

## **Illinois Human Services Commission**

### Meeting Summary

Date and Time: Monday, May 3, 2010; 9 am – 12 pm

Location: Chicago Federal Reserve Bank (230 S. LaSalle Street)

Attending: **Co-Chairs**  
Toni Irving, Office of the Governor; Ngoan Le, The Chicago Community Trust.

#### **Members of the General Assembly**

Senator Mattie Hunter, General Assembly (phone).

#### **State Agency Directors**

Michele Carmichael for Superintendent Christopher Koch, Illinois State Board of Education; Director Kurt Friedenauer, Department of Juvenile Justice (phone); Director Charles Johnson, Department on Aging; Director Julie Hamos, Department of Healthcare and Family Services; Director Erwin McEwen, Department of Children and Family Services; Gladyse Taylor for Director Michael Randle, Department of Corrections; Secretary Michelle Saddler, Department of Human Services.

#### **Commissioners**

Joseph Antolin, Heartland Alliance; Sam Balark, AT&T (phone); Pastor Denver Bitner, Lutheran Social Services of Illinois; Pastor Byron Brazier, Apostolic Church of God; Mary Ellen Caron, Chicago Department of Family and Support Services; Sister Rosemary Connelly, Misericordia; Eileen Durkin, Neumann Family Services; Art Dykstra, Trinity Services, Inc.; Pam Heavens, Will-Grundy Center for Independent Living; Gary Huelsmann, Catholic Charities (phone); Anne Irving, AFSCME Council 31; Marco Jacome, Healthcare Alternatives System; Shawn Jeffers, Little City Foundation; George Jones, Ada S. McKinley; Mark Klaus, Charleston Transitional Facility (VC); Maggie Laslo, SEIU HCII; Valerie Lies, Donors Forum; Soo Ji Min, Illinois Caucus for Adolescent Health; Maria Pesqueira, Mujeres Latinas; Gregory Pierce, United Power; Nancy Ronquillo, Children's Home and Aid; Kathy Ryg, Voices for Illinois Children; Nancy Shier, Ounce of Prevention Fund; Laura Thrall, United Way Metropolitan Chicago; Maria Whelan, Action for Children; Diane Williams, Safer Foundation.

#### **Technical Support Team**

Stephanie Altman, Health and Disability Advocates; Veronica Cunningham, Safer Foundation; Deanna Durica, Office of the Governor; Robert Goerge, Chapin Hall; Gina Guillemette, Heartland Alliance; Larry Joseph, Voices for Illinois Children; Kathleen Kane-Willis, Roosevelt University; Jonathan Lavin, AgeOptions; Jim Lewis, Chicago Community Trust; Kate Maehr, Greater Chicago Food Depository; Barbara Otto, Health and Disability

Advocates; Rob Paral, Rob Paral and Associates; Suzanne Strassberger, Metropolitan Family Services; Cheryl Whitaker, Chicago Community Trust; Tony Zipple, Thresholds.

#### **Absent**

Scott Allard, University of Chicago School of Social Service Administration; Director Damon Arnold; Department of Public Health; John Bouman, Sargent Shriver National Center on Poverty Law; Senator William Delgado, General Assembly; Representative Sara Feigenholtz, General Assembly; Senator Mattie Hunter, General Assembly; Representative Naomi Jakobsson, General Assembly; Richard L. Jones, Metropolitan Family Services; Representative David Leitch, General Assembly; Jess McDonald, McDonald and Associates; Representative Rosemary Mulligan, General Assembly; Dee Ann Ryan, Vermillion County Mental Health; Amy Rynell, Heartland Alliance; Senator Dave Syverson, General Assembly; Ray Vázquez, YMCA; David Whittaker, Chicago Area Project; Paula Wolff, Chicago Metropolis 2020.

#### **Staff**

Jill Baldwin, Donors Forum; Betsy Bowen, Chicago Community Trust; Ashley Rook, Office of the Governor; Janice Pacheco, Chicago Community Trust; Hannah White, Donors Forum.

#### **Guests**

Clayton Frick, Deloitte Services LP; Jill Garrett, Easter Seals; Alicia Huguelet, Greater Chicago Food Depository; Matt Josephson, Deloitte Services LP; Jack Kaplan, United Way Metropolitan Chicago; Susan Locke, Department of Human Services; Kiran Mehta, Department of Healthcare and Family Services; Renee Morrissette-Thomas, Ma'Dear Home Services; Laurel O'Sullivan, Donors Forum; Janis Sayer, Chicago Department of Public Health; Stephanie Schmitz, Roosevelt University; Itebal Shalabi, Arab American Family Services; Layla Suleiman, Department of Human Services; Suhad Tabahi, University of Chicago School of Social Service Administration; Greg Wass, Office of the Governor; Simone Weil, Chicago Community Trust.

