

# Illinois Human Service Commission

Public Hearing – Springfield

September 21, 2011

1:00pm – 4:00pm

Illinois State Museum, Auditorium

502 South Spring St.

## Commissioners Present:

Ngoan Le, The Chicago Community Trust (co-chair); Dr. Damon Arnold, Illinois Department of Public Health; Michele Carmichael (proxy for Christopher Koch), Illinois State Board of Education; Eileen Durkin, Neumann Family Services; Salvador Godinez, Department of Corrections; Grace Hou (proxy for Michelle Saddler), Department of Human Services; Rep. David Leitch; Maria Pesqueira, Mujeres Latinas; Dee Ann Ryan, Vermilion County Mental Health; Rep. Naomi Jakobsson

## Hearing Attendees:

Jodi Alwan, Advocates for Access; Mary Anderson, JCCD; Lore Baker, SHPA; Angela Black Childres; Angela Botz; Kelly Brown; Steve Bundage; Rita Burke, Illinois League for Advocates for the Developmentally Disabled; Kathy Busch, DHS Family Planning; Sherri Cain, Sacred Creations; Rick Connor, Youth Service Bureau of Rock Island County; Michelle Cooney; Kim Cornwell, ARC Peoria; Sandra del Toro, Mujeres Latinas en Acción; Preeteka Dhamrait, JDC; Jagat Dhamrat, Friends of Jacksonville; Ronea Diekemper, Sacred Creations; Michael Dillon, AFSCME; George Donnelly, Friends of Jacksonville; Joanne Dorn; Sherry Dougherty, Division of Developmental Disabilities Support Services Team; Janis Edwards, Sacred Creations; Neil Einsele, Safer Foundation; Eric Foster, IADDA; Al French, Sacred Creations; Michelle Fryer, JDC; Jan Gambach; Laura Garcia, ICIRR; Cynthia Grass Black; George Greene, Sacred Creations; Dianne Gutierrez, IADDA PCA; Sandra Ham, MHCWI; Lisa Hensley, GROW in Illinois; Kenova Hicks; Erik Hostetter, AFSCME; Sarah Howe, IL Alcoholism and Drug Dependence Association; Julie Hubbard, Illinois Association of Area Agencies on Aging; Tom Hughes, IPHA; Janice Ives; Herschel Jackson, ICIL; Earnest Jones, Friends of Jacksonville; Brandon Jones, Illinois Coalition Against Domestic Violence; Matt Keppler, The Hope Institute for Children and Families; John Kerker, United Way; Sheila Kraft, NAMI; Peggy Mayfield; Donald Mayfield; Shawn McGady, House GOP; Marjorie Means; Pat Means; Maria Michalak, Illinois Valley for the Independt Living; Ashley Miller, Planned Parenthood; Craig Morrison, Access; Tracy Nemitz, Illinois CASA; Susin Nolls, JACIL; Pat Norris, Sacred Creations; Jennifer Pelate, Sacred Creations; Sharon Pfeiffer, JDC; Robert Pokerney, Friends of Jacksonville; Litton Pourer, Office of State Rep. Jim Watson; Clarissa Puckett, Springfield ARC; Janet Pyers, JCCD/IAD; Terri Ralph; Carrie Ramsden, State Democratic Staff; Mary Riley, Art Environments, Inc; Marie Rucker, The Center for Developmental Disabilities Advocacy and Community Supports; Phyllis Scharff Weyand, Jacksonville Developmental Center; John Schornagel; John Schornagel, Community and Residential Services Authority; Alan Sender, Chestnut Health Systems; Yolanda Sims, Hope School; Shatriya Smith, AFSCME; Ashley Snavely, House GOP; Kathy Starling, ICIL; Whitney Steele, Ounce of Prevention; Pearl Steinharp; Donald Todd; Gerel Touchette, Sacred Creations; Terry Townsend, PACE/Champaign; Kim Weyand; Gerald Wiley, Sacred Creations

Staff:

Robbie Dembo, Office of the Governor; Brandon Thorne, The Chicago Community Trust; Simone Weil, The Chicago Community Trust

