enable people with disabilities to work. This analysis must take into account the financial contribution to society that people with disabilities can make when appropriate supports are provided. - Request that the U.S. Administration of Children and Families revise regulations

			regarding the Individual Development Accounts program to include matched savings plans for traditional employment (non-self employment) to use for job supports, such as transportation. State Policies - Develop a Plan to Achieve Self Support (PASS) Loan Program in cooperation with the Division of Rehabilitation Services, Department of Human Services (DRS/DHS). - Review the Business Enterprise Program (BEP) small business policies (administered by the Illinois Department of Central Management Services) to clarify and possibly revise the funding allocation process that governs the recommended share of state procurements that are awarded to businesses certified as owned by individuals with disabilities. - Continue support of public, private and non-profit initiatives as they may arise throughout the year that are consistent with the mission and vision of this plan.
DHS	Advisory Board for Services for Blind-Deaf Individuals	Active	•The General Assembly should propose and pass legislation that will give consumers and their families the ability to self-direct funds for services and make choices for services on an individualized basis much like a child's educational plan is customized for each individual child •Adopt a standard definition of deaf/blindness for all state agencies and include deaf/blindness as a separate category on the state PUNS questionnaire (Prioritization of Unmet Needs)
DHS	Advisory Committee on Geriatric Services	Active	•Expand Geropsychiatric Initiative (GPI) across Illinois •Incorporate medical workers into the continuum of services •Better address issues of self-neglect among geriatric patients •Fund personnel to allow the longer patient engagements necessary for successful treatment of older adults •Utilize GPI Specialists' expertise of their regions to inform future decisions and recommendations
DHS	Advisory Council on Education of Children with Disabilities	Active	•ISBE should obtain a written strategic plan of improvement relative to the gap in learning. •Further define the district's services for students relative to transitioning from high school to post secondary, career, and independent living.

			•ISBE should obtain the following information that that clearly defines the plans for ELL services: •The Transition Committee should distribute the White Paper on High Expectations. • ISBE should update or create and post on its website a statewide directory of school service personnel and educators qualified to serve English Language Learners. The directory should include contact information and information about the types of services and languages in which the individual is qualified.
DHS	Alzheimer's Disease Advisory Committee	Active	•Establish adequate staffing levels and fund an Office on Alzheimer's Disease and related Dementias within the Illinois Department of Public Health •Build a central clearinghouse of widely and conveniently available Alzheimer's related information •Establish, initiate and require basic, specialized and periodic education and training for persons throughout the state whose responsibilities make it likely that they may come into contact with persons with Alzheimer's disease and related dementia •Study and, where necessary, propose modifications to the Alzheimer's Disease Assistance •Act (410 ILCS 5/) and the Alzheimer's Disease Research Act (410 ILCS 407) to review the composition of the Alzheimer's Disease Advisory Committee and to facilitate Alzheimer's planning, treatment, care and research
DHS	Autism Task Force	Active	•An Illinois Autism Information Clearinghouse should be established that provides "big picture" planning and broad inclusive collaboration on Autism information dissemination •The State must make an investment in the implementation of evidence based practices (EBP) •DHS should commission a report to look at extant curricula regarding developmental disorders in Illinois schools of nursing, social work, medicine, psychology, occupational therapy, speech and language, and education •New legislation should be introduced to require health insurance policies to cover Autism Spectrum Disorders and all disorders above and beyond minimums required by mental health parity law

DHS	Child Care & Development Advisory Council	Active	• Ensure that child care is affordable for Illinois families by implementing the recommendations in IDHS' Making Quality Child Care Affordable for Illinois' Working Families report. • Promote the Child Care Assistance Program and increase efforts to engage hard to reach families. • Improve access to the Child Care Assistance Program for children with special needs. • Support a quality child care system through adequate standards, base rates, the Quality Counts Quality Rating System (QRS), and other initiatives to improve the early care and education of children. • Implement an annual adjustment to base reimbursement rates for providers that is supported by the market rate survey data. • Make a one-time adjustment to the base rates for infant/toddler and other specific geographic and age groups as needed to bring rates to the levels recommended in IDHS's Rates Report. • Support a highly qualified diverse workforce that is well-compensated for the care and education provided to children. • Promote a coordinated early care and education system achieved through partnerships between federal, state and community agencies and support by policies, procedures and funding. • Promote the alignment of rules and policies across child care and early education programs to remove barriers, maximize the ability of families to access the programs they need, and strengthen the connections among programs, including family child care homes. • In conjunction with the Early Learning Council and the Good Start, Grow Smart Team support the development of community early childhood councils
DHS	Children's Mental Health Partnership	Active	•Promote and support children's mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth •Support implementation of the strategic plan for Building a Comprehensive Children's mental health system in Illinois •Increase funding for ICMHP strategic plan priorities in FY 11 consistent with the goal to bring implementation strategies to scale statewide •Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system

			• Make promotion, prevention and early intervention a priority consistent with the recommendations set forth by the institute of medicine Report, preventing mental, emotional and Behavioral disorders Among Young people •Increase the visibility of Illinois initiatives and efforts in the state and country as a model for children's mental health system development
DHS	Commission on the Elimination of Poverty	Active	•Focus on eradicating poverty in our state based on international human rights standards. •Create a specific, substantive, measurable strategic plan for cutting extreme poverty in half by 2015 in Illinois. •Offer advice and comment on state matters that may positively or negatively impact the state's goal of ending poverty.
DHS	Commission to Eliminate Poverty	Active	• Simplify the application form and process for obtaining a medical card and/or LINK card. • In 1994 Congress implemented TANF and required single women with children to work. While there was limited initial success, the program largely failed due to its inflexibility and not being intensive enough to meet the needs of women with multiple disadvantages to employment. Women with children who are in charge of maintaining a family unit are paramount to the success of the program. • To implement an intensive flexible program, additional funding may be necessary, unless current funding can be redirected to this area to provide intensive case management and to assist with keeping the family intact. Based on the redirection of resources, the cost could be reduced by that level of funding. • Align eligibility requirements for social services, which would allow residents to sign up for all applicable services with one application. • Safety net programs, a crucial tool to keep families out of extreme poverty, are underutilized in Illinois. Most safety net programs provide support to less than half of eligible Illinoisans. Streamlining the application process for safety net programs would increase usage and help alleviate extreme poverty. • The State should support the SOAR Initiative in Illinois. SSI/SSDI Outreach, Access and Recovery (SOAR) is a strategy that helps states to increase access to SSI/SSDI for people who are homeless or at risk of homelessness. • Working with an agency whose mission it is to address human services, identify

			safety net/collaborative case management tools that are currently being used across the state, such as Service Point or Community Collaboration Inc., that identify in a virtual one stop shop all the agencies that are available as resources for clients. Network case managers in local areas so that they can refer, schedule appointments for clients and provide a collaborative case management tool to assist in addressing issues in a holistic approach. • Support efforts for the creation of Community Resource Centers strategically placed to overcome transportation barriers. This work would not be provided by the State but State agencies would be required to offer needed services at least one day a week in that community. Creating both physical and virtual resource centers in key locations across the state which hold clients accountable to follow through with a plan that they create would directly affect poverty. Key resources would be identified that are pertinent in given service areas and encouraged to participate. • Increase Temporary Assistance for Needy Families (TANF) grants by 15% each year until they reach 50% of the federal poverty line (FPL). • Identify rules, policies, practices and procedures that hinder the participation of eligible people in safety net programs and take effective action to remove these barriers. Undertake public education/awareness, outreach and enrollment campaigns. • Standardize work support application process and make it available online in order to help working families that are struggling stay above the poverty threshold. • Lengthen the redetermination period for SNAP beneficiaries and shorten the SNAP application. • Increasing participation in other nutrition programs such as School Breakfast and the Summer Food Service Program – both of which are largely funded by federal dollars – could help bring resources into communities struggling with extreme poverty that would take pressure off of family budgets. Given that having children is a predictor for living in poverty, it seems that focusing on programs that help address the needs of families with children would make sense. • Increase availability of mobile food programs (e.g. mobile pantries) in high need areas in the state – this could be particularly useful in the far southern regions of Illinois that experience high rates of extreme poverty as community agencies with food programs may not be located near them or in their community. Mobile responses can help to ensure that food can get into outlying communities when needed even if there isn't much organizational infrastructure on the ground.