#### **NEXT MEETING**

Tuesday, June 8, 9 am – 12:30 pm: The Art Institute of Chicago Modern Wing, 111 S. Michigan Avenue

#### **WELCOME AND PURPOSE OF THE MEETING**

*Ngoan Le, Chicago Community Trust*

Thanked the commissioners for responding to the individual interviews and contributing to the working group sessions. She also thanked the state agencies for providing the basic data used to create the draft report and the members of the Technical Support Team for working very hard in their free time to put together the first narrative describing the state of human services in Illinois.

The Commission must present the first report to the General Assembly and Governor Quinn by June 30.

The scope of human services is very extensive and most professionals only know the area of their own expertise. This is a major effort to make sure that we not only confirm what we know about the sector we've been working in but also to know other areas of human services.

The Commission is working under time constraints so please remember that this report is still a very rough draft intended to serve as a common document that commissioners can work to improve.

The purpose of this report is to describe the state of human services in Illinois without additional interpretation or advocacy. In today's meeting, commissioners should focus their attention on ensuring that facts are true and accurate; that no critical areas are missing; and that the report does not include any inappropriate data.

Commissioners may submit additional comments to Report Editor Jill Baldwin by Saturday, May 15. The draft report will also be posted to the Human Services Commission website for a public review period.

### **JUNE 30 REPORT OVERVIEW**

*Jill Baldwin, Donors Forum*

The goal of the report is to create an overview of the state's human services system. The administrative team collected a standardized set of data from the eight state agencies involved in the Commission. Appendix C of the draft report lists the data each agency was asked to provide for each of its human services programs. From that request, information from 600 programs was collected. Programs that did not appear to be related to human services were screened out, leaving over 300 programs.

The administrative team needed to segment the programs to create a coherent set of narratives. There were three potential approaches:

1. Segmenting programs by state agency. This approach would have been the easiest because each program is already assigned to a state agency but that approach would limit the Commission's ability to cut across agencies and funding silos.
2. Segmenting programs by population served. This approach only works for certain programs that exclusively serve a population and the majority of programs serve general populations.
3. Segmenting programs by service categories. The administrative team segmented the programs using the 211 taxonomy, which is nationally used to standardize classifications of human services across states. This approach allowed them to draw on preexisting work by state agencies, the City of Chicago, United Way, Chicago Community Trust and Donors Forum. By applying this taxonomy and making a few adjustments, the administrative team was able to organize all the programs into 12 overarching service categories. However, there were still issues with dividing the programs and the team had to use their best judgment on a case-by-case basis.

The segmented data was turned over to the Technical Support Team, who used the data and their own expertise to develop factual descriptions of each service category. They were asked to cover the largest programs and briefly summarize the smaller ones. They produced 26 narratives that the Report Editor combined into 12 rough draft sections, one for each service area. These sections were sent to commissioners and the eight state agencies to solicit input and revisions, which were collected in the working sessions and via email. Most of the revisions

were incorporated into the report and those that weren't will be during the next review period. The Report Editor added front and back matter, an overview, 10 appendixes and the cover letter and will add an executive summary to the next draft. Some sections are not fully developed or cross-referenced but the next draft will develop themes and interconnections that cut across sections.

From this process, the administrative team made several observations:

- It is difficult to describe the human services system as it currently exists because in several areas, there was not common agreement on a baseline description of the system.
- Many report contributions and revision were recommendations for how the system should be and did not reflect an objective, dispassionate description of the system.
- The report benefits from a diverse range of expertise but having several different authors makes it hard to reconcile differences in writing styles and approaches.

The commissioners should submit their response forms to the Report Editor by Saturday, May 15. The administrative team and Technical Support Team will develop the final draft for the rest of May and resolve outstanding queries and issues. The commissioners will receive the next draft a week before the June 8 meeting, at which they will discuss and approve the report. The rest of June will be dedicated to report production so the final report can be submitted to Governor Quinn and the General Assembly in time for the June 30 deadline specified in the Executive Order.

*Rob Paral, Rob Paral and Associates*

There were six major issues that arose in the course of writing and revising the report draft:

1. The human services system in Illinois is not defined and implemented coherently and consistently around the needs of individuals. The systems have different histories, trajectories, objectives and roles of federal and state funding.
2. Medical services make up a disproportionate percent of the human services provided in Illinois: they account for over half and continue to increase. This constrains the resources the state can provide to non-medical services.
3. Many of human services programs only exist because of federal mandates. Some are entirely federally-funded, some are state-funded and some are some proportion of both.
4. There is a question of the interactions between programs and services and the creation of possible unintended consequences that have system-wide effects.
5. The commission needs to examine the issue of new populations in Illinois. Established populations are shifting and this information is important in determining who we need to serve.
6. The commission is examining these issues in an era of finite resources. It is important to keep in mind that the state is coming off a great recession and is facing historic demand.

## **REVIEW OF REPORT SECTIONS**

### **Public Assistance**

*Suzanne Strassberger, Metropolitan Family Services*

### Key Programs

These programs are called public assistance programs but it is more useful to think of them as income support programs.