## **I. WELCOME AND INTRODUCTIONS**

[1:05] Co-Chair Ngoan Le opened the session by welcoming all and providing background on the Human Services Commission (HSC) which has 48 members and has been in operation for a year and a half. The Springfield hearing is the third and final public hearing through which the HSC will be collecting input to provide to the newly created Budgeting for Results Commission to assist in developing a process for budgeting for results in the human services sector. Co-chair Le reviewed the handouts covering the impact of the FY2012 Illinois State Budget and the Budgeting for Results process on all sectors of human services. Co-chair Le took time to review data on budget cuts, provided through the analysis of Voices for Illinois Children's Budget and Tax Policy Institute. She noted that while many departments have undergone cuts, the area of Human Services has experienced many of the deepest cuts. Co-chair Le shared that some state agency representatives who serve on the commission would be willing to answer any further questions regarding the budget information provided.

The second purpose for the hearing is to provide input for the state's Budgeting for Results (BFR) Commission which has the following key responsibilities: developing outcomes and goals that lead to justifications for the budget and recommend proportional distribution for priorities; and review all state mandates to evaluate which ones need to be eliminated.

(Note: Testimony recorded in the order of received. All written testimony linked and available on HSC website: <http://www2.illinois.gov/hsc/Pages/Reports.aspx>.)

## **II. TESTIMONY**

### **Chestnut Health Services**

Alan Sender

Chestnut Health Services (CHS) provided testimony on its work as one of the larger service providers serving central and southern Illinois, including the areas of Metro East, Madison, and St. Claire Counties. For forty years, CHS has provided substance abuse and mental health services for many vulnerable populations. CHS testified that substance abuse treatment has been under siege, starting with Governor Blagojevich's large cuts to substance abuse. While the general assembly by-in-large restored the cuts, 16% was not restored. As a result CHS closed the only detox facility in the Bloomington-Normal area as well as its detox facility in Champaign. Programs for students in high school and junior high have also been eliminated. CHS testified that for the FY2012 budget Governor Quinn eliminated substance abuse programs for nearly all but Medicaid recipients.

CHS testified that the most recent budget cuts caused a great deal of confusion. According to CHS, the budget book misstated the amount of funding, so the wrong number was used; instead of a 1%

deduction in the contract for substance abuse, the budget was cut 31.3% (on top of the 16% in cuts that were not restored). CHS testified that it sustained some of the largest substance abuse cuts in the state. DASA (Division of Alcoholism and Substance Abuse) did not make cuts across the board, but instead used a formula. CHS testified that the cuts come at a time when heroin use among teens has spiked and the Department of Corrections reports a roughly 80% of its inmates suffer from substance abuse problems. CHS further testified that the methods employed by the agency are sophisticated and evidence-based, and often eligible for national funding. As a result of the FY2012 cuts, CHS eliminated services to clients and dozens of jobs. CHS advocated for the restoration to the 1% cutback level.

Following testimony, commissioners inquired about the DASA formula used for the cuts. CHS shared that actual funding was around 22% but that DASA had created a formula where larger providers sustained larger cuts. Cuts also differed based on amount of services provided to Medicaid and non-Medicaid clients. Commissioners agreed that the DASA formula should be shared both with members of the General Assembly and service providers, to provide further clarification on how the allocations were made.

The Department of Human Services shared that cuts to human services have been very significant. DHS (under which DASA operates) believes that substance abuse services are very important. DHS explained that the confusion regarding the budget book was based on correct numbers for the point in time, and at the point the budget book was produced, it was accounting for a proposed significant cut in the middle of FY2011.

