Performance-Based Contracting Implementation Plan

2011

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Illinois Department of Human Services

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I. Introduction and Overview

IDHS recognizes and values the importance of measurement and performance based contracting as a way to safeguard the taxpayers' investment and to ensure transparency and accountability in public services. Performance Based Contracting (PBC) is a key management strategy in the larger Budgeting for Results paradigm shift for the State of Illinois. The statutory framework for Budgeting for Results specifically requires that performance measures are incorporated in every state contract by SFY13. IDHS has prepared this Performance Based Contracting Implementation Plan at the request of Senator Kotowski and in furtherance of the" Budgeting for Results" process.

The almost 6,000 contracts to over 1,600 providers across hundreds of programs with diverse funding requirements and numerous data tracking systems create a daunting challenge for PBC implementation at IDHS. Despite this challenge, IDHS has already moved to fee for service in many of its contractual arrangements and has increasingly incorporated evidenced based and national indicators of performance and outcomes. Fee for service contracts, as well as the implementation of utilization management in substance abuse and mental health services, represent significant advances towards PBC and greater accountability.

In fact, the Division of Alcohol and Substance Abuse (DASA) is already in its third year of PBC implementation. Other programs and Divisions are at different stages, and have varying levels of capacity, including the IT infrastructure, to implement PBC. The report provides a snapshot of where IDHS is today relative to Performance Based Contracting across all six divisions and presents a plan for how it will move forward in the implementation of stronger performance measurement and monitoring in all of its future contracting.

II. Methodology

IDHS approached the task of putting together this implementation plan by building on the information that had already been collected as part of the strategic planning of the agency and as part of the Budgeting for Results template tasks completed for GOMB. Last fall, IDHS began conducting an assessment of the numerous databases, data collection methods, and performance and outcome measurement data collected by programs in each Division. GOMB's Template I required IDHS to provide information on the funding sources for each appropriation line and on the program goals and descriptions. Template 2 asked about performance metrics and reporting requirements for each program area. IDHS further modified Template 2, to identify the contract type, how the data was collected and how it was used (e.g., was the data used for contracting decisions). The Division grids under section IV, Moving Forward, represent a one page compilation of these various sources of data.

The information collected was further supplemented through in-depth discussions with performance and budget staff at each Division. The narrative and data presented herein was informed by these discussions as well as all of the documentation submitted through various templates and forms.

III. FY12 Community Service Agreements (CSA) Improvements

Responding to the sense of urgency to move Budgeting for Results forward within IDHS and capitalizing on the FY12 provider contract process (CSAs), the Department was able to make some changes that will greatly improve alignment with PBC goals. IDHS issued FY12 CSAs that will be amended on November 1st to better reflect federal and state financial reporting requirements. The Department has been working intensively with our community partners to produce a document that is clear and comprehensive. This four month window gave IDHS an opportunity to make the following changes for this fiscal year:

- Drafted and incorporated a separate article in the FY12 CSA dealing specifically with Performance Reporting requirements
- Will standardize exhibits across all contracts, so there are designated documents attached to the contract which clearly specify deliverables, performance measures, and/or performance standards.
- Will include Exhibit B, which lists specific performance measures, in every FY12 Community Service Agreement. Performance measures will no longer be incorporated via reference to a program manual, but explicitly identified in the Exhibit.
- Exhibits pertaining to deliverables, performance measure reporting (and performance standards, if applicable) will be included in the CSA Tracking system making them electronically accessible in a centralized database.

IDHS will revisit these contract elements in preparation for the FY13 CSA process to ensure needed adjustments and improvements are implemented.

IV. Moving Forward

Given the complexity of PBS implementation for IDHS, and the multiple programs in each division, we have divided the appropriation lines into Tier 1 and Tier 2. In response to GOMB's request that IDHS prioritize higher expenditures, all appropriations above $9 million have been included in Tier 1. This represents about 20 appropriation line items. The remaining 36 appropriation lines have been designated Tier 2.