			• Authorize a program of general assistance for single adults that provides them with income support at the level of deep poverty. • The State should become a 1634 State under the federal Medicaid statute. This change would allow people who are found eligible for SSI by the Social Security Administration to be automatically eligible for a Medicaid card. This change would also take away some of the administrative work from the Department of Human Services. • Increase the amount of rental subsidies available to those in extreme poverty, including seniors and people with disabilities through expansion of Illinois' Rental Housing Support Program. • Coordinate funding for supportive services, operating subsidies and capital for the development of permanent supportive housing so that all supportive housing that is developed has all the requisite funding. In addition, the State should require that rental subsidies for people who need supportive services have a source for services attached to the subsidy. • Ensure the state meets or exceeds the goal of expending 10% of its affordable housing development resources on housing for the extremely low-income. • Protect, restore and enhance investments in early childhood care and education to maintain and build on the successes of programs like Healthy Families, Early Intervention, Head Start, Preschool for All, and Child Care Assistance Programs. These programs are proven to increase a child's readiness for learning and promote family engagement and empowerment. • Serve 198,000 kids in Preschool for All (about 35,000 in Head Start, and the remainder in state-supported Pre-K). As of Fiscal Year 2009, we were serving 130,000 kids under Preschool for All. • Protect, restore and enhance access to quality health care including mental health and social emotional well being. All Kids has reduced the number of uninsured children in IL to 6% and those children could be covered if they applied. • Build on and expand the work done by the Youth to Adult Partnership to allow emancipated and aged out youth served by Department of Children and Family Services to continue coverage of services as requested and needed. Recently enacted legislation provides this opportunity for emancipated youth but awareness and implementation procedures are under development and would benefit from increased support as a poverty reduction effort. One recommendation is to expand the current legislation beyond the age of 21.

			• Adopt statewide Ban the Box legislation, which prohibits state job applications from asking if an individual has a criminal background, and use the state's leadership to encourage and promote the hiring of individuals with criminal backgrounds
DHS	Disabilities Services Advisory Committee	Active	•Expansion of the cross-disability database to include all disability populations and highlight those who choose to modify their services and living arrangements to better meet their needs. •Commitment of additional resources to enhance information technology capabilities; especially as it impacts cross-system data flow and tracking need. •Integrate effective traditional services and new services and be responsive to emerging evidence-based best practice, changing needs and emerging disability populations. •Identify how existing service and housing options need to be redesigned, expanded, or otherwise improved (i.e., diagnostics and evaluation, service coordination/case management, assistive technology, day services, work options, supports in the home, enhanced staffing for CILAs, crisis response teams, etc.). •Outline how targeted growth or realignment will improve the equity of access by areas of concern (geographic distribution, cultural or economic communities, etc.). •Include a housing development pipeline list for each disability group that is integrated into the Governor's Housing Plan. •Provide the basis for all strategic and tactical efforts to increase funding for services related to the Disabilities Services Plan, and integrate into efforts to increase funding for expansion of services and improved quality of care across the entire system. •Leverage available non-GRF funding to maximize the opportunities for people to choose community supports and services. •Maintain and expand GRF funding to maximize opportunities for people to choose community supports and services. •Create appropriate business opportunities to generate adequate and effective community services and to support the transition away from unnecessary reliance on institutional care. •Document annually the obstacles encountered to developing appropriate service capacity and record or recommend solutions. •Identify the technical assistance and other support (to individuals and/or providers) that the state agencies will provide during the targeted growth or realignment.

			•Improve the state agency capacity to coordinate and integrate the various service platforms within the system to ensure maximum leverage of resources and capacity and to maximize the user-friendliness of the system. •Integrate and build on all state-level and regional long-term care plans and initiatives to ensure compatibility and consistency of services and access to housing (e.g. the Older Adult Services Act and the Comprehensive Housing Plan). •Identify how HCBS waiver authority (current or future) will be used to support the targeted changes in service capacity. •Identify how these annual growth or realignment projections interface with cross-disability data on people who are waiting for services and with broader service growth targets for the involved disability service systems. •Describe how these growth and realignment projections will impact the lives and quality of care of those people who choose to remain in an institutional setting.
DHS	Division of Developmental Disabilities Strategic Plan FY 2011-FY 2017	Active	• Develop a strong, compassionate and adequately trained workforce (for developmental disability service system). - Conduct a full-scale, system-wide study of direct service professionals' wages, benefits, and hours of work, etc. - Boost and realign funding for community services, so that community agencies can attract and retain competent direct service professionals by paying competitive wages with solid benefits. - Reduce the disparity between wages paid to state employees and community direct service staff. - Reduce annual turnover and vacancy rates for direct service professionals. - Adequately staff all services, so that reliance on over-time is reduced and staff burnout is eliminated. - Create supports and incentives for effective training, recruitment, and retention of direct-service professionals by providers throughout the developmental disabilities system (e.g., increased training to prevent and manage difficult behaviors, on-call capacity to provide technical assistance to providers/direct-service professionals facing challenging conditions). - Partner with institutions of higher education (e.g., Illinois Community College Board) to create career pathways supported by certification and degree programs. - Provide incentives for current direct services professionals to seek additional

			education and credentialing. - Develop an orderly, supportive and phased process for transitioning displaced state employees into comparable positions in community-based services.
DHS	Early Intervention Task Force	Active	•The Bureau of Early Intervention must design and implement a web-based data management system. •The Bureau of Early Intervention must conduct a thorough review of the current service delivery model, including a comprehensive evaluation of service delivery models operating in other states, in order to determine the degree to which changes need to be made to Illinois' model of service delivery. •The Bureau of Early Intervention will coordinate and undertake a number of activities targeted to improve the recruitment, development and retention of highly qualified and culturally and linguistically competent personnel. •The IICEI will create and convene a workgroup to review current Child Find and Referral policies, procedures and practices in order to assure the timely and appropriate identification and referral of all infants and toddlers who may be eligible for the Part C Early Intervention Program to the Part C Early Intervention Program and of infants and toddlers are who found ineligible to other community resources or services as appropriate. •The Bureau of Early Intervention will coordinate a comprehensive review of Illinois' current initial and annual eligibility criteria and eligibility determination processes in order to assure that children are appropriately identified in a timely manner, that service recommendations are unbiased and that children who are no longer eligible are transitioned smoothly out of the Part C EI Program to other community services, if necessary. •The Bureau of Early Intervention will conduct a thorough review of the current Assistive Technology service in order to identify current inefficiencies, incorporate recommended practices and realize cost savings. •The Bureau of Early Intervention must work to implement a comprehensive •system of qualitative monitoring, which should include: •(1) consistent, comprehensive qualitative child and family outcome measurement and analysis, •(2) policies and procedures for the provision of support and technical assistance prior to and during the IFSP meeting to better assure that IFSPs reflect EI principles and