### **Illinois Coalition for Immigrant and Refugee Rights**

Laura Garcia

The Illinois Coalition for Immigrant and Refugee Rights (ICIRR) is a coalition of over 130 ethnic and community based organizations across Illinois. ICIRR provided testimony about the many immigrants in the state of Illinois, their service needs, and what its member organizations do to meet the service needs of those immigrants. ICIRR shared that immigrants account for 13.5% of the state's population, and that they accounted for half of the state's population growth in the past decade. ICIRR shared that it has worked with DHS for over ten years and that it has received funding through the integration services line in the human capital development division. ICIRR works to provide immigrant families with resources. Through its New Americans initiative, ICIRR helps legal permanent residents become citizens. The "We Want to Learn English" program provides important English as a Second Language services. ICIRR recognizes that DHS has experienced severe cuts in funding, however posits that services for immigrants have suffered disproportionate cuts. ICIRR will not be able to maintain all of its programs if the cuts are maintained. ICIRR advocates for continued funding for immigrant integration programs.

### **The Hope Institute for Children and Families**

Matt Kepler

The Hope Institute for Children and Families (Hope Institute) provides educational, residential and health services for children with multiple developmental disabilities, including Autism Spectrum Disorders (which 1 in 100 children are estimated to have). The Hope Institute provided testimony

about grants for developmental disability programs through the Department of Human Services. The organization provided over 64,000 clinical contacts and training to over 56,000 parents and professionals in the last year. The Hope Institute testified that even in light of this fact, it is still facing large cuts in state funding. This year alone, Hope Institute has faced a 6% funding reduction (1% in cut and 5% in reserve reductions). Since FY2008, autism programs have been cut by 17%, while similar grant programs have been cut by around 6%. The Hope Institute reported that to date it has cut as much spending as possible without impacting the children, but that will no longer be an option with future cuts.

Following testimony, commissioners inquired on what happens to young people as they become adults if they do not receive support. The Hope Institute responded that adults tend to need more services, if they didn't receive supports as children. Early diagnosis is important. The Hope Institute shared that some children as young as 18 months can be diagnosed, and that the field is on the cusp of having an early intervention system. The Hope Institute stated that a state investment of \$4 million can garner substantial federal funding match.

Commissioners inquired about the Medicaid population for children with Autism and whether they do receive services. The Hope Institute reported that currently these children do not receive services because of the state's Medicaid plan. At the same time, The Hope Institute is willing to undertake the heavy lifting that it would take to add Autism programs into the Medicaid plan. Until that time, Autism programs will be funded through grants.

Commissioners also inquired about Early Periodic Screening, Diagnosis, and Treatment (EPSDT). The Hope Institute shared that it has been talking with partners in the state and federal government. For Autism, EPSDT is lagging behind.

Commissioners inquired about what opportunities The Hope Institute sees for doing things differently with healthcare reform. The Hope Institute shared that it is looking into care coordination and needs a shift in focus so that those could be fit into its program, but it is willing to make the necessary changes.

### **Illinois Valley Center for Independent Living**

Marla Michalak

The Illinois Valley Center for Independent Living (IVCIL) is a youth advocacy organization for young persons with disabilities located in LaSalle, IL. IVCIL provided testimony on having received cuts in the last two years. Ten percent of the cuts were from general revenue fund dollars, and 20% of the cuts were in the personal assistant program area. IVCIL shared that last summer a 10% cut was made to community reintegration programs. At the same time, new standards and reporting requirements have increased the amount of work for IVCIL's staff, including complicated Excel spreadsheets and lengthy documents. IVCIL testified that the community reintegration programs save the state money but in IVCIL's case, past cuts are making it hard for them to provide quality services. Due to these cuts, IVCIL had to eliminate its independent living advocate position. The personal assistant coordinator also had hours cut. These reductions in staff are making it hard to deliver the services needed.

Following testimony, commissioners asked for more information about the CIL's increased paperwork and reporting requirements. IVCIL shared that the paperwork is primarily for the CRP program, which primarily becomes the responsibility of the agency's director. Commissioners agreed that it is important to share with the commission what the impediments are for CIL's and how changes, in paperwork for instance, are impacting their operations. Commissioners also brought up problems with rolling out the new procedures, including questions about why the changes were made, and how they could have benefited from more provider input. The net result is an impact on staffs' ability to deliver services because financial constraints do not allow organizations like IVCIL or Chestnut Health Services to expand administrative staff.