Rob chose to profile the five largest key programs. Only 18 percent of Child Support Enforcement is funded with state dollars; the majority of its funds are federal match. It directs 830 million dollars total in services to low and moderate income families.

Temporary Assistance to Needy Families (TANF) is the old AFDC program but has different requirements. It has stricter welfare to work requirements, a 60-month limit on benefits and smaller payments that are 30 percent of the federal poverty line.

Aid to the Aged, Blind and Disabled (AABD) is comprised of small programs that supplement the federal SSI program.

### Populations Served

Child Support Enforcement is not an income-limited program, although low and moderate income families use it the most.

TANF is limited to families with children and has a strict 60-month time limit. The 32,000 persons currently served monthly is a dramatic decrease from 250,000 served monthly in 1995.

State Transitional Assistance serves people who aren't eligible for TANF and are applying for medical disability.

### Key Issues

The number of low-income working households is growing but only 28 percent of people who lose their jobs qualify for state unemployment insurance.

DHS experienced the most significant decrease in staffing. The total number of staff decreased from 21,000 to 13,000, creating many challenges due to increased demand.

### Questions and Comments

*Joseph Antolin:* The child support amount in the report was included in the state budget but not the amount distributed to families. That amount should be included to show the magnitude of the program. Does the amount of funding for TANF included in the report include both federal and state maintenance of effort?

*Suzanne Strassberger:* The TANF amount is limited to operational costs and TANF payments, not maintenance of efforts. The TST will go back and clarify.

### **Food and Nutrition**

*Kate Maehr, Greater Chicago Food Depository*

### Key Programs

Hunger programs are largely federal in nature.

### Populations Served

There are three population groups served by food and nutrition programs:

1. Older adults, who are served by Title III nutrition programs.
2. Children, who are served in school, before school and after school.
3. Everyone else, for whom food stamps are designed.

There are income requirements for all of these programs.

### Service Delivery Systems

The Department of Human Services administers SNAP and WIC, the Illinois Board of State Education administers Child Nutrition and the Department of Aging administers Title III.

### Key Issues

There is an unprecedented need for emergency and supplemental food in Illinois and across the country. The network of eight food banks and 2000 food pantries that the Greater Chicago Food Depository works with reported a 70 percent increase in demand on average. The USDA released a report that said 49 million Americans are at risk of hunger. In Illinois, this translates to 1 in 8 people who are food insecure or have turned to a pantry or soup kitchen.

The reimbursement rate for programs that provide school and community-based meals is very low and impacts the quality of food.

Food banks and pantries are constrained by transportation and logistical barriers. They want to get more fresh produce into the community but most places have budgets under \$10,000 and are volunteer-led.

There are more people than ever who need the SNAP program and more partners than ever who are interested in SNAP outreach but DHS staffing cuts and overwhelming caseloads create challenges. It is important to connect people to SNAP but their benefits must also be processed in a timely fashion.

Millions of dollars are left on the table in Washington DC because of low participation in these programs. In Illinois, 24 percent of people who are eligible for SNAP don't receive benefits.

### Questions and Comments

*Maria Whelan:* Does the list of ISBE-administered child nutrition programs include the Child and Adult Care Feeding Programs (CACFP)?

*Kate Maehr:* Yes.

### **Housing and Shelter**

*Gina Guillemette, Heartland Alliance*

### Key programs

The housing assistance system is a combination of federal, state and local programs but this section focuses on state programs. Federal housing programs usually involve bricks-and-mortar housing, such as public housing or subsidies for people to procure affordable units. The state housing programs are more service-related and focus on housing stability for people at risk of homelessness.

### Service Delivery Systems

There are two main areas that these housing programs focus on:

1. Maintaining stability for people who already have housing but need support or income assistance to maintain that housing (Emergency and Transitional Housing and Homelessness Prevention)
2. Combination of Bricks and mortar housing with support services (Supportive Housing and Homeless Youth)

### Key Issues

The availability of affordable units is decreasing, which creates financial challenges and hurts children's healthy growth and development

### Questions and Comments

*Maria Pesqueira:* There should be a discussion of families doubling and tripling up within housing, which is a key issue in the Latino community.

*Joseph Antolin:* It would be useful to have a footnote with the amount of federal money allocated to affordable housing.

*Secretary Michelle Saddler:* This section needs to look at funding routed through DCEO. There is a lot of money flowing through them designated for homelessness prevention.

### **Health Care and Support**

*Larry Joseph, Voices for Illinois Children*

### Key Programs

Medical Assistance is the largest program. Its budget includes GRF and all other funds in DHS but does not include Medicaid-funded services or other agencies' funds.

### Populations Served

Medicaid and related programs have four major eligibility groups:

1. Children and low-income families
2. Non-disabled adults (includes parents/caregivers of low-income children and pregnant women)
3. Adults with disabilities

#### 4. Senior citizens

##### Service Delivery

The three main ticket items in medical assistance are hospital services, long-term care and prescription drugs.