			recommended practices, •(3) policies and procedures for a system of peer review/reflective supervision of service delivery where appropriate and useful; and •(4) policies and procedures for the monitoring and evaluation of Family Support experiences. •The Bureau of Early Intervention will undertake a number of activities designed to enhance the current system of quantitative monitoring, including: •(1) improve the consistency of monitoring and assure that policies are communicated clearly to all parties involved in the monitoring process; •(2) assure the availability of appropriate technical assistance, training, supervision, and mentoring; •(3) design and implement a mechanism to accurately and systematically identify and track children who are waiting for services; •(4) develop measures by which to measure the performance of the Central Billing Office (CBO), including Customer Service measures, and •(5) develop an anonymous "tip line" for all stakeholders to report concerns. •The Bureau of Early Intervention and the Illinois State Board of Education must work together more effectively to assure that all children who are eligible for Part B services, but particularly those children served by the Chicago Public Schools, have an Individualized Education Plan (IEP) in place by the time they reach their third birthday. •The Bureau of Early Intervention will explore new funding opportunities and maximize cost efficiencies in order to retain the current eligibility criteria, protect direct services and assure long-term financial stability to the greatest extent possible.
DHS	Fetal Alcohol Spectrum Disorders (FASD)	Active	• Develop a strategy to coordinate existing services across state agencies to address FASD prevention, diagnosis, early intervention and treatment across the FASD continuum. • Explore the development of a statewide training system on FASD prevention, intervention and the effects on the brain for members of the judicial, law enforcement and corrections system; physicians, nurses and primary healthcare providers; and educators. • Encourage appropriate agencies to identify methods for improving and expanding evaluation and diagnostic services for those suspected of having a FASD. o Advocate for the inclusion of FASD in the Diagnostic and Statistical Manual of Mental

			Disorders (DSM-V) revision and the International Classification of Diseases (ICD) in order to facilitate service delivery and payment mechanisms. The planned publication release date for the updated DSM-V is 2013. o Identify federal and not-for-profit funding opportunities to supplement limited state resources. One such Federal resource is the SAMHSA FASD Center for Excellence created to assist States with resources related to prevention, screening, diagnosis, and treatment of FASD. • Encourage appropriate agencies to seek out ways to improve and expand FASD services including mental health, substance abuse, respite care, supportive living environments, educational supports, vocational training, and family support systems. o Explore the feasibility of amending the Illinois Home and Community Based waiver through the Medicaid program to cover services for FASD population. o Identify federal and not-for-profit funding opportunities to supplement limited state resources. • Identify funding and methods of increasing public awareness of the consequence of consuming any alcohol during pregnancy such as planning and implementing a statewide prevention based FASD Public Service Campaign with Public Service Announcements highlighting the cost/benefit to society in treating FASD across multiple systems.
DHS	Head Start State Collaboration Office	Active	• Strengthen positive parent educational outcomes. - Increase staff training on assessment tools to evaluate parents for higher education - Provide success models that help parents get back into educational activities • Engage Dept. of Human Services FCRCs, economic development councils & employment/training agencies • Develop system to share economic support programs with families statewide • Improve collaboration in family literacy services. - Include Secretary of State in collaboration planning - Link Head Start with family literacy providers and resources & promote promising practices - Develop & distribute models of Head Start collaboration with public libraries - Develop & distribute parent-child activity & adult education models • Expand Gateways to Opportunities services. - Strengthen the collaboration for Gateways system development and supports

			- Increase Head Start awareness & use of the services - Increase number of Head Start teachers using Gateways services • Develop continuum of individual and group supports for professional development. • Increase professional development opportunities through multiple delivery methods and coursework. - Develop alternative delivery methods, such as online coursework & programs - Increase the availability of culturally & linguistically diverse training • Support Gateways to Opportunity statewide training Registry implementation. - Ensure Head Start participation in the Registry • Strengthen supports for higher education faculty. - Support Gateways web portal & higher ed listserv - Increase access to English as a Second Language courses - Increase articulation between 2- & 4-year institutions • Support development of family services & home visitor credentials • Bridge program and training provider collaboration. - Develop model agreements at state level & distribute/provide training/technical assistance at local level • Continue and expand state level professional development partner collaborations
DHS	Health Care Worker Task Force	Active	• Illinois should provide state funding to serve as a catalyst and assist with the initial costs of regional healthcare industry sector coordinator(s), and slowly reduce the funding over time. • Funding for a regional healthcare coordinator should be tied to performance wherein the coordinator will be responsible for specific outcomes • Expanding Capacity of Educational Programs. • Promoting Best Practices. • Promoting Alternative Delivery Systems for Adult Workers. • State funding for regional coordinators should be provided to existing CSSI public-private consortia to support and expand the partnerships established through the CSSI process. • State funding should provide seed money for additional staff to support regional coordinators in some regions.
DHS	Health Data Task Force	Active	•Adopt legislation charging the Illinois Department of Public Health (IDPH) with responsibility for advancing Illinois' EHR and health information exchange initiatives

			and requiring the Department to establish a public-private partnership with a new not-for profit organization •The legislation should provide for the governance of ILHIN by a 31-member board of directors •The board of directors of ILHIN should elect its presiding officer from among its members and employ an executive director accountable to the board to employ and manage such staff as needed to implement the ILHIN's mandates •The legislation should require the establishment of a state-level health information exchange to serve as a "hub" or "highway" to facilitate the sharing of health information among health care providers within Illinois and other states • The ILHIN should stimulate, facilitate, and coordinate research to better understand the implementation and use of EHRs in the state •The enabling legislation should authorize the transfer of the Illinois Health Network assets from IDPH to the ILHIN and the taskforce recommends the transfer (or licensing) occur as soon as practicable
DHS	Illinois Council on Developmental Disabilities	Active	• People with developmental disabilities should have access to and receive necessary publicly-funded services and supports with reasonable promptness. • Services and supports should be provided in the most integrated setting appropriate to the needs of the individual. • Services and supports must be person-centered. • The provision of services must result in the achievement of preferred outcomes for people with developmental disabilities. • There infrastructure must facilitate the ready access of people with developmental disabilities and families to services. • Services must continuously meet essential quality standards and there must be confidence that quality oversight systems function effectively and reliably. • The system must promote economy and efficiency in the delivery of services and supports
DHS	Illinois Early Learning Council	Active	•Recommending that an Office of Early Childhood Development be created by the Governor and be housed in his office. Creating an Office of Early Childhood Development would serve to elevate early childhood issues and signal its importance to both the members of the General Assembly and the administrators of state