Redefining Performance and Outcome Measures for FY13 Contracts

In preparation for FY13 contracts, IDHS will continue to review, refine, and develop performance and outcome measures for every program across Tier 1 and Tier 2. Specific goals will be identified once the FY12 process is completed and we have an accurate depiction of what is included in the contracts at this time. Refined or new outcome performance and outcomes measures will be finalized in the spring in order to ensure they are incorporated in the FY13 CSA documentation. This process will include the following activities:

- Review of national and federal performance and outcome indicators
- Identification evidence/research based indicators
- Consultations with our philanthropic partners to identify common outcomes and standard indicators which would facilitate reporting by providers with multiple sources of funding.
- Collaborative planning and discussions with our provider partners
- Identification of relevant measures used in other state's performance dashboards

Strategic Planning for PBC Implementation

In addition to identifying improved performance and outcome measures for inclusion in FY13 contracts, IDHS proposes to engage in a more intentional and intensive strategic planning process to implement PBC in an efficient and meaningful way. Building on the experience and lessons learned by DASA's PBC implementation process during the last 3 years, the Department will undertake the following activities:

- Define the Program Logic Model - Where appropriate, IDHS will work collaboratively with our community providers to develop program logic models which will assist in clarifying the purpose of the program, the resources available to implement the program, the actual activities and the outcomes for the program. The program logic model is a useful tool for clarifying the purpose of the program across multiple stakeholders and generating outcome measure that are logically tied to available resources and activities. Developing program logic models is also consistent with the process we understand that GOMB will be implementing as well. Target Completion Date: Jan/Feb 2012

- Develop indicators of performance and outcomes - As the program logic model is clarified and finalized, specific indicators of performance and outcomes will be generated. This is the actual formula or unit of measurement to document the performance or outcome. Target Completion Date: Feb/Mar 2012

- Collaboration with partners - Collaborate with our Program, Division and Departmental Advisory Groups, such as the Social Services Advisory Council, to identify strong performance and outcome measures and roll out strategies to facilitate implementation, including the feasibility of pilot testing with a small group of providers. Other key stakeholders include foundations, professional and advocacy organizations and community providers. Target Completion Date: Ongoing

- Revision of Performance and Outcome Measures for FY13 Contracts & Program Specific PBC Plans - Much can be accomplished with a clear definition of the program and explicit performance and outcome indicators. These performance and outcomes measures can be readily included in exhibits that are incorporated into the CSA document for FY13. However, in addition to strategic communications and intensive collaboration with our community partners, it will be necessary to address issues of capacity in terms of IT/data systems, quality assurance and performance monitoring. Programs may need to develop a more tailored PBC plan. Target Completion Date: *FY13 CSA exhibit revisions* –Apr/May 2012. *Program Specific PBC Plans* – June 2012.

As the information below will illustrate, capacity, both technological and human, will need to be addressed to ensure the success of PBC implementation. The process outlined above will be prioritized for Tier 1 appropriation lines in FY12. The same process will begin for Tier 2 appropriation lines in the following year.

PBC by Division – General Assessment & Future Directions

Specific information for each Division is presented below grouped by general IDHS outcome area. The narrative introduction provides some context and highlights for the grids, which are organized following

the general format of the program logic model, and provide additional information regarding contract type, collection methods and target for PBC implementation.

The division grids list the state appropriation line item, starting with the largest appropriation on the first row. The state appropriation line item, rather than program name, was selected because it appeared to address the greatest concerns regarding transparency and accountability and would be the best way to connect the investment with the outcomes. Our current state budgeting structure does not really permit a one to one correspondence between programs and line items. A line item may fund multiple programs/initiatives and a program may have multiple sources of line item funding. Although programs within a line item may vary in the way they collect information and the actual performance and outcome measures, we have included information that is generally true for most of the investment under that line.

Each of the columns represents an essential planning element for PBC implementation and the categories are defined as follows:

- LINE ITEM: Lists the line item as it appears in the appropriation
- TYPE OF CONTRACT: FS/FR – Designates fee for service (Medicaid) or fixed rate structure.
  Grant – Designates a grant
  N/A – Services are provided by the State; no contractual relationship.
- INPUTS: Includes the resources available to implement program activities, for the purposes of this plan, only the GF$, OSF$ and FF$ are listed.
- OUTPUT/ Population & Sites: Checked if the programs collect and report data on customer characteristics, the locations where the service takes place, population reach, etc.
- OUTPUT/ Process & Quality: Checked if the programs collect and report data related to service activities (e.g., number, duration, dosage, etc.) and /or quality of the service (e.g., error rates, certified providers, customer satisfaction, etc.)
- OUTCOMES Checked if the programs collect and report data related to the effect of the service on the customer. These are indicators of the benefit to the customer in terms of improvements, changes or reductions in attitudes, access, behavior, skills, capacity, etc.
- IMPACT Checked if the programs collect and report data on the trends or changes at the societal, regional or statewide level.
- COLLECTION METHODOLOGY Describes the current method for collecting the data.
- PBC TARGET When services are contracted, it lists the designation of the program as Tier 1 or Tier 2. Tier 1 programs are the priority for FY12.