The Department of Human Services shared that they are making significant revisions to the boilerplate to the community services agreement. DHS is consulting many providers about the changes which will be reflected in the next 8 month contract. With regard to changes with CIL's and CRI programs, individuals will no longer be allowed to opt out of Medicaid, in the hopes of garnering federal matching dollars. DHS is working with INSEL on this. IVCIL shared that the administrative costs, such as IVCIL having to hire an auditor, need to be considered. DHS offered to work with IVCIL one on one to help them develop a good system for meeting the new requirements.

IVCIL and CHS inquired about the new budget forms, why they were rolled out and why they are needed. DHS shared they are engaged in a federal demonstration project and that there are more reporting requirements for this federal program. FAFATA required greater transparency and is under a great deal of scrutiny. There are a lot of changes afoot. On behalf of the state, DHS had put the changes to the boilerplate in place to be good stewards of public dollars. At the same time, it is important to DHS that staff have time to do the work of service provision. Given the outpour from providers about the burden of the new requirements, DHS has slowed things down and is listening.

Commissioners stated that concern about paperwork should be conveyed to the BFR Commission. Commissioners also expressed that it would be important to evaluate what reports have been generated by the state from data provided by service providers.

### **Youth Service Bureau of Rock Island County**

Rick Conner and Dale Gebert

Youth Services Bureau provided testimony on the loss of funding for substance abuse treatment for youth. Youth Services Bureau had developed relationships with the police and schools to serve this population, however the funding is no longer available. The population served is vulnerable with a median family income of \$22,251; 56% live below the poverty line; they are working families without insurance. Youth Services Bureau is the only counseling agency for the entire county, and it provides mental health and substance abuse services to a wide variety of clients including African refugees and Latino families.

Youth Service Bureau shared a case of a client family whose treatment would not be possible under the new funding cuts. The case was that of a Hispanic single mother whose son was exhibiting violent behavior, shop lifting, drug use, gang involvement, running away, and poor performance in school,

among other problems. The parent was experiencing poverty and depression. The mother was having difficulty parenting a son with such high needs; however through eight months of therapy, including 17 counseling sessions, the mother was able to make adjustments and become more consistent with rules and consequences. They also worked to develop coping skills, anger management, and a healthy parent-child relationship with her 15 year-old son. This alleviated the mother's depression and allowed her to better manage her life's many challenges.

### **Testimony about proposed facility closures**

Testimony was offered in response to Governor Quinn's proposed closures of several facilities, including residential facilities that serve the highest-need and most complex cases. The conditions included autism, deafness, epilepsy, spinal meningitis, pica, elopement, aggression, self-injury, severe developmental disabilities, blindness, encephalitis, and Tourette's syndrome. Several family members and guardians provided testimony about their loved ones' needs for care. Families expressed their support for these facilities because of the high quality of life the facilities enabled for their clients. Among the attributes family members mentioned were: high quality of staff, low client to staff ratio, specialized training of staff and customized facilities. Several state-operated residential facilities even offer a workshop in which clients can work and earn a small income. Furthermore, family members and guardians discussed several cases in which, because of behavioral problems or extremely complicated medical needs, community living settings were not suitable for their family members. (Some people had been moved to community settings only to have to move back to the state-operated residential facility.) In several cases this was because the clients would be a danger to themselves, fellow clients, staff or the surrounding community. Staff turnover and less specialized or trained staff in the community setting were identified as key impediments to community reintegration for these individuals with the highest needs. Several individuals who provided testimony expressed support for the Budgeting for Results Commission.

The following individuals listed testified in support of the facility listed (in order of appearance).

#### **Mabley Developmental Center**

Cynthia Grass Black, Angela Black Chalders, Mary Riley

#### **Jacksonville Developmental Center**

Phyllis Shariff Wyann, Joanne Dorn, George Donnley, Robert Polkcornie, Earnest Jones, Sharon Pfifer, Kelly Brown, Michelle Frier

#### **Lincoln Developmental Center (already closed)**

Don Todd

Following testimony, commissioners commented on the need to have skilled employees to serve the high-need population. Commissioners also acknowledged the differences in compensation between staff of the state-run facilities and community settings. Commissioners expressed gratitude for these family members taking time to report on the needs for this population, and for sharing many positive stories of high praise about the staff at the facilities.