			agencies, and aid with coordination and implementation of Council recommendations. •Creating recommendations for changes to the Early Childhood Block Grant Request for Proposals to better tie explanations of program activities to essential elements of quality service in programs for infants and toddlers as well as preschoolers. •Developing recommendations for components necessary for a comprehensive, high-quality, and cross-agency monitoring system for Illinois' infant and toddler programs. •Soliciting input through a web-based survey on programs' practices for engaging children and families from special populations, including homeless children and children in the special education and child welfare systems, among others. •Beginning work on recommendations for programs to help them incorporate best practices for English language learners, as well as researching the needs of practitioners and students in teacher preparation programs who will be working with culturally and linguistically diverse populations. •Creating public awareness documents in English and in Spanish for use by Preschool for All providers and parents. •Convening special work groups to research and identify opportunities for encouraging the attainment of the Illinois Director Credential.
DHS	Illinois Interagency Council on Early Intervention	Active	•A web-based data management system; •A thorough review of the current service delivery model; •The review of models of evaluation and assessment to eliminate the conflict of interest that exists within the current system; •A qualitative monitoring system; and •Recruitment, development and retention of personnel.
DHS	Illinois Juvenile Justice Commission	Active	•Collect accurate data on race and ethnicity and direct financial resources to counties and communities with high rates of disproportionate minority contact (DMC) through existing initiatives such as DMC, JDAI and Redeploy Illinois. •Further expand automatic transfer reform. •Discourage facilities from housing both juveniles and adults. •Ensure juveniles are never securely detained solely for a status offense. May accomplish this either through legislation or directing the AOIC to reduce funding for detention centers that hold said juveniles. •Ensure that abused and neglected youth are placed in a proper setting and provided

			necessary services rather than placing them in secure detention. •Revise the Illinois Juvenile Court Act to bring it into compliance with the federal JJDP Act with regard to the length of time a juvenile may be securely held in an adult county jail or municipal lock-up.
DHS	Interagency Committee on Employees with Disabilities	Active	ICED recommends that agencies resurvey their employees for disability periodically.
DHS	Poverty Commission	Active	• Adopt statewide Ban the Box legislation, which prohibits state job applications from asking if an individual has a criminal background, and use the state's leadership to encourage and promote the hiring of individuals with criminal backgrounds • Educate recipients of Social Security Disability Insurance (SSDI) and SSI so they know that they can work and keep Medicaid benefits. • Establish a statewide transitional jobs program that will engage 40,000 individuals each year when at full scale. • Increase comprehensive scholarships to low-income community college students which combine "last-dollar" financial aid with student support services that include academic advising, mentoring and tutoring. • Create at least two dedicated workforce development staff positions at each community college throughout Illinois to increase student opportunities to secure employment upon completion of certificate or degree. • Direct the Illinois Community College Board and the Department of Commerce and Economic Opportunity to prioritize individuals living in poverty within their programs and work with stakeholders to assess and implement changes, policies and practices that lead to increased access. • Community colleges, trade schools, and community-based organizations should assist low-skilled immigrants to create a practical career ladder by tying English instruction and vocational training to advancement within specific industries such as restaurants, hotels, tourism, and health care. • Public and private funds should be increased to promote contextualized adult education and ESL classes for immigrants in order to both improve general English proficiency and acquire trade/skill relevant English as well. • Increase access to unionization through changes in labor law that would ensure that workers had the ability to organize without threat of retaliation from employers. • Educate workers on their rights so that all workers will know what they are legally

			allowed to do and what employers are legally allowed to do (and not do). • Increase enforcement of labor laws. • Ensure that workers have protections against wage theft, including access to hearings and increased penalties for employers. • Explore immigrant exploitation/discrimination, and put structures in place to prevent such exploitation and blatant discrimination. • Increase standards and regulations of staffing agencies, protecting domestic/ temporary/migrant workers from abuses and exploitation. • Adopt the Illinois Healthy Workplace Act that allows employees who traditionally do not have a right to paid sick leave (e.g. part-time employees) to accrue sick days. • Eliminate categories of low wage workers not covered by minimum wage, such as those receiving tips, race track handlers, and sub-age workers (below 18). • Improve workplace compensation by increasing minimum/living wage and benefit standards.
DHS	Professional Development Advisory Council Strategic Plan Phase IV 2009-2011	Active	• Ensure that the Gateways to Opportunity Content Areas provide the framework for the development and sustainability of all credentials under Gateways. • Implement a unified data collection and dissemination system for early care and education, school-age and youth development training and professional development (aka the Gateways to Opportunity Registry), including practitioner membership, trainer approval, and training approval. • Evaluate the Gateways to Opportunity Registry. • Examine the effectiveness of the Gateways to Opportunity System. • Establish pathways and parameters for recognizing professional achievement through credentials. • Establish framework for linking Gateways to Opportunity credentials to roles and compensation. • In partnership with INCCRRA staff, identify financial support opportunities to sustain the work of Gateways to Opportunity professional development system. • Strengthen the financial support systems for practitioners. • Support and promote Gateways to Opportunity, Illinois Professional Development System, through marketing, public relations and leadership development. • Create an organizational structure for the Professional Development Advisory Council that assures cross-sector, diverse representation and member engagement in developing and informing the Illinois Professional Development System.

			• Support Professional Development Advisory Council committees in fully utilizing technology to advance Gateways to Opportunity, Illinois Professional Development System. • Ensure sustainability of Gateways to Opportunity and support for practitioners as related to professional development. • Link Gateways to Opportunity, to other professional development or related systems in Illinois. • Provide Leadership to the fields of early care and education, school-age and youth development in Illinois to improve the quality and stability of the workforce.
DHS	Social Services Advisory Council	Active	• Consolidate employment programs and simplify process by allowing providers to easily enroll and verify clients. Focus on achieving workforce outcomes not paperwork/process compliance. • Redesign TANF Work First and employment programs under the Block grant and ARRA funds to deliver Transitional Jobs, Publicly Funded Jobs and Bridge programs. • Reinvent Earnfare into a Transitional Jobs program as part of FSET. • Reallocate the Federal TANF block grant to only fund core services for families, increase the grant to 50% of poverty level within two years and continue to support child care.
DHS	State Board of Health	Active	1. Adopt a population health approach that builds on evidence of the multiple determinants of health; 2. Strengthen the governmental public health infrastructure—the backbone of any public health system; 3. Create a new generation of partnerships to build consensus on health priorities and support community and individual health actions; 4. Develop appropriate systems of accountability at all levels to ensure that population health goals are met; 5. Assure that action is based on evidence; and 6. Acknowledge communication as the key to forging partnerships, assuring accountability, and utilizing evidence for decision making and action.”
DHS	State Housing Task Force	Active	•Implement a comprehensive approach to foreclosure prevention and mitigation •Sustain appropriate homeownership programs for low- and moderate- income households

			•Implement special needs housing strategies •Reinvigorate investment in affordable rental housing development through new strategies and improved viability of existing resources •Promote preservation and increased sustainability of long-term affordable rental housing through improved operations •Leadership in promoting affordable housing and economic development
DHS	Adequate Health Care Task Force	Inactive	• Comply with the Health Care Justice Act • Preserve the current employer-based coverage system with its employer contributions and benefits of personal income taUnknownand Federal Insurance Contributions Act (FICA) exemptions • Require personal financial responsibility for health care • Encourage cost-effective, high quality care • Minimize administrative spending on health care • Spread the cost of coverage broadly across workers, employers and taxpayers • Minimize new State costs through the adoption of policies to promote cost-effectiveness, require an employer contribution to coverage and optimize the use of federal matching funds. The Expansion Model will extend coverage to an estimated 89 percent of the currently uninsured population (1.5 million out of 1.7 million uninsured) in Illinois, for an overall coverage rate of 98 percent of the non-elderly population. In addition to the new coverage options available to the currently uninsured population, many low-income individuals who are currently insured will also be eligible for premium assistance under the proposal.
DHS	CILA Nursing Services Reimbursement Work Group	Inactive	•Increase the Amount of Base Nursing Included in the Model •Establish Graduated Levels of Base Nursing by Health Care Level •Increase Staffing Ratios of RNs and LPNs by Health Care Level •Develop revised LPN to RN and DSP to RN ratios. •Increase CILA Model Wage Rates for RNs and LPNs to the Statewide Average •Increase RN and LPN wage rates assumed in the model to the rate published by the Bureau of Labor Statistics as the statewide average RN and LPN wage rates for Illinois for 2005
DHS	Illinois Human Service State	Inactive	• Implement TANF work and training programs according to TANF reauthorization