CONCLUSION

IDHS looks forward to working in partnership with our community providers, the Governor's Office and the legislature to improve how quality, performance and outcomes are documented and monitored on behalf of Illinois residents. Enhancing transparency and accountability will go a long way towards maximizing state investments in the public human service infrastructure that many vulnerable residents across the state depend on for their stability, well-being, and advancement.

OUTCOME: RECOVERY AND RESILIENCY

Division of Alcohol and Substance Abuse (DASA)

DASA is in its third year of Performance Based Contracting (PBC) implementation with its network of 145 providers. All alcohol and substance abuse services contracted through DASA are on a fee for service (Medicaid)/fixed rate (Non-Medicaid eligible) basis, therefore payment is based on services rendered and contracts are monitored using performance data collected from providers. Utilization management (UM) was implemented in FY11 to further monitor costs for the most expensive level of care (III.5 or residential) such that authorization is required and justified only in cases where medical necessity is established and documented.

DASA has adopted the National Outcomes Measures (NOMs) framework to guide the identification and measurement of performance and outcomes. Performance is measured in the areas of Engagement, Retention and Continuity of Care. Outcome measures are collected and reported including data on clients' employment, criminal justice involvement, housing stability, alcohol and other drug use, and social connectedness.

DASA's PBC implementation utilizes the Department's Automated Reporting and Tracking System (DARTS), a legacy service billings database, to manage both performance and payments. Community providers prepare case level data in a specific formatted file which is then sent electronically via FTP to the DARTS database on a monthly basis. Once there, it is extracted by MIS staff (depending on their job list, this step can take 4-6 weeks) and provided to DASA staff in a format that will permit the preparation of the quarterly Performance Dashboard. The Dashboard includes baseline, targets, and actual quarterly and cumulative performance for each performance area by provider, region and statewide totals. The quarterly Performance Dashboard has been successful in providing objective data for service monitoring and evaluation to both DASA and individual providers. DASA has worked intensively with community providers in PBC implementation over the past 3 years, and will continue working with them in the improvement and refinement of the PBC process. DASA's processes, structures, and lessons learned will inform PBC implementation across all IDHS programs.

ALCOHOL AND SUBSTANCE ABUSE										TOTAL GRF: $101,331,000
LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Addiction Treatment Services /non-medicaid	FS/FR	$46,579	$8,612	$83,215	X	X	X		Case File Data to DARTS via FTP	PBC Done
Addiction Treatment Services /medicaid	FS/FR	$42,604	$0	Medicaid	X	X	X		Case File Data to DARTS via FTP	PBC Done
DCFS Clients	FS/FR	$7,642	$0	$0	X	X	X		Case File Data to DARTS via FTP	PBC Done
Addiction Treatment - Special Populations	FS/FR	$4,506	$0	$0	X	X	X		Case File Data to DARTS via FTP	PBC Done

Division of Mental Health (DMH)

DMH has made great strides in the past few years in working with providers and other stakeholders to explicate its vision of recovery as the expected outcome of mental health treatment and to build the infrastructure for community based mental health services for children and adults. These services are provided through contracts with over 160 community mental health centers/Individual Care Grant (ICG) agencies throughout the state.

Over the last few years, DMH has been committed to strengthening accountability, efficiency, and monitoring of the community mental health services by implementing 5 key initiatives: 1) prior authorization; 2) utilization management; 3) a Fee-For-Service payment mechanism and 4) implementation and use of a web-based information system to collect data that serves as the basis for decision support, and 5) working with the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) and other states to define and report National Outcome Measures (NOMs).

DMH implemented a prior authorization process for two of its most intensive and expensive services several years ago. Prior authorization assures that there is a systematic review of continued need for these services. In FY11, DMH added to this effort by establishing a Utilization Management program for several services. Utilization management ensures that the appropriate level of care is provided consistent with medical need, therefore controlling costs maximizing available resources

DMH utilizes an enterprise level web-based information system to capture demographic, clinical and claims information for consumers for whom services are purchased. The data produced from this system provides the basis for monitoring service delivery and will provide the basis for performance based contracting as DMH moves forward with this initiative. DMH has, and continues, to participate in a number of National initiatives to define mental health performance measures focusing on the following domains: access to care, appropriateness and quality of treatment, treatment outcomes and efficiency of care. Although some measures are developmental, the DMH expects the further refinement of measures during the next year. DMH will build on this work as it continues to move forward in its work on performance based budgeting. In recent months, DMH has been conscientiously exploring PBC as a way to further enhance its recent advances in accountability, service and cost monitoring. DMH will be moving more aggressively this year to work intensively with its provider network to identify appropriate indicators and processes for enhanced reporting and performance based budgeting.