### **Pace Center for Independent Living**

Terry Townsend

Pace Center for Independent Living (Pace) based in Champaign, provides services for five counties (target population of 63,000) with ten staff members. Pace provided testimony about CIL's, BFR and the state of the sector. The speaker expressed grave concern about the BFR process, shared that similar processes have been attempted before with many problems. At the same time, caseworkers are taking on unsustainable volumes of casework and as a result some life threatening mistakes have been made (such as the accidental cutting of medical benefits). The speaker shared that BFR could alter internal operations because service providers will not have enough time or increased resources to deal with the changes.

Following testimony, commissioners underscored the importance of sharing these insights with others, including the BFR commission.

### **Advocates for Access**

Terri Ralph

Advocates for Access provided testimony regarding budget cuts for FY2012. The speaker shared that she both has a son with a developmental disability, and that she works for a CIL. The speaker shared that young people with disabilities are facing hard and harder access to services. Many services are limited to extremely high-needs individuals such as the homeless, abused or orphans. The speaker mentioned the PUNS list of prioritized needs for services, however it is a very long list and it seems to not be working. The speaker posed several questions: what is left to help young people and their families? What will be the impact? Where and how are people going to live? The speaker stated that agencies are not receiving sufficient funding to stay in operation. Young people with disabilities are facing funding cuts in two critical areas: disability funding and education funding. Many school districts do not adequately prepare for their disabled students' transition from school to adult life. These cuts will be costly down the road and young people have difficulty transitioning into the community.

### **Hope School**

Yolanda Sims

The speaker shared that she is the president of AFSME Local 21. The speaker works as a teacher's aide. The speaker shared first-hand experiences of the impact of the 2011 budget cuts on residential and day-program services. Young people are losing opportunities to engage in the community. Service providers are facing budget shortfalls in light of no increases for cost of living and having to take out loans to meet payroll. Most of the AFSME Local 21 members are eligible to qualify for public assistance; fast food restaurants pay higher starting wages than the Hope School. The speaker underscored the importance for these high needs students to have consistency and stability in staff. The speaker advocated for the DHS budget to support both the workers and the individuals it intends to serve.

### **GROW in Illinois**

Lisa Hensley

GROW in Illinois (GROW) provides community mental health support group programs, specifically working with addiction treatment. GROW clients include those with ailments ranging from chronic mental health, to their first problems in life. GROW provided testimony about the impact of budget cuts. GROW is a structured program that provides services state-wide with community mental health programs. GROW's services do not reach every community, however, because of the budget constraints and they are not able to further develop the program. GROW, which has been operating on its reserves since 2004, will no longer offer its staff health insurance in October. GROW will no longer be able to take non-Medicaid residents in its residential program that helps clients graduate into ordinary life. GROW closed by stating that its services are essential to helping some people return to working and tax-paying lives.

### **Mental Health Center of Central Illinois, Memorial Health Systems**

Jan Gambach

Mental Health Center of Central Illinois (MHCCI) provided testimony about the impact of state budget cuts on its organization and colleague organizations. Over the last two years, MHCCI has cut 30 employees and served 1,500 fewer clients. MHCCI shared that some of the clients may have instead gone to jails, nursing homes, streets or even have died. MHCCI has also become aware of closure of civil beds for state psychiatric hospitals, including McFarland, which will become forensic. MHCCI reflected on the paperwork associated with this work. A similar client might require just two pages of paper work for a private insurance company, while that same case might require 20 pages for state reimbursement. MHCCI expressed appreciation for the possible mental health commission.

Following testimony, commissioners thanked MHCCI for testimony and shared familiarity with the issues raised. Commissioners expressed need for community-based leadership to ensure access in a model that reflects building these systems from the ground up. MHCCI discussed the potential for integrated health services where the programs were tailored to meet the needs of consumers in crisis – enabling them to avoid a trip to the emergency room or jail. MHCCI and commissioners discussed the promising community-based model built in San Antonio, Texas.