	Plan - April 2009		requirements - By December 31, 2011, implement electronic tracking system to capture countable activities and attendance. - By September 30, 2009, meet the federal work participation rate of 50 percent for all families with one adult working or in work related activities. - By June 30, 2009, maintain the percentage of TANF clients working (of clients available to work) at or above 12.2 percent. • Expand supportive employment to assist persons with mental illness in achieving highest levels of self sufficiency. - By June 30, 2009, increase by 10 percent the number of DMH consumers receiving evidence based supportive employment services 1,300 to 1,450. • Achieve a high level of productivity by efficiently serving eligible Vocational Rehabilitation customers and helping them attain successful outcomes. - Through June 30, 2011, increase by 6 percent annually the index of pre-employment - Vocational Rehabilitation measures from 72,640 in FY 08 to 76,998 in FY 09, 81,617 in FY 10 and 86,514 in FY 11. - Through June 30, 2011, increase by 6 percent annually the number of competitive employment outcomes in the VR program, from 4,978 in FY 08 to 5,276 in FY 09, 5,592 in FY 10 and 5,927 in FY 11. - Through June 30, 2011, increase by 6 percent annually the number of high school students employed within 6 months of leaving school. Note this measure is under development and projected numbers are not available at this time. Baseline data will be established in FY 09 to FY10. - Through June 30, 2011, achieve and maintain the percentage of VR program participants who become successfully employed from 58.0 percent in FY 08, to 60.0 percent in FY 09, 61.0 percent in FY 10 and 62.0 percent in FY 11. • Increase the quality of jobs obtained by Vocational Rehabilitation program customers. - Through June 30, 2011, increase by 3.5 percent annually the average hourly wage earned by VR program customers, from $9.73 in FY 08 to - $10.08 in FY 09, $10.43 in FY 10 and $10.78 in FY 11. - Through June 30, 2011, increase by 3.5 percent annually the average hours worked per week by VR program customers, from 29.0 hours in FY 08 to 30.0 hours in FY 09 to 31.7 hours in FY 10 and 32.2 hours in FY 11.

			- Through June 30, 2011, increase by 5 percent annually the percentage of VR program customers who obtain jobs with employer provided health insurance.
DHS	Interagency Coordinating Council	Inactive	•Improve relationships and communication with the Governor's office and legislative representatives by appointing a Liaison from the Governor's Office to serve on the IICC. •Re-commit mandated state agency leadership to address transition-related issues and improving transition outcomes for youth with disabilities including allocation of adequate staff and financial resources to ensure the continuity of IICC operations. •Increase membership of the IICC by expanding state level partnerships to include consumer, family and adult service provider entities and providing financial incentives/reimbursements for two parent/consumer members on IICC •Convene a focus group to complete a comprehensive review of the data collected by their respective agencies. •Evaluate data strategies for students transitioning from high school with a focus on quality data and an emphasis on outcomes. •Conduct trend analysis with the transition data and present this information at least quarterly or the discussion with the IICC. •Share meaningful data for policy and funding decisions with pertinent partners, including but not limited to legislators, advocacy groups, TPCs, school districts, etc. •Use information from trend analysis and data collection to develop policy and position statements on key transition issues and make recommendations to key statewide disability advocacy groups and vital partners. •Partner with others, including state institutions of higher education to formulate public policy recommendations and affect systemic change. •Promote greater awareness and participation of agency directors relative to IICC priorities; this should include but not be limited to sharing a summary of the trend analysis with agency directors and key policy makers. •Invite the Governor's Office and the Attorney General's office to become members of the IICC. •Discuss and plan for the participation of other key stakeholders within the IICC. •Identify and utilize resources from member and other agencies, to include looking beyond the traditional disability-related boundaries, in order to expand the capacity of effective practices. •Secure media coverage for successes.

DHS	Joint Task Force on Deaf and Hard of Hearing Education Options	Inactive	•Every student who is deaf or hard of hearing will have a Communication Plan as either a required component of the Individualized Education Program or concurrent with the Section 504 plan. •Legislative action is needed to authorize a process for the exchange of child specific data and information between all Illinois Newborn Hearing Program stakeholders and associated state agencies for the coordination of care while maintaining compliance with HIPAA and FERPA. •Legislative action is needed to address the current prohibition of travel compensation included in the Illinois' Early Intervention Services Systems Act •Legislative action is needed to mandate compliance with Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools (Currently ANSI S12.60-2002) •The Bureau of Early Intervention will direct each Child and Family Connections office to identify designated service coordinators for families of children with hearing loss, and support specialized training for these individuals. •The Illinois Newborn Hearing Program, in collaboration with Hearing and Vision Connections will: oconduct family and provider quality assurance surveys. oprovide up-to-date training for providers who serve infants and toddlers who are deaf or hard of hearing. oestablish a parent-to-parent training program to address the unique needs of families who have an infant or toddler who is deaf or hard of hearing. •The Early Intervention system will include parent liaisons as direct service providers for families of infants and toddlers who are deaf or hard of hearing. •Illinois State Board of Education rules will require a Communication Plan as part of the IEP of every child who is deaf or hard of hearing. •The Communication Plan for students who are deaf or hard of hearing will address the classroom lighting environment. •The Communication Plan for students who are deaf or hard of hearing will address the classroom listening environment. •For every child who is deaf or hard of hearing and has a Section 504 plan, Illinois State Board of Education rules will require a concurrent Communication Plan.
DHS	Legislative Task Force on	Inactive	•Review the barriers that exist to public and private employment of persons with

	Employment of Persons with Past Criminal Convictions		criminal convictions to ensure that they reflect a relationship between the position sought and the past offense, and that they truly enhance public safety. •Enable prisoners to be able to get a valid state identification upon release, given the essential nature of I/D in accessing employment, housing and social services •Change policy to suspend rather than terminate Medicaid and other public benefits upon incarceration to prevent unnecessary delays in reinstating benefits and avoid interruptions in treatment upon release • The need to explore less expensive and more effective alternatives to incarceration for low-level nonviolent offenders in the system to enhance public safety and minimize disruption to individuals, families and communities •The importance of greater communication and collaboration among state agencies and with community-based organizations to provide efficient and responsive reentry programs and services •The need for more and better data to evaluate the effectiveness of current programs and services available to prisoners and former prisoners, and a greater understanding of how to fill gaps in the system to better prepare prisoners for reentry
DHS	Medicaid Managed Task Force	Inactive	•The General Assembly should secure a private, independent consultant to review the managed care proposals presented to the Medicaid Managed Care Task Force. •Contract provisions related to the collection and submission of medical encounter data should be strictly enforced. •The Department of Public Aid shall supply additional information to the General Assembly regarding existing efforts to manage care. •Any future decisions regarding expansion of managed care or implementation of managed care based systems should include additional discussions between all interested parties.
DHS	Redeploy Illinois Oversight Board	Inactive	•Increase budget to provide for full statewide expansion of the initiative. •Conduct a policy analysis comprised of: cost-benefit analysis, a system-impact study, a recidivism study •Work with local sites, IDJJ, and IDOC to improve data collection regarding program activities, administration and evaluation •Collect more complete quarterly report data from each local site •Assess whether the current system is effective or burdensome for the sites