Medicare offers a comprehensive range of services but the major eligibility groups have different services mixes. For instance, for children and families, it is mostly primary and acute care. For seniors, who have their primary and acute care covered by Medicare, it is primarily long-term care. The disabled have a wide range of services that depends on whether they are Medicare eligible.

##### Key Issues: Medicare Assistance

The main issues are access, quality and cost.

A simple way to evaluate access to services is by looking at enrollment. Enrollment rose from 1.5 million to 2.4 million in the past decade. The increase was caused by eligibility expansions for all the major eligibility groups and changing economic conditions. In the first part of the decade, there was rapid enrollment growth for all groups. Between 2001 and 2005, the average rate of enrollment was 5 percent for children, 16 percent for parents, 5 percent for the disabled and 5 percent for the elderly. In the second part of the decade, growth subsided in all groups except children, who increased at an average rate of 6 percent per year between 2005 and 2009. The eligibility expansions and growing enrollment led to major improvements in children's health insurance coverage in Illinois. In 2004 and 2005, 10 percent of kids had no health insurance coverage, a figure that was consistent with the national average. In 2007 and 2008, that number declined to 6 percent, which was far below national average. The biggest improvements in coverage were among Latino (22 percent to 10 percent) and African-American (17 percent to 10 percent) children.

There are many ways to look at quality of care. An important factor is provider participation, which is how many providers opt to participate in the program. One recent development has been an increase in the reimbursement rate for pediatric primary care, which has led more providers to participate. However, reimbursement rates are still very low for pediatric specialists.

Timeliness of payments also affects provider participation. Illinois has had chronic delays in repayment to providers. Under the American Recovery and Reinvestment Act, the state has been forced to reduce backlog and certain providers must be paid in a timely fashion. These funds are scheduled to expire in December 2010 and so will the timely payment requirements. It is likely that the backlog of unpaid Medicaid bills will pile up again.

A third quality of care issue is nursing home care. This issue has been raised by the Nursing Home Task Force and the class-action lawsuit *Quinn v. Williams*, which involved Institutions for Mental Disease (IMDs). These nursing homes have a mix of elderly and disabled patients as well as younger residents with mental health problems. Due to a tentative settlement in *Quinn v. Williams*, the state plans to shift 4,500 residents out of nursing homes and into appropriate community-based settings over 5 years. This is unfortunately happening at a time when the State is beginning to cut funding for community-based mental health services.

The cost per enrollee for the disabled and elderly is much higher than the cost per enrollee for children. Cost containment measures are focusing on these special needs populations. Illinois has been discussing the issue of managed care for a long time. The State already has four different managed care programs and has had voluntary HMOs for children and families, a mandatory case management program for children and families and disease

management programs. The key questions for managed care are how much cost savings will there actually be and can we contain costs without compromising quality and access.

#### Key Issues: Health Screening

*Dr. Cheryl Whittaker, Chicago Community Trust*

There are three major programs administered by the Department of Public Health:

1. HIV/AIDS. There is a 2-1 federal match but the State spends more than is required. The program provides drug treatment and its eligibility requirement has increased from people who are 100-200 percent above the poverty line to 500 percent. As a result, the program functions like an entitlement program. Health care reform passed during the creation of this report and the Commission needs to evaluate how it affects programs like this.
2. Breast and Cervical. There is a 3-1 federal match and the program provides access to screenings, diagnostics and treatments for all uninsured women regardless of income.
3. Immunization Programs. Federal funding does not require state match but the State provides GRF funds.

Community health centers spend a significant portion of their funds on health screening. The federal government is also spending a lot of money on community health centers, especially in rural areas, which should be reconsidered in future years due to health care reform.

#### **Public Health**

*Dr. Cheryl Whittaker, Chicago Community Trust*

#### Key Programs

Illinois is ranked very highly on preparedness.

Public Health Education funds several programs, such as tobacco-free communities and breast cancer prevention.

#### Key Issues

Health information exchange is a federal mandate and will be an important consideration of public health going forward.

#### Questions and Comments

*Nancy Ronquillo:* Are the school-based health clinics represented in these numbers?

*Larry Joseph:* No, they are represented solely under Educational Support.

*Maria Pesqueira:* Does this include Screening Assessment Supportive Services (SASS) dollars?

*Larry Joseph:* Yes.

*Maria Pesqueira:* Many people in the State won't be covered under health care reform. Are we including that in the discussion?

*Cheryl Whittaker:* This was not a big consideration in this report. All the federally-qualified community health centers (FQHCs) are being increased across the country and do not exclude patients based on qualifiers. These centers will provide a safety net for those people.

*Joseph Antolin:* FQHCs, which are eligible for Medicaid and public health funding, seem to be the missing piece here because they cover insured, uninsured and Medicaid patients. In many parts of the state, we don't have these centers to provide support and coverage and we need to include this in snapshot of the baseline.

