

SUMMARY OF 2011 HUMAN SERVICE COMMISSION PUBLIC HEARING PRESENTATIONS

Chicago, September 8

- 23 people provided testimony
- 64 people attended

Aurora, September 14

- 17 people provided testimony
- 52 people attended

Springfield, September 21 (Mt. Vernon hearing consolidated with Springfield)

- 39 people provided testimony
- 84 people attended

OVERVIEW

In September 2011, the Human Service Commission gathered testimony from 133 people/organizations and 200 people joined the HSC to listen to testimony which ranged from the impact of specific changes at DHS to overall recommendations for reforming the sector. Providers represented a wide spectrum of human services: Substance abuse; Mental health; Health care; Disability-related services; State-run care facilities; Emergency, transitional, and supportive housing; Immigrant services; Senior services; Employment and education; Juvenile delinquency and teen pregnancy prevention and counseling; Dental services for persons with developmental disabilities; Domestic violence; and Free tax preparation and financial counseling. Additionally, several individuals and family members who have benefited from human services provided testimony.

During the period in which the HSC was holding public hearings, the Governor announced the proposed closure of several facilities: Tinley Park in Tinley Park; the H. Douglas Singer Mental Health Center in Rockford; the Chester Mental Health Center in Chester; the Jack Mabley Developmental Center in Dixon; and the Jacksonville Developmental Center in Jacksonville.

KEY ISSUES RAISED

Services have been eliminated or severely reduced as a result of the budget cuts, while the need for services is increasing

The financial crisis has hit service providers hard at a time when they are seeing a decrease in revenue and resources available and an increase in need. Emergency and transitional housing cuts have resulted in a major reduction of emergency shelter beds; for example, while homelessness is on the rise. The networks of support that enable people to get out of crises are fewer and harder to access. Shelters and other crisis-service providers are trying to fill the gaps or are no longer able to meet needs. Even in cases such as TANF where there are 12,000 work-eligible adults, services are only available for 2,000 of those because of the limited resources. Frontline services like the CHPS program, which prevented or forestalled the commitment of people with mental illness to state facilities through short-term intervention services, have been eliminated.

A wide variety of services for are being cut. The elimination of the UDIS program halted and/or limited services like job placement, counseling, mentoring, youth diversion programs, and induced the closure of juvenile detention centers. Teen pregnancy counseling and prevention programs serving high risk youth have also been cut.

In order to live independently many seniors have to rely on outside resources, as the aging population continues to increase, so does demand for these resources. Recent cuts have made important resources harder to come by including, community-based services, CircuitBreakers, Illinois Cares Rx, home-delivered meals, legal assistance, housing assistance, and home care.

The PUNS system for persons with disabilities, which was undergoing overload prior to any funding issues, is now overwhelmed and not expediting services or enabling the state to provide more services.

Non-Medicaid eligible individuals are no longer served, especially for substance abuse services

Services for substance abuse recovery services have been particularly hard hit by budget cuts. Fewer beds are available for non-Medicaid eligible clients. Hospital associations caution that they do not have the capacity to fill this need. Some patients have to endure dangerously long waiting periods for help, and often cannot find services in their own communities where they would ideally be located to undergo recovery and transition back into their lives. This puts people at greater risk of committing crime and becoming homeless. Moreover, fewer opportunities for treatment of substance abuse and mental health care means that individuals will have a harder time recovering, becoming employed, reunifying with families and paying child support or contributing to the tax base. All of these cuts come at a time when substance abuse is on the rise.

Uncertainty regarding the level of services for FY'12 due to a 4-month contract and unresolved budget decisions

Unsteadiness of state funding has resulted in uncertainty of not knowing how much will be cut from budgets. Several organizations reported providing services while not knowing how much the state will compensate them for their services. Costs to provide services are increasing while funding rates are staying the same or decreasing. While larger organizations have had more cushion in the past, those reserves are running out. Some organizations are carrying \$1 million+ in unpaid state bills and taking out lines of credit to make payroll. Both large and small organizations are cutting programs and staff to weather this instability. The four-month contracting process has made it difficult for organizations to guarantee employment to their staffs beyond that period. Service providers are losing quality staff that need more job stability. Organizations are turning to inexpensive and inexperienced staff. As a result, clients are experiencing service interruption which can have harmful consequences on high needs clients.

Delayed payments from the state are causing great hardship to providers

Payment schedules are unclear and lead to long gaps between when a service is provided and when the provider is compensated. At the same time, organizations cannot predict revenue streams because payment rates fluctuate frequently with little provider input. The uncertainty has impacted what service provider leadership is focusing on; increasingly nonprofit boards are concentrating on cost cutting and cash flow. Providers suggested that when budget cuts are made, organizations should be given grace periods of at least 90 days to phase out clients.

Budget cuts resulting in reducing or eliminating some services may result in higher long-term costs of services

Many cuts to services could have a large long-term price tag for the state. Current levels of funding are inadequate for centers for independent living (CILs) and community reintegration programs. If the state does not fulfill its court mandated obligations, such as those outlined in the Olmstead Settlement, the state could be vulnerable to more class-action lawsuits.