MENTAL HEALTH										TOTAL GRF: $222,716,000
LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Mental Health Grants*	FS/FR	$114,201	$0	Reimb. In Part	X	X	X		Web-based to IDHS/DMH Database	Tier 1
Mental Health Children & Adolescent Grants	FS/FR	$28,722	$0	$4,341	X	X			Web-based to IDHS/DMH Database	Tier 1
Mental Health Individual Care Grants	FS/FR	$23,349	$0	Medicaid	X	X			Web-based to IDHS/DMH Database	Tier 1
Mental Health Community Transitions*	FS/FR	$22,679	$0	$0	X	X			Web-based to IDHS/DMH Database	Tier 1
Mental Health Supportive Housing*	FS/FR	$20,359	$0	$0	X	X			Web-based to IDHS/DMH Database	Tier 1
Transition Tinley Park MHCS	N/A	$10,682	$0	$0	X				IDHS Database	N/A
Mental Health Psychotropic Drugs	FS/FR	$1,980	$0	$0	X				Web-based to IDHS/DMH Database	Tier 2
Mental Health Transportation	FS/FR	$743	$0	$0	X				Paper reports to IDHS/DMH	Tier 2

OUTCOME: COMMUNITY INTEGRATION & INDEPENDENCE

Division of Rehabilitation Services (DRS)

The Division of Rehabilitation Services (DRS) contracts with community based organizations to support integration and independence for people with disabilities. Some of the programs include the Home Services Community Reintegration Program which provides services and support to individuals transitioning from a nursing facility back into the community; independent living programs which provide skills training to maximize the leadership, empowerment, independence and productivity of individuals with disabilities; and vocational rehabilitation programs to provide a wide range of services designed to help individuals with disabilities prepare for and engage in gainful employment consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. The Home Service and Independent Living programs are structured as a fee for service.

In terms performance, DRS tracks several indicators including customer characteristics, population reach, and service provision elements. It also collects information to demonstrate compliance with new federal requirements dealing with eligibility and timely provision of services. Integration into the workforce and into the community are core outcomes for DRS and thus, it measures attainment of competitive employment (total number and percentage increase), rehabilitation rate and number of persons moved out of nursing facilities as key indicators.

REHABILITATION SERVICES										TOTAL GRF: $590,223,000
LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Home Services Program*	FS/FR	$573,489	$0	Medicaid Reimb.	X	X	X		WebCM Database	PBC Done
Case Services To Individuals	FS/FR	$9,418	$0	$46,110	X	X	X		WebCM Database	Tier 1
Independent Living Centers	FS/FR	$4,476	$0	$2,000	X	X	X		Excel File	PBC Done
SSI Advocacy Services	N/A	$1,351	$0	$818	X	X	X		IDHS Database	N/A
Community Reintegration Program	FS/FR	$1,329	$0	$0	X	X	X		WebCM Database	PBC Done
Independent Living Older Blind	N/A	$141	$0	$245	X	X	X		IDHS Database	N/A
Case Services Migrant Workers	FS/FR	$20	$0	$159,993	X	X	X		WebCM Database	PBC Done

Division of Developmental Disability (DDD)

The purpose of state-funded support services for persons with developmental disabilities is to maximize informed choice in person-centered services/supports and to facilitate independent living. Community based organizations are vital in linking these individuals to local supports and opportunities for major life skill building that will ultimately result in preventing unnecessary institutionalization and promoting continued participation in community life.

A couple of years ago, DDD began implementing the "Grant Conversion Project" aimed at converting services from programs that were 100% state funded to become eligible for Federal Matching Funds. Out of 153 community providers, representing over 385 programs, 113 organizations have taken part in the conversion project to date, which has brought about $28.5 million in federal matching funding to the state. Like other divisions at IDHS, the DDD has therefore moved significantly towards Fee for Service/Fixed Cost contractual arrangements with its providers. As a result, organizations are only paid for the services they have provided to individuals.

Across almost all service contracts in the division, providers submit customer and service data monthly through the Reporting of Community Services (ROCS) database. Currently, the division can provide basic output data related to client numbers, units of service, and movement from residential to community based settings. The main Developmental Disabilities Grants appropriation line also includes funding for the Long Term Care/Intermediate Care Facilities (ICFDDs), however, there is no contractual relationship with IDHS. These intermediate care facilities are regulated by the Department of Public Health and submit their financial reporting to HFS for direct payment (through MMIS).