*Larry Joseph:* In the DCFS budget, there is a line item for community health centers and they receive a substantial amount of Medicaid money. However, Illinois has been allocated 93 million for community health centers under ARRA. These funds don't go through the state and go directly to health centers, so they are not part of state budget.

*Cheryl Whittaker:* We could add this point to a discussion about the current climate.

*George Jones:* Where are SASS dollars located in this area?

*Larry Joseph:* SASS dollars are part of the DHS budget. They do not appear in state budget documents or in the comptroller's report.

*Sr. Rosemary Connelly:* A lot of citizens say that they would agree to a tax increase if they could be sure there was no fat in the systems. I would like to suggest that DPH add an advisory board of providers to help eliminate waste.

*Itedal Shalabi:* The report should address language barriers in serving the Arab community, a growing population. Because of language barriers, these populations cannot access services. The Arab community is labeled white but this does not reflect their needs.

*Ngoan Le:* The changing demographics of Illinois were captured in the overview section.

*Soo Ji Min:* The section I reviewed primarily reviewed services administered by DHS and involved pregnancy prevention and supports for the health and well-being of children. There is a need for more male involvement in these issues. There should be a focus on health promotion and looking at health and sexuality in a positive, natural way.

*Jonathan Lavin:* An issue under health services for the elderly is that Illinois has committed to change the mix between institutional care for older people and long-term care to home and community-based services.

## **Mental Health**

*Tony Zipple, Thresholds*

This was a very complicated and difficult section for the committee. We realize this doesn't focus on all mental health sections and does not include services provided by HFS, DCFS or DOC, as well as pharmacy services, outpatient services, public education agencies, senior services, housing and homeless services or rehabilitative services. The challenge is figuring out the interplay between these sections.

### Key Programs

590 million is spent in the Division of Mental Health Services. These funds are split between three different service categories: Medicaid billable services, capacity grants and non-Medicaid services that are billed as though they were Medicaid but not submitted to the federal government.

### Key Issues

The overall funding for mental health services in Illinois is low. A few years ago, the General Assembly commissioned a report from a public research interest group and adjusted for income per capita. Illinois ranked 34<sup>th</sup> on spending for mental health services.

There is a bias in the state system towards institutional care. We spend a lot on mental health services in nursing homes and IMDs. The issue of the mentally ill in IMDs has become important in Illinois and is the subject of two federal lawsuits.

There are issues in DOC involving re-entry. 15 percent of the DOC population has a mental illness. These individuals lose their entitlements while incarcerated and it can take as long as 15-17 months to get them back. It is hard to determine a service mix for them and reincarceration rates are high.

There is a disconnect between youth and adult systems. It is a difficult transition for individuals, who often get lost in the system and experience a disconnect between services.

Service fragmentation is a significant problem, which is reflected by the struggle of the working group on what to include in this section.

### Questions and Comments

*Nancy Shier:* I am concerned that there is no mention of children's mental illness prevention and early intervention in this section. You could incorporate the report from the Children's Mental Health Partnership. This section takes a very definitive position that we should only serve those who are the most mentally ill. We should discuss that in recommendations, not this section.

*Tony Zipple:* Children are one of the groups in this section that we need to pay special attention to after this meeting to make sure they are fairly represented. There might be a problem with advocacy and I want to leave it to the editors and consulting team to make decisions regarding it. We need to determine at what point a statement of trends becomes advocacy.

*Eileen Durkin:* We need to discuss the treatment of individuals with both developmental disabilities and mental illness. Neither system serves those individuals well.

*Marco Jacome:* This section does not mention co-occurring issues with substance abuse, mental health and domestic violence.

*Secretary Michelle Saddler:* The points Nancy raised are important and I want to show appreciation to the writers of the draft. The State must address our values, not by default, but by discussion, evaluation and decision.

*Sr. Rosemary Connelly:* When you talk about institutional care, you often hear that one setting is cheaper than another. The Commission must study the license expectations of the different settings beyond cost.

*Maria Pesqueira:* An issue that comes up often is the lack of culturally competent mental health providers in various communities.

*Nancy Ronquillo:* We need to dig more into the number of children with mental health needs that are not DCFS clients.

*Tony Zipple:* The editors have heard that concern and will make sure those needs are attended to one way or another somewhere in the report.

## **Substance Abuse**

*Kathleen Kane-Willis, Roosevelt University*

In the Substance Abuse section, we were not able to focus on every single program, such as those under the Department of Veterans Affairs. We focused on the four key programs that exist in the state.

### Key Programs

25 percent of the Addiction Treatment and Recovery dollars are federal.

50 percent of the Substance Abuse Prevention dollars are federal.

95 percent of Substance Abuse Prevention and Treatment dollars go to the general population and only 5 percent go to incarcerated individuals.