			•Departments from these agencies should have routine access to statistical information regarding IDJJ commitments and releases of various types, including former IDJJ or Redeploy Illinois youth committed to IDOC •Upon expansion, continue the practice of awarding planning grants prior to the development of Redeploy Program proposals by local sites
DHS	Response to the Access to Benefits Taskforce	Inactive	•Facilitate connections between existing electronic application systems •Create a third party interface •Replace paper-based documentation system with electronic • Expand local office business hours • Increase flexibility of location of application submission • Provide language assistance • Replace joint case assessment process •Establish date of application automatically Implementation recommendations •Streamline income-counting policies •Increase or eliminate asset limits •Ease documentation and verification requirements •Allow client to choose location where cases are housed •Reduce face-to-face interviews •Eliminate earnfare monthly recertification meetings •Simplify spend down procedures •Provide alternative means for reporting case information •Align timing of redeterminations •Capture maximum federal match for food stamp outreach •Support survivors of domestic violence •Update structure of local office workforce •Systematize a quality control system
DHS	Task Force on Health Planning Reform	Inactive	•Establish a comprehensive health planning agency charged with creating a plan •Conduct a biennial comprehensive assessment of health resources and service needs and apply evidence-based assessments, projections and decisions to health care delivery •Support adequate financing of the health care delivery system

			•Streamline the application process •Restructure the Illinois Health Facilities Planning Board •Provide stability and continuity to the process •Enforce or introduce measures that ensure the integrity of the CON Board and its activities •Ensure a transition process that preserves the existing authority of the CON Board while adjustments are made to comply with new rules formulated from legislation •Extend the "sunset" of the existing law for at least 10 years
DHS	Task Force on the Condition of African-American Men in Illinois	Inactive	•Issue an annual Illinois report, by school district, which includes the number of suspensions, expulsions, and truancy rates, disaggregated by race and gender to strengthen district accountability •Amend the IL School Code to address paucities with current policies which, perhaps, add to the disproportionately high number of suspended and expelled minority students. •create a special commission to monitor academic achievements of minority students, and, review incidents which often adversely effect minority male students in Illinois. •Encourage, as part of the reauthorization of No Child Left Behind Act, the development of performance standards and outcomes that require ISBE and school districts to appropriately address the subgroup of minority males that are not achieving prescribed Annual Yearly Progress. •Have ISBE advocate and demonstrate statewide a comprehensive approach to parental involvement for minority students, in particular, African American parents. ISBE should provide informational meetings regarding parents' rights and responsibilities as required by No Child Left Behind. •Develop performance standards and outcomes which support programs that re-enroll students who are low skilled and high risk. •Develop and monitor a professional development plan that will be integrated into the Illinois State Board of Education Consolidated State Application •Petition the Illinois General Assembly to review sentencing and discriminatory laws that have contributed to the significant increase in the number of African American men incarcerated in the Illinois penal system s •Reinstating the use of Adult Transitional Centers (ATCs) for inmates transitioning back into Illinois communities

			•The State should require mandatory collaboration between organizations providing similar services for African American men and encourage subcontracting by organizations who win competitive funding streams. •Enforce automated legislation to allow automatic expungement for juveniles. •Program Statewide Data Collection System to present real-time information. •The development of advisory or steering committees to evaluate the progress of initiatives should be tied to new funding. •Community organizations must develop the expertise to serve an increasingly complicated and difficult population of African American men. •Revise School House Adjustment Programs. •Program Statewide Data Collection System to present real-time •Better communications between state agencies, community-based organizations, law enforcement agencies, and religious organizations to create a pool of services for African American males in transition back to the community. •Increased and standardized training for school security officers •School adjustment programs •Automatic Expungement System •Utilization of Racial Coding Manual in Juvenile Courts, Law Enforcement Agencies. •Evaluation of existing father skills programs through Questions and Answers by the State. •Establishment of an ongoing quality improvement process to review outcomes and progress •Increase “voluntary clients” through utilization and establishment of community based Family Advocacy Centers. •Establishment of a statewide, provider data-base that will include all state-funded, and non-state funded, service providers. All state agencies will have access to this system. •Development of additional housing assistance. •Development of additional programs to meet the needs of African American male teens that are parenting. •Establish linkages and referral agreements between providers. •Enhanced collaboration between judicial and mental health systems servicing dually involved African American males. •Enhance information and data sharing between service providers

			•Establish a taskforce on African American Males in every state agency to track proposals and policy initiatives that impact African American males. •The agency taskforce members report should address utilization of health and mental health services by African American men •Train more African American physicians and health care providers. •The Illinois Department of Public Health should expand collaboration with agencies and groups in the black community and provide positive healthcare strategies and practices focused on African American men. •Present more success stories in the media with positive images of African American males in healthcare roles. •Introduce new legislation to assure that service-related health RFPs and agency funding in targeted areas include strategies for identifying and addressing service disparities for African American males •Assure that legislation to maintain the Medicaid eligibility of incarcerated and detained individuals is passed, House Bill 2303. •Train more African American physicians and health care providers. •Health service utilization patterns by African American men should be examined and analyzed to determine areas of disparity in access to services, services provided, and service outcomes. •The Illinois Department of Public Health should increase collaboration with agencies and groups in the African American community in providing positive healthcare strategies and practices focused on African American men. •Use tele-psychiatry to provide mental health services to underserved African American communities and school systems with large minority populations. •Create more affordable and accessible nutrition programs in the African American community. •Provide diversity and cultural sensitivity training to health system gate keepers and service providers. •Fund more early education programs in the African American community that focus on healthy lifestyle practices. •Fund additional early intervention programs in schools to address youth with emotional problems. •Provide meaningful taUnknowncredits for companies hiring African American men. •Create legislation requiring all state contract awardees in excess of $ 500,000 to have

			a community development plan directed toward African American men and a business •enterprise program. •Create African American male resource centers to connect men to services available in Illinois. •Allocate portions of advertising budgets to promote programs and services available to African American men. •Increase number of public projects in African American communities that hire African American men. •Direct additional agency and state resources to provide incentives to strengthen the family unit. •Amend the Illinois Procurement Code to allow contracts to be set aside for African American Men •Require vocational training in secondary schools that will match the projected job market for African American men. •Create incentive programs for high paying employers to move to African American communities and hire African American men. •Establish a job training program to address the needs of the 21st Century job market for African American men •Overcome barriers to employment, such as lower level of educational attainment and ex-offenders. •Prepare African American men for higher paying job classifications. •Ensure that job training programs provide for the attainment of soft and pre-employment skills •Create a Mentor/Protégé Program for businesses owned by African American men. •Provide resources to create, support, and promote African American small business incubators •Encourage business collaboration among African American men •Support and encourage black male youth entrepreneurship
DHS	African-American Family Commission	Unknown	Information not available
DHS	Blind Services Planning Council	Unknown	Information not available
DHS	Business and Development	Unknown	Information not available