### **Illinois League of Advocates for the Developmentally Disabled**

Rita Burke

The Illinois League of Advocates for the Developmentally Disabled (the League) is an organization of presidents and key staff from family guardian organizations for all eight state-operated developmental centers. The League provided testimony on the proposed cuts to these centers. The League shared that legislators needed better information to make the decisions on the table about the developmental centers, given that the most vulnerable people in the state are being disproportionately targeted. Legislators have been given information that residents of the state-operated centers would be served more cost effectively in community based facilities. However, the League pointed out that the full costs of transferring individuals have not been well represented. In the case of the Howe closure, 13 people died from the transfer of Howe and it took a year to move most people to other facilities and community-based facilities, the latter of which were not always equipped to deal with the new clients' needs.

The League shared that the \$50,000 figure for housing people in the community is not an accurate representation of what it costs to have high-needs individuals living in the community. The League hopes to soon publish a document that more accurately accounts for those costs. This will allow legislators to understand the true costs of caring for high needs individuals and what the choices are.

### **Illinois Association of Area Agencies on Aging**

Julie Hubbard

The Illinois Association of Area Agencies on Aging (I4A) is working on an assessment of the impacts of cuts made to services for older adults in the FY2012 budget. I4A provided testimony about preliminary findings in that research. I4A reported that 43,000 adults were eliminated from Illinois Cares Rx, now individuals need to be at 200% of the poverty line or below. The budget cut \$836,000, or over 20% of community based services. Approximately \$900,440 or 10% of the home delivered meals were cut, resulting in 2,873 fewer elderly receiving 44,400 meals. Other services cut included transportation services, information assistance and benefits counseling, medication management, legal assistance (even for those with limited English), and respite care. I4A stated that these cuts must be restored to help the most vulnerable adults, in particular for community-based services.

Regarding the BFR process, I4A advocated for considering the following issues: coordinated points of entry, greater state services to rural areas, full funding of home delivered meals for the 44,000 home bound adults who also have a great need for social contact. I4A shared that for a person who is able stay at home and have meals delivered the service cost was \$329. These are the types of investments in quality of life for older adults that can actually save the state money in the long term on nursing home care and hospital visits.

Following testimony, commissioners asked about I4A's thoughts on how to make community-based resources more available for addressing the many needs of the older adult population. Commissioners inquired about how private-public partnerships might add value. I4A could build from the state health improvement council or existing initiatives such as the CDC initiative on community manuals. Some comprehensive efforts have had great success, such as neonatal screening techniques were developmental disabilities and co-existing morbidities were identified at an early age. Various approaches might help address the problems. I4A agreed that there are many important challenges for meeting the needs of this population, including emergency preparedness. Hurricane Katrina served as a warning. I4A's overall overriding concern is how to help older adults stay independent and remain in the home as much as possible because that often requires minimal support. I4A is working with numerous state agencies including with state policymakers, the state's attorney general on scam and fraud, and elder abuse issues, as well as with many more partnerships.

### **Mujeres Latinas en Acción**

Sandra del Toro

Mujeres Latinas in Acción (Mujeres) provided testimony regarding the BFR process. Having been in operation for more than 40 years, Mujeres is the longest serving Latina led organization in the country of its kind. Since 1981, Mujeres has focused on service for Latinas and families suffering from domestic violence, its most popular program, which serves more than 1,000 individuals annually. Since 2007,

Mujeres has been the only state-certified Latino training organization which provides domestic violence certification for Spanish speakers. Mujeres shared that state funding cuts have been disproportionate to its organization, which serves approximately 24% of the Latinos in the state affected by domestic violence (nearly 6% of all those who seek help for domestic violence) but receives only 1% of the funding. Mujeres closed by stating that domestic violence treatment saves lives and money for the state in the long term, and it urges the state to reconsider its allocations based on this information.