There was an 8.5 percent funding cut to treatment and services between FY09 and FY10 and there is another 8 percent funding cut planned for FY11.

### Populations Served

Most addicted individuals are men (2-1) and are mostly white.

Only 20 percent of people who receive treatment under this system are Medicaid eligible.

The average age of people entering treatment is rising. This fits in with Illinois' aging trends.

We don't have numbers on how many people are served so please provide them if you have them.

The block grants for Safe and Drug-Free Schools have been eliminated and schools will no longer be able to provide services under that funding mechanism.

The ratio of demand to supply of treatment in Illinois is 14:1.

### Service Delivery System

The most common way to get treatment is through a criminal justice system referral. 35 percent of people in the system enter through any part of the criminal justice system.

There are several types of treatment provided: detoxification, medication-assisted therapy and long-term and short-term residential and outpatient treatment.

Prevention is mostly provided by about 120 community-based agencies that provide a variety of services including professional development for prevention professionals, determining needs for prevention services and coordinating resource centers.

We have targeted populations in terms of receiving substance abuse treatment services, such as pregnant women who inject drugs and HIV-positive drug users. Priority areas are given to parents, TANF recipients and criminal justice system referrals. We have a quadrupling of priorities and must readdress them.

### Key Issues

Co-occurring disorders, which are a substance abuse disorder combined with another mental health condition, are a huge problem.

There is an inadequate number and type of Medically Assisted Treatment (MAT) facilities. Since 1992, the trend of what drug is the most common reason for people entering treatment has changed. Alcohol is the most common drug and the most common illicit substance is heroin. Some methadone treatment facilities are being cut completely. In light of drug use patterns changing, this is a really important issue to think about with funding allocations.

There have been frequent cuts to baseline services and increasing levels of need. During a recession, the number of people in need of substance abuse treatment goes up.

Substance abuse is a recoverable disease and has a higher recovery rate than cancer. The State has 1.5 million residents and 4.6 billion dollars absorbed by other systems. 14 percent of our budget is used by unmet needs.

*Veronica Cunningham, Safer Foundation*

There are only two prisons in DOC that have substance abuse treatment centers: Sheridan and SWIC. There is also a small amount of funding from DOC for community-based prevention services.

### Questions and Comments

*Diane Williams:* There are other treatment facilities in other institutions but the programs at Sheridan and SWIC are the only comprehensive ones.

*Marco Jacome:* We must mention the re-entry issue with DOC. As mentioned before, many people re-entering the community from prison have lost access to Medicaid.

*Joseph Antolin:* A lot of single individuals who are not eligible for Medicaid will be eligible under federal health reform. Does that extend to substance abuse?

*Kathleen Kane-Willis:* I can't answer at this time. We hope that it will have some impact but we will research the issue and include it in report draft.

*Joseph Antolin:* At one time, the corrections facilities used to apply for Social Security and Medicaid eligibility before individuals' release so it would be available when they re-enter society. Is that still done?

*Gladys Taylor:* There is a period of transition prior to re-entry in which DOC tries to address eligibility issues. We recommend that the state looks for suspension of eligibility rights during incarceration so they pick up once the offender is released.

*Kathleen Kane-Willis:* It was my understanding that there was legislation passed in the last year that addressed this. I know there were some issues about when that would start but it should have been redressed.

*Nancy Ronquillo:* We need the number of families impacted by substance abuse in the child welfare system. They will show the impact across system and the amount of co-occurrence.

*Kathleen Kane-Willis:* We will include individual information from survey data and will include family information if available.

*Director Erwin McEwen:* There is a large segment of population in DCFS that has both issues. 94 percent of DCFS families have mental health issues and many more have SA issues. There is multiple overlap in these areas.

*Joseph Antolin:* We should focus on other systems besides DCFS in looking at substance abuse and youth, such as homeless youth and DJJ.

### **Individual and Family Support Services**

*Robert Goerge, Chapin Hall*

This area is a catch-all but includes many large programs.

#### Key Programs

Child Care includes government and TANF childcare subsidies, as well as GRF monies.

Early Childhood Education includes preschool monies. They are blended creatively to meet the needs to children along with Head Start monies.

Purchased Care of Adoption Services includes adoption as well as subsidized guardianship.

#### Populations Served

Illinois uses a lot of informal care with relatives, friends, licensed family homes and childcare centers.

The numbers for Foster Homes and Specialized Care, Institution Group Home Care and Prevention and Purchased Care of Adoption Services are inaccurate. Foster Home and Specialized Care serves about 15,000 children (down from 50,000 children in the 1990s), Institution Group Home Care and Prevention serves about 1,200 cases and Purchased Care of Adoption Services serves a little less than 40,000.

#### Service Delivery Systems

Foster Homes and Specialized Foster Care includes care by relatives in addition to traditional foster home care.

Purchased Care of Adoption Services also includes kids in subsidized guardianship.