	Task Force		
DHS	Business Enterprise Council for Minorities, Females and Persons with Disabilities	Unknown	Information not available
DHS	Child Care Advisory Council	Unknown	Information not available
DHS	Chronic Disease Prevention and Health Promotion Task Force	Unknown	Information not available
DHS	Commission on Children and Youth	Unknown	Information not available
DHS	Community and Residential Services Authority	Unknown	Information not available
DHS	Critical Health Problems and Comprehensive Health Education Advisory Committee	Unknown	Information not available
DHS	Cross-Agency Coordination Task Force on Developmental Disabilities	Unknown	Information not available
DHS	Cross-Agency Medicaid Commission	Unknown	Information not available
DHS	Domestic Violence Advisory Council	Unknown	Information not available
DHS	Employment for Disabled Task Force	Unknown	Information not available
DHS	Executive Committee of the State Housing Task Force	Unknown	Information not available
DHS	Family Planning Advisory Committee	Unknown	Information not available
DHS	Governor's Rural Affairs Council	Unknown	Information not available
DHS	Governor's Youth Services Initiative Board	Unknown	Information not available

DHS	Hepatitis Advisory Council	Unknown	Information not available
DHS	Human Services 211 Collaboration Board	Unknown	Information not available
DHS	Illinois Advisory Council on Alcoholism and Other Drug Dependency	Unknown	Information not available
DHS	Illinois Committee of Blind Vendors	Unknown	Information not available
DHS	Illinois Health Policy Center Advisory Panel	Unknown	Information not available
DHS	Illinois League of Advocates for Developmental Disabilities	Unknown	Information not available
DHS	Illinois Long-Term Care Facility Advisory Board	Unknown	Information not available
DHS	Illinois Migrant and Seasonal Head Start Advisory Board	Unknown	Information not available
DHS	Illinois Purchased Care Review Board	Unknown	Information not available
DHS/ DOC	Illinois Violence Prevention Authority	Unknown	Information not available
DHS	Interagency Board of Children Who Are Deaf or Hard of Hearing and Have an Emotional or Behavioral Disorder	Unknown	Information not available
DHS	Latino Family Commission	Unknown	Information not available
DHS	Maternal and Child Health Advisory Board	Unknown	Information not available
DHS	Newborn Eye Pathology Advisory Committee	Unknown	Information not available
DHS	Parents and Community Accountability Study	Unknown	Information not available

	Committee		
DHS	Prevention of Unnecessary Institutionalization Program Advisory Committee	Unknown	Information not available
DHS	Psychiatric Advisory Council	Unknown	Information not available
DHS	Revenue Commission for Community Services	Unknown	Information not available
DHS	Schedule II Controlled Substance Prescription Monitoring Program Advisory Committee	Unknown	Information not available
DHS	Social Security Number Protection Task Force	Unknown	Information not available
DHS	State Rehabilitation Council	Unknown	Information not available
DHS	State Use Committee	Unknown	Information not available
DHS	Student Health Needs Task Force	Unknown	Information not available
DHS	Task Force on Mental Health Services in Municipal Jails and Lockups	Unknown	Information not available
DHS	Universal Newborn Hearing Screening Advisory Committee	Unknown	Information not available
DHS	Workforce Task Force for Persons with Disabilities	Unknown	Information not available
DOC	Task Force on Trial of Juveniles in Adult Court	Inactive	•Expand individualized review by a juvenile court judge of all cases of youth to be tried in adult court, beginning with cases in which youth are charged as accomplices or with low-level gun offenses. •Review and improve sentencing policy for those youth tried in adult court to ensure that their age is taken into account during sentencing. •Enhance rehabilitative programs for youth in juvenile justice system and for youth tried and sentenced as adults.

DOC	Adult Redeploy Illinois Oversight Board	Unknown	Information not available
DOC	Illinois Criminal Justice Information Authority	Unknown	Information not available
DOC	Office of Juvenile Justice and Deliquency Prevention	Unknown	Information not available
DOC	Task Force on Inventorying Employment Restrictions	Unknown	Information not available
DOJJ	Illinois Juvenile Justice Advisory Board	Unknown	Information not available
DOJJ	School District #428 Board of Education	Unknown	Information not available
IBHE	Illinois Public Agenda for College and Career Success	Active	• Increase the number of adults, including GED recipients, reentering education and completing a postsecondary credential. • Increase support for adult students through an emphasis on adult basic education and GED completion, financial aid, support services, and incentives for adults with substantial college credit to finish degrees. • Expand opportunities for adult learners through regional partnerships, baccalaureate completion programs, and new entryways for low-skilled residents. • Improve transitions all along the education pipeline. • Increase the number of postsecondary degrees in fields of critical skills shortages.
ICCB	Adult Education Strategic Plan: Creating Pathways for Adult Learners 11/09	Active	• Adopt aligned assessment, curricula, and instructional practices that prepare adults for family- sustaining jobs and career advancement. - Make use of assessment tools that measure educational skills and readiness for postsecondary education and work to guide learner placement, planning, and progress in Adult Education - Make employment and postsecondary/occupational training major contexts for the curricula - Maximize the use of technology to (1) incorporate distance learning, including work-related skills; (2) integrate technology in the classroom beyond the use of individual software to maximize learning, problem solving, and application; and (3) ensure that learners acquire the technology literacy skills they will need in postsecondary education and the workplace.

			• Provide comprehensive student support to reduce personal barriers to retention and progress that promote smooth transitions within and between educational/training providers and into the workforce. - Explore, identify, and share options for providing high-quality counseling and advising to assist all adult education learners in designing an appropriate social, academic, and/or career pathway and enabling them to persist in the continuum of programs, making successful transitions along the way. - Promote and coordinate regular outreach by community colleges and other training providers to assist adult education learners in connecting with financial aid and available transitioning services. - Develop closer partnerships with social service agencies to assist immigrants and refugees with multiple native languages who may have difficulty understanding initial guidance and career counseling. - Strengthen the identification process of learners with special learning needs and provisions for accommodating those needs. - Provide support services that empower all learners to take responsibility for self-advocacy. - Partner with agencies in the community to provide case management services and continued support to assist learners in moving along their chosen career pathways. - Integrate research-based learner persistence strategies for all adult education learners. - Provide a structure and support necessary to accommodate work schedules and other responsibilities of adult education learners, including transportation, childcare, and family literacy services • Ensure that all adult educators have ongoing, specialized professional development in the career cluster framework to deliver high-quality instruction and to use classroom support that fosters learner persistence. - Utilize a statewide professional development task force to design core training for all adult educators that addresses work and career readiness skills, - Require all program staff to complete professional development training to ensure they have the skills and knowledge to provide high-quality instruction and services - Ensure training and support for administrators and instructors to develop and implement career pathways programs, including transitions, bridge, and integrated basic skills/occupational training classes.