There are long-term costs associated with the elimination of services. Health care costs could jump significantly if more seniors are unable to live independently because of cuts to services like SNAP, CircuitBreakers, food pantries and home food delivery. More early detection for Autism Spectrum disorders is needed to intervene earlier thus reducing the costs down the road for remediation services or higher need from lack of treatment.

Another long-term impact of the budget cuts could be the sector's ability to cultivate its future workforce, social work schools are having difficulty finding and keeping placements for students. When social workers do enter the field, they are finding unreasonable caseloads (100-200 per casework for intensive mental health services).

Loss of federal funding due to reduction or eliminations of programs

Programs that previously attracted federal matching dollars are sustaining cuts or elimination, thus cutting the state off from potential federal revenue. Even cuts to tax assistance programs could reduce the amount of EITC dollars coming to communities.

More attention needs to be given to growing needs in suburban areas and to the growth of the Latino population

Suburban communities are experiencing dramatic increases in need. At the same time, suburbs often lack the infrastructure to reach the individuals and families who need the most help. Simple barriers, such as a lack of public transportation, stymie service delivery.

Suburban services are not funded at the same level as their city counterparts. For every dollar a DuPage County service provider receives for an eligible client, a Chicago counterpart agency receives \$2 - \$5. This means that a

child eligible for Head Start is four times more likely to find a seat in Chicago than in DuPage County. Shelter beds are also very scarce with many counties downstate offering little or no emergency housing.

The last census revealed rapid growth among the state's Latino community, but state funding for needs in that community has not kept pace with the growth. Domestic violence service providers in the Latino community, for example, have sustained cuts at a time where their growth in need is outpacing that of other service providers. Similarly, needs for immigrant integration services are increasing while funding is decreasing. Important opportunities for human capital development are being cut, including support for citizenship or English Language courses which could have long-term impacts on the large and growing immigrant population.

Need to plan and coordinate transition from state facilities to community living

With rebalancing, community-based care will have to serve increasingly complex needs previously administered through state-operated facilities with a different staffing model. Organizations cautioned that there is currently not enough planning around the rebalancing to ensure adequate services will be provided to the developmentally disabled individuals transferring out of the state-operated facilities. One organization advocated for the State to retrain IMD, nursing home, ICFDD employees to meet the need for community-based home-based services. Advocates also suggested that rebalancing efforts should involve cross-departmental/division coordination, including the Department of Corrections.

Parents and family members of high-need developmentally disabled individuals living in state-operated facilities are concerned about the closure of these facilities and the lack of capacity of community-based services to meet the high needs of complex situations

Parents and family members described the highly specialized care required for their family members who lived in state-operated facilities. These facilities have highly trained, well compensated and specialized staffs where staff retention is high. The clients living in these facilities often cannot communicate very basic needs; it takes a very skilled staff to ensure needs are met. Several parents described their children's behavioral disorders that prohibited them from living in community-based settings safely – some had tried and failed to live in the community. State-operated facilities have adequate services and stability to meet the needs of highly complex cases and the current transition to community-based care does not indicate proper preparation for moving some of the individuals described into these settings.

RECOMMENDATIONS FOR BFR

Overall operation of commission

Organizations called for a transparent and accountable BFR process where stakeholders and consumers were meaningfully engaged. BFR would benefit from providers with knowledge and expertise on the day-to-day realities they face.

Developing outcomes and measures

Several organizations counseled that BFR should be cautious of creating perverse incentives that drive providers to serve those least in need of their services. It is easy to set up outcomes and performance measures for the “average” participant, disregarding those with more complicated needs. BFR should establish outcomes, allocations, mandated expenditures but also must consider the unique needs and outcomes for the most disadvantaged workers of Illinois. Moreover, BFR should allocate adequate time to deliberate and think through issues such as potentially unintended consequences of its decisions. DCFS, for example, developed performance contracting over many years and that process involved far fewer services. DCFS also deeply engaged the provider community around process, system and measures. The work put into that process has had positive results including the fact that the DCFS system does bring greater transparency to services being provided and performance.

BFR should take the time to examine the resources required to provide adequate services as well as understand where the needs are. Organizations testified that BFR should consider caseworker to case ratio, overwhelming caseloads can lead to mistakes (and their slow resolution) that could have life-threatening results (such as cutting medical benefits). It is also important for the state to identify where service needs (and gaps) exist and address the needs for funding. Illinois could use examples from other states where allocation formulas determine how much money goes where based on tracking dollars per customer served – ensure dollars are directed to the needs of particular geographic areas.

Many services already have outcomes and measures. Many service providers shared concerns that new data requirements from BFR will be very costly to implement and that smaller service providers will not be able to comply because of limited staffing. Organizations proposed that precautions be taken to make sure new data requirements do not penalize small agencies with limited budget/staff resources. Service providers collect and share a good deal of data with the state, however the state does not share its findings from that data with service providers.

Revenue and expense considerations

Several issues were raised with regard to paying for human services (and limiting services for non-Medicaid eligible). Many organizations raised the need for increasing state revenue in order to meet human service needs. At the same time, BFR needs to address the decreasing number of services available for non-Medicaid eligible clients who are not able to pay for private services. Finally, BFR should consider searching for a solution in funding pensions so that there is adequate funding for human services.