#### Key Issues

Early investments in human capital improve outcomes, not just in early education, but also long-term ones in the criminal justice system. This is not an advocacy statement; it is proven research.

Accessing Medicaid services is critical not only for health care but for mental health as well.

There have been many legislative changes in Illinois regarding foster care to assist children who are in foster care and reunify them with their parents.

## Questions and Comments

*Jonathan Lavin:* The issue of community capacity is one worth identifying. Federal resources will not be enough to meet all needs and the community must step in. One element of Title III is to have the capacity of the community to get involved. Also, in the Older Americans Act, DOA runs the elder abuse and neglect program.

*Robert Goerge:* Another key issue is that there are many grandparents are taking care of grandchildren; it should be a key issue moving forward.

*Suzanne Strassberger:* The domestic violence services are not covered by Medicaid and are from the general revenue fund. Domestic violence is going up due to the recession.

*Eileen Durkin:* One of the challenges we have is when people move from one system to another, there are problems with funding and paperwork requirements and recreating documentation.

*Robert Goerge:* We will touch on this issue in the report.

*Maria Pesqueira:* Youth are directed to services once there has been juvenile delinquency. Are there any current programs in place, especially in communities with high levels of juvenile delinquency, to reach them and provide prevention services before delinquency happens?

*Robert Goerge:* We may have neglected this in this area but it is referenced in the area of youth development programs for pre-delinquent individuals.

*Maria Pesqueira:* Even though this issue is a part of development, we may want to make the link to put it under prevention.

*Toni Irving:* Illinois Redeploy turns youth to services instead of facilities.

*Director Erwin McEwen:* Juveniles are in need of prevention services even if they are already involved in the juvenile justice system. Many are still with their parents but need prevention services.

*Anne Irving:* I mentioned this in the small group meeting, but I feel we are still structuring the child welfare/juvenile delinquency section around court involvement. There are programs directed at youth who are not already criminally involved. Child welfare serves victims, not delinquents, and is stigmatizing youth.

*Maria Whelan:* In the child care section, we don't focus on the fact that 40 percent of funding is for school-age children up to the age of 13. Some of these funds should be combined with prevention and after-school resources.

*Michele Carmichael:* Children and adults and the way we work with them are very different. We must point out the differences in our report and maybe add another section.

*Joseph Antolin:* \$34 is spent on every senior served and it's not enough of an investment. Another issue in juvenile justice is that the counties work without any connection to what the state is doing. For sexual assault and domestic violence, IVPA and the Attorney General get involved and directly fund services due to inadequate spending. This is counter-productive.

*Jonathan Lavin:* The Older American Act stresses the need to connection to assistance networks.

*Maria Pesqueira:* Sexual assault services are also provided to family members of survivors in Illinois, which is funded by ICASA.

*Nancy Ronquillo:* The child welfare system also includes intact family services. The system is more than just children in care. We should add a separate bar with those numbers because it includes many families. We should also include an initiative for strengthening families.

*Mary Ellen Caron:* Youth involved in the system have other needs, such as youth employment and after-school program participation, and we need to focus on those and not just deviant needs.

*Soo Ji Min:* Young parents are sometimes still viewed as youth but are also parents to young children, which puts them in a special position.

## **Rehabilitative Services**

*Barbara Otto, Health and Disability Advocates*

This section is a lot more complex than the slides indicate, especially because healthcare reform could change how we look at funding of these services. The numbers in these slides are also subject to change.

*Stephanie Schmitz, Roosevelt University*

### Key Programs

These programs mix children and adults because they are grouped by service and agency and not population.

The Home Services program, which covers people under 60 who need community and home-based support, is the largest in numbers and funding. It uses federal funds, most from Federal Medicaid match, and is operated under a waiver. Waivers will change across the country because of healthcare reform and could allow the State to streamline waivers.

Intermediate Care Facilities for the Developmentally Disabled are mostly for children with developmental disabilities. The state has to look more at how to integrate these services.

### Populations Served

The Home Services Program and Community Integrated Living Arrangements Programs are two of the largest in the nation and serve about 42,000 people combined.

*Barbara Otto, Health and Disability Advocates*

### Key Issues

We need to think about how we fund our services. The expenditure in the Home Services category is less than what we pay for facility-based care when you look at spending per capita.

There will be much more of an emphasis from federal level on building home and community services.

There is a high turnover for support staff because wages are very low for people in community-based agencies.

There are many age-related transition issues, such as aging out of children's programs. Many children are lost in youth transition.

We should take a look at how healthcare reform will impact services. We might be able to streamline funding and use money more effectively. We need to take advantage of federal funds for home and community-based services.

### Questions and Comments

*Art Dykstra:* The system's complexity in this section is understated. It seems to me that the commission has a very weak management information system. There are a lot more key issues to be entered in this report but we need additional direction on where to place boundaries. For instance, the report does not mention the growing number of people with fetal alcohol spectrum disorder.