			- Design and deliver specialized professional development and support for transitions and data staff. - Ensure that all instructors and administrators utilize classroom supports that promote career pathways progression and assist learners to manage barriers to participation, build self efficacy, set realistic goals, and see measurable progress. - Continue research, professional development, and innovative product development to support the needs of all Adult Education practitioners. • Build and sustain mutually beneficial relationships with key partners to identify regional skill needs and design and provide career pathways programs that meet those needs - Enlist the support of state level intra- and inter-agency partners in developing a common message that encourages participation in adult career pathway partnerships at the local level. - Develop targeted marketing strategies for specific audiences, including potential learners, employers, policymakers, and partnering agencies. - Identify roles, recommended membership, necessary support, and effective practices of APCs through action research to inform the design, policy, training and support that will result in productive, sustainable local partnerships for implementation of the career cluster framework. - Identify and solicit non-AEFLA funding partners, including both private and public sectors, to support and enhance pathways initiatives. • Continue to expand and strengthen the state's accountability system to document, evaluate, and improve student and program outcomes on a continuing basis. - Research the types of data that will be useful for evaluation, planning, and advocacy. - Research and analyze data in the development of an Illinois-specific —tipping point or economic impact measure. - Consistently use data in making policy, procedural, and funding decisions. - Provide additional training and support for local providers on using data to improve overall outcomes, including career pathways programs. - Track longitudinal data on learning gains and employment outcomes and make information available statewide. - Utilize results with an action research approach to maximize program effectiveness and ensure continuous program improvement. - Integrate clear guidance and expectations on the career cluster framework into

			current program applications, monitoring instruments, and evaluation procedures. - Further develop and utilize a system for tracking supportive services provided to students and evaluate the relationship between the provision of these services and student success. - Evaluate the effectiveness of programs and instructional services. - Continue to monitor compliance with state and federal requirements. • Design pathways for adult education learners interested in employment or further education, regardless of their skill level at the point of entry. - Continue to work with a multi-agency state-level planning structure to integrate Adult Education programs and services into a Career Cluster Framework. - Develop a system that includes multiple entry points for various functioning levels of adult education learners that is aligned to clearly identified benchmarks, stackable certificates, and/or degrees that lead to employment in high-growth, family sustaining jobs. - Partner with postsecondary providers to align assessment, curriculum, learner access, and articulation agreements. - Integrate financial literacy, life skills, technology, and study skills into all levels of the curriculum. - Support increased Workforce Investment Act cooperation through the utilization of regional/area planning structures composed of key partners to review regional labor market information, identify high-growth job clusters, and develop clearly articulated regional career pathways clusters - Develop and/or expand piloting of learning options, such as bridge courses, integrated education and training, accelerated learning, and technology-based instruction. - Develop and/or expand intensive learning options appropriate for low to intermediate adult education learners. - Utilize the Illinois Service Center Network and the Illinois Adult and Continuing Educators Association to identify, coordinate, and share promising practices among adult education providers, including a continuum of contextualized instruction from basic skills to readiness for postsecondary education and training - Develop an effective career planning process that utilizes individual plans of study and provides orientation and goal setting for adult education learners to make informed educational and career choices

			- Work with partners to develop a strong student support services component to increase access, provide smooth transitions within and between educational providers, and increase learner retention - Identify and disseminate best practice models for learner orientation, goal setting, educational/career advising, and evidence-based instructional delivery. - Develop clear expectations and guidance on effective program planning and delivery of a Career Cluster Framework through a deliberate phased-in approach that provides ample time for delivering professional development to local providers in all aspects of the framework, piloting and evaluating new strategies, and developing necessary mechanisms to support the infrastructure of the career pathways system. - Continue to seek private and public funding/resources to support the career cluster framework, including options for increased use of transition staff for adult education learners.
IL Council on DD	Financing Services to Individuals with Developmental Disabilities in the State of Illinois	Unknown	Information not available
IDES	Humans Services Plan-State Fiscal Year 2010	Active	• Reduce recidivism through implementation of the re-entry employment service program • Continue to provide labor market information to support workforce and economic development • Improve services for limited English proficient clients.
ISBE	Assessment Committee for Students with Disabilities	Active	•Identify provisions for how they will meet the needs of low incident students •Include provisions for the full continuum of services for students •Provide further clarification for the provision of supervision of the special education programs in the district •Provide additional information that indicates their ability to meet the children's needs relative to transition from school to work, education, and independent living •Provide further information that indicates their ability to meet the needs of special education children whose first language is not English

			•ISBE should obtain a written strategic plan of improvement relative to the gap in learning •Further define the district's services for students relative to transitioning from high school to post secondary, career, and independent living •ISBE should obtain information that that clearly defines the plans for ELL services •ISBE should update or create and post on its website a statewide directory of school service personnel and educators qualified to serve English Language Learners
ISBE/ISSB	2009 Career and Technical Education Report	Unknown	• Continue and Expand Current Innovative Pilot Projects : Project Lead The Way, The High Schools That Work, and the Health Career Cluster Initiative • Align Pathways to the National Career Cluster Initiative • Pursue curriculum revitalization
ISBE	Private Business and Vocational Schools State Advisory Council	Unknown	Information not available
	IL Mental Health Planning and Advisory Council	Unknown	Information not available

Appendix C

Members of the Illinois Human Services Commission

Toni Irving, Co-Chair, Governor's Office
Ngoan Le, Co-Chair, The Chicago Community Trust

Joseph Antolin, Heartland Alliance for Human Needs and Human Rights
Damon Arnold, Illinois Department of Public Health
Sam Balark, AT&T
Denver Bitner, Lutheran Social Services of Illinois
Arthur Bishop, Illinois Department of Juvenile Justice
Byron T. Brazier, Apostolic Church of God
Mary Ellen Caron, Chicago Department of Family and Support Services
Rosemary Connelly, Misericordia
Sen. William Delgado, Illinois General Assembly
Eileen Durkin, Neumann Family Services
Art Dykstra, Trinity Services, Inc.
Rep. Sara Feigenholtz, Illinois General Assembly
Julie Hamos, Illinois Department of Healthcare and Family Services
Pam Heavens, Will-Grundy Center for Independent Living
Grace Hong Duffin, Illinois Department of Human Services
Gary Huelsmann, Catholic Social Services of Southern Illinois
Sen. Mattie Hunter, Illinois General Assembly
Anne Irving, AFSCME Council 31
Marco Jacome, Healthcare Alternatives System
Rep. Naomi Jakobsson, Illinois General Assembly
Shawn Jeffers, Little City Foundation
Charles D. Johnson, Illinois Department on Aging
George Jones, Jr., Ada S. McKinley Community Services, Inc.
Richard L. Jones, Metropolitan Family Services
Christopher Koch, Illinois State Board of Education
Maggie Laslo, SEIU Healthcare
Valerie S. Lies, Donors Forum
Rep. David Leitch, Illinois General Assembly
Erwin McEwen, Illinois Department of Children and Family Services
Soo Ji Min, Illinois Caucus for Adolescent Health
Rep. Rosemary Mulligan, Illinois General Assembly
Sen. Carole Pankau, Illinois General Assembly
Maria Pesqueira, Mujeres Latinas en Acción
Greg Pierce, United Power
Nancy Ronquillo, Children's Home and Aid
Dee Ann Ryan, Vermilion County Mental Health
Kathy Ryg, Voices for Illinois Children
Michelle Saddler, Office of the Governor
Nancy Shier, Ounce of Prevention Fund
Ray Vazquez, YMCA

Sen. Dave Syverson, Illinois General Assembly
Gladyse Taylor, Illinois Department of Corrections
Laura Thrall, United Way of Metropolitan Chicago
Maria Whelan, Illinois Action for Children
David E. Whittaker, Chicago Area Project
B. Diane Williams, Safer Foundation