The three Medicaid waivers - children's support waiver, children's residential waiver, and adult waiver- have dramatically increased federal resources, maximized state funding and provided an opportunity to collect additional performance measures. Great emphasis has been placed on the Medicaid waiver performance measurements required by the Federal government and to date, about 47 indicators of performance in the areas of administrative authority, level of care, qualified providers, service plan development, participant safeguards, and financial accountability, have been developed. Some of these measures are collected across waiver programs for 100% of the providers. Data for the majority of the measures is collected through random sample quality reviews conducted by the division's Bureau of Quality Management. The following programs are included in the quality reviews:

- Home and Community Based Waiver
- DCFS Community Integrated Living Arrangements
- Children's Group Home (DD Grants and Long Term Care Appropriation Line)
- Fiscal Intermediary (DD Grants and Long Term Care Appropriation Line)
- Individual Service and Support Advocacy (DD Grants and Long Term Care Appropriation Line)

Now that waivers have been secured and appropriate waiver performance measures have been selected to comply with federal reporting, DDD will be turning its attention to greater definition and refinement of relevant performance and outcome measures across all programs.

DEVELOPMENTAL DISABILITIES										TOTAL GRF: $806,800,000
LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Developmental Disabilities Services and Long Term Care*	Mostly FS/FR	$779,760	$129,415	Medicaid Reimb In Part	X	X			Mostly System File to FTP & Excel file emailed	Tier 1
Developmental Disabilities Transitions*	FS/FR	$10,948	$0	Medicaid	X	X			System File to FTP & Excel file emailed	Tier 1
Special Services	N/A	$8,063	$0	$0	X	X			IDHS Databases	N/A
Project For Autism	Grant	$4,366	$0	$0	X	X			System File to FTP	Tier2
DCFS Community Integrated Living Arrangements	FS/FR	$2,288	$0	Medicaid	X	X			System File to FTP	Tier 2
Home & Community Based Waiver	FS/FR	$506	$0	Medicaid	X	X			emailed, & FTP via ROCS Database	Tier 2
ARC of IL Life Span Project	Grant	$402	$0	$0	None				None	Tier 1
Best Buddies	Grant	$371	$0	$0	X				System File to FTP	Tier 2
Living Skills	Grant	$96	$0	$0	X	X			Excel File	Tier 2

OUTCOME: PREVENTION AND BASIC SUPPORTS

Division of Community Health and Prevention (DCHP)

The Division of Community Health and Prevention (DCHP) recognizes Illinois' communities as its most significant partners in prevention and has developed strong collaborative relationships with the goal of strengthening the local infrastructure of supports and promoting the well-being of children, youth and families across the state. The Division is unique in administering over 60 programs, primarily through grants to local community-based organizations in the areas of 1) Prenatal and Family Support Services, 2) Early Childhood Development and Intervention and 3) Positive Youth Development and Intervention.

CHP is distinct from other IDHS divisions in several ways. The division has the least number of "Fee for Service/Fixed Rate" contractual agreements and relies heavily on grant arrangements with community providers. However, due in part to the federal funding component in many of its programs and its community orientation, CHP actively participates in program evaluation and has incorporated strong federal and evidence based indicators to measure performance and outcomes. Moreover, CHP also tracks several state level impact measures (i.e. rate of infant mortality in the State) to gauge the effect of state funded initiatives and identify any changes in trends.

Family Case Management (FCM), Early Intervention (EI) and Redeploy Illinois are good examples of evaluation and performance measurement activities within the division. Ten consecutive annual program evaluations have shown that costs are reduced and the health status of infants born to Medicaid-eligible women who participated in both WIC and FCM has been significantly better than that of infants born to Medicaid-eligible women who did not participate in either program. As part of its annual performance report, the Early Intervention (EI) Program provides statewide and local data on federally required performance measures, which include child and family outcomes, timeliness and settings for services, rates of participation in the program, and transition. Redeploy Illinois pilot site evaluations have demonstrated their success by diverting approximately 400 youth from commitment to the Illinois Department of Juvenile Justice, at a significant cost savings to the state.