*Barbara Otto:* The second draft of the report and recommendations section will go deeper into other key issues.

*Stephanie Schmitz:* Information technology issues are an infrastructure problem for the entire state. We didn't have time to mention pilot programs such as DHS' Open Door Program, which uses technology and new ideas to address many of these issues. Including promising practices would be helpful in the next draft.

*Shawn Jeffers:* Autism is not referenced in the section. There seem to be two places where the State makes a serious investment in bricks and mortar structures. These structures are aging and over time they will just continue to cost.

*Renee Morrissette-Thomas:* This section needs to include information on PTSD and traumatic brain injuries.

*Barbara Otto:* That information was included in an early draft but it was moved to the Employment section.

### **Criminal Corrections System**

*Veronica Cunningham, Safer Foundation*

We are looking forward to drafting the second report because we can talk about the impact of corrections on society as a whole, particularly the impact on families and children.

### Key Programs

The Adult Community Placements program is the community placement programs serving parolees in the State.

The Day Reporting program uses graduated sanctions and progressive discipline.

The Case Management program involves the day-to-day supervision of people on parole for a smooth re-entry.

### Key Issues

The focus needs to be shifted away from detainment and on equipping ex-offenders to re-enter society. Most people in prison are there for non-violent and property crimes and we need to focus on getting them on track.

More attention needs to be paid to prevention, diversion and after-care programs.

### Questions and Comments

*Nancy Ronquillo:* How many releases are made per year? Can we include a breakdown by gender and the number of children born to people who are incarcerated?

*Gladys Taylor:* 28,000 adults are released annually. We don't yet have numbers for youth but there are currently 2,000 youth on after-care status.

*Diane Williams:* Most individuals are incarcerated for less than a year. We will embed numbers and data in the next draft.

*Nancy Ronquillo:* The next draft should include the average cost of incarcerating a youth and incarcerating an adult.

*Secretary Michelle Saddler:* It costs \$85,000 for a juvenile to be detained.

*Gladys Taylor:* It costs \$18,000 for an adult to be detained.

## **Employment**

*Jonathan Lavin, AgeOptions*

### Key Programs

The programs highlighted are integrated well into the Criminal Corrections System section.

The Vocational Rehabilitation program is mostly federally funded.

Title V Employment is part of a larger program within the Department of Labor.

*Barbara Otto:* We should add here that there are significant supportive employment programs provided under waivers that were captured under Medical Assistance and Mental Health. This slide does not include developmental disability and mental health programs.

### Populations Served

Job Preparation serves 124,000 individuals.

The number of individuals served by Title V Employment was doubled by ARRA and was sustained under the Older Americans Act, but it fluctuates.

### Key Issues

*Barbara Otto:* Another key issue is that under the Money Follows the Person Grant, they added an employment benchmark in the grant that means the state will then be eligible for service match 16 percent above our usual match. Instead of a 50/50 match, we get 66 cents on the dollar.

### Questions and Comments

*Joseph Antolin:* Will the next draft have the TANF-related, recovery-related and DCEO programs?

*Jonathan Lavin:* Their omission has something to do with how the Executive Order defines human services and states which agencies are involved.

*Ngoan Le:* We included the description of the DCEO employment programs in the appendix.

*Joseph Antolin:* The DCEO programs are an anchor for youth employment and summer jobs and both federal and state monies flow through them. It's difficult to not acknowledge it.

*Diane Williams:* One problem is that we are looking at individual components but when we add them up we won't have a complete picture. How do you know where to invest if it's not a complete picture?

*Maria Whelan:* We must acknowledge the impact of poverty on employment and identify some of these issues as fundamental. We need to include this as an overarching theme.

*George Jones:* Federal programs are not included in this draft and they should be.

*Diane Williams:* There should be a discussion of investments in families.

### **Educational Support Services**

The Commission ran out of time to address this section.

### **DRAFT REVISION PROCEDURES**

*Jill Baldwin, Donors Forum*

We have been keeping track of additions and suggestions but we have a short window to make revisions. Commissions should have received a response form memo with instructions. Please type into the Word version to tell us whatever else is unclear or missing. I have noted that many statements of need are not yet quantified and many comments are too anecdotal and not data-driven. As you address gaps, please remember to use your resources and the work you have in stating in exact wording what you want to see added to the report. If you submitted comments that that were not insertion ready, they were added to a tracker.

Please send your comments to me by Saturday, May 15.

### **CONCLUSION**

*Ngoan Le, Chicago Community Trust*

We hope to wrap up this baseline report quickly at the next meeting so we can spend time discussing next steps and critical issues.

*Greg Wass, Governor's Office*

In the next phase, it will be very important to know that the State has been working on the framework initiative. I will plan to present at the next meeting or in a webinar.

*Ngoan Le, Chicago Community Trust*

At the June 8 meeting, we would like to use the first half to wrap up the report and use the second half to talk about actions the state has taken to improve the system and how to carry out the second phase of our work.