### **Illinois Alcoholism and Drug Dependence Association**

Sarah Howe

The Illinois Alcoholism and Drug Dependence Association (IADDA) provided testimony regarding the state budget cuts for addiction treatment services. IADDA shared that more than 80% of the clients seeking addiction services are not eligible for Medicaid. The state cuts are resulting in cuts to staff and services in Chicago. As an example, Haymarket anticipates serving 1,300 fewer people in 2012. IADDA shared that the impact of not treating addiction is far and deep, for instance, the Illinois Hospital Association reports that it cannot take on treating addiction. Addiction cuts across most areas of human services; 12% of the state budget is spent on the consequences of addiction, such as incarceration, yet less than one-tenth of one percent of the state budget goes to addiction treatment. IADDA advocated for the restoration of the 1% reduction to human services that the General Assembly intended to pass.

### **Sacred Creations**

AJ French

Sacred Creations provided testimony regarding its work with people living with mental health conditions and the services that are working. Sacred Creations shared that recovery oriented services and evidence-based mental health education programs are helping people in need. There are some tele-conference counseling sessions that help people tap into a support network for their recovery (this program is limited to four hours for peers who are not Medicaid eligible). The family handbook provides access to many resources right from the home where the battle with mental illness is most difficult. This year, that manual will not be printed because funding was zeroed out for print publication. The handbook will be available online, however many people with mental health conditions do not have access to the internet, or are computer-illiterate. Since CHIPS funding has been cut, people have relied on state hospitals for psychiatric care. Unfortunately, this is not a suitable solution. Patients have reported waiting in a hospital waiting room for a psychiatric bed to open up for five days during a mental health breakdown – this is unsafe for the patient and hospital alike. Furthermore, it is one of the most expensive options for the state. People suffering from severe mental health conditions die an average of 25 years earlier, according to data from a 10 year study.

### **Illinois Association of the Deaf**

Angela Botz

The Illinois Association for the Deaf (IAD) provided testimony based on its experience providing services to the deaf and hard of hearing. A state-wide organization, IAD has observed several problematic cuts to persons with disabilities, including DHS grant funding for social and educational needs, the proposed closure of the Jacksonville center (which provides services to the deaf), and ITAC

distribution centers (TTY centers). IAD advocated that cuts not be made to JCCD services and that the state prioritize changes which will have the least harmful impact for those who are most threatened by the loss of accessible services. These services make it possible for people to live in the community.

### **Testimony regarding individual impact of cuts to services**

Several individuals provided testimony regarding their first hand experiences with mental health conditions, homelessness, and developmental disabilities. Some of the specific conditions included: epilepsy, depression, developmental disability, bi-polarity, anxiety disorders, vertigo, and suicidal thoughts/attempts. Speakers advocated for reinstatement of prescription drug coverage, passage of SB2407, increasing access to SNAP benefits for the disabled who have been cut, opportunities for employment that can accommodate the needs of those suffering from various mental health conditions, and reduction of caseworker caseloads.

Speakers shared insights on some of the services that have helped them, including home-visit rehabilitation nurses that help with physical therapy and medication counseling, MedCabs, senior housing, programs that help people transition into housing and establish self-recovery to re-join the working world, mental health counseling, help filling out necessary forms to access benefits, Medicare and Medicaid coverage, Social Security, the Circuit Breaker program, and food pantries, all of which aid people in leading independent lives. One speaker shared that a town in Madison County counted 549 homeless, but there are no shelters in that town for homeless men. Homeless men instead have to travel to Alton. Several speakers reported being personally impacted by the economy.

This testimony was provided by: Sherri Cain, Janie Edwards, Penea Diekemper, Patrick Norries, Jennifer Pelate, George Green, Gerald Willis, Gerel Touchette, and Sheila Kraft

### **Supportive Housing Services**

Lore Baker

Supportive Housing Services (SHS) reiterated its recommendations, shared with the HSC at the Chicago (September 8, 2011) hearing. These recommendations included: developing strategies for streamlining rebalancing efforts to potentially include staff persons from different divisions, working with BFR to make sure the results are not duplicative or contradictory to what other funders require, and to include the Department of Corrections in the planning effort because they are in fact the largest mental health provider in the state.

### **III. CLOSING**

[4:25pm] Co-chair Le expressed appreciation to all those who provided testimony. The Human Services Commission will work to convey the important information gathered to the Governor.