In addition to evaluations and performance measurement, CHP has begun to develop very specific program standards and quality assurance review tools, important elements in promoting accountability for state investments. For example, the Teen Reach program (Youth Services Appropriation Line) has about 7 program standards defining acceptable performance on measures such as who is served, how many days services are provided, guidelines for youth employment, and estimated cost per youth, e.g., "a minimum of 85% youth served will be between the ages 11 to 17." Teen Reach programs have to report at least quarterly on most program standards which allows for close monitoring of performance and corrective action where needed. On site quality assurance reviews that include standardized review tools (administrative, financial, clinical, and chart based) are conducted regularly and support the development of improvement plans when necessary.

Over a dozen data systems spread across the different programs require CHP performance staff to manage multiple databases in order to produce uniform performance reports. Cornerstone and e-Cornerstone facilitate some of the data collection, but overall the current IT infrastructure is insufficient to handle the multiple reporting demands in an efficient manner. Despite these challenges, the division has been able to generate useful performance, outcome and impact data, and to improve grant program monitoring and accountability. Moving forward, CHP will engage its community partners in defining logic models for its programs and continue refining its performance and outcome measures.

COMMUNITY HEALTH & PREVENTION — TOTAL GRF: $194,207,000

LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Early Intervention Program	FS/FR	$75,942	$160,000	$0	X	X	X	X	Excel file via Webmail & Cornerstone	PBC Done
Infant Mortality	FS/FR	$38,549	$0	$0	X	X	X	X	Cornerstone	PBC Done
Domestice Violence Shelters	Grant	$18,775	$0	$0	X	X	X		InfoNet - IL Criminal Justice Info Auth.	Tier 1
Comprehensive Community Services	Grant	$11,507	$0	$0	X	X	X		e-Cornerstone (Web-based)	Tier 1
Healthy Familes- Grants	Grant	$10,022	$0	$0	X	X			Cornerstone	Tier 1
Youth Programs	Grant	$8,217	$0	$0	X	X			e-Cornerstone (Web-based)	PBC Done
Parents Too Soon	Grant	$6,870	$0	$0	X	X	X	X	Excel File via Email	PBC Done
Community Services	Grant	$5,940	$0	$0	X	X			Excel File via Email	Tier 2
Rape Victims/Prevention Act	Grant	$4,660	$0	$0	X	X			InfoNet - IL Criminal Justice Info Auth.	Tier 2
Intensive Prenatal Perform Pro	Grant	$3,465	$0	$0	X	X	X		Cornerstone	Tier 2
Homeless Youth Services	Grant	$3,227	$0	$0	X	X	X		Ansell-Casey & e-Cornerstone	Tier 2
Addiction Prevent Related Service	Grant	$2,636	$1,050	$24,309	X	X			SAPP On-track web-based system	Tier 2
Redeploy Illinois	Grant	$2,485	$0	$0	X	X	X	X	Paper now, but soon web-based via ICJIA	Tier 2
Teen Parent Services	FS/FR	$1,418	$0	$0	X	X	X		Cornerstone	PBC Done
Family Planning Contraceptive	Grant	$495	$0	$9,000	X	X	X		Ahler's data system (web-based)	Tier 2

Division of Human Capital Development (HCD)

The Division of Human Capital Development (HCD) provides basic supports to ensure the availability of a safety net for the most vulnerable populations throughout the State of Illinois. Division programs are also designed to help families maintain or attain economic independence through a range of work support services. Program services are provided in the following areas: 1) Cash assistance; 2) Food and Nutrition; 3) Employment and Training Supports; 4) Homelessness and Housing Assistance; 5) Refugee and Immigrant Integration; 6) Child Care; 7) Title XX Social Services Block Grants; and 8) the administration of the medicaid program.

Many of HCD's contractual relationships are Fee for Service/Fixed Rate. Notable contracts include the Child Care and Employment and Training programs. Child care has a network of about 170 providers and payment is made based on the actual number of children served. Much of the client characteristic, service provision, and outcomes data is collected via case data files submitted to the Child Care Tracking System (CCTS). Additional measures on provider qualification and quality of care is collected to ensure compliance with federal requirements.

Employment and Training programs, also Fee for Service/Fixed Rate contracts, have robust output measures including customer and service provision characteristics. Moreover, there are key outcome measures collected from providers including the number engaged in work or work training (other countable) activities for at least 30 hours, job retention, and the number of unsubsidized employment placements .

The only programs to have a web-based system are the Homelessness Prevention, Emergency and Transitional Housing, and Emergency Food. Community providers are able to input their monthly service information directly on the web application which allows HCD to produce informative dashboard type reports with performance and outcome data. In addition to performance monitoring, the data is also available for additional trend and comparative analysis by reporting period, by provider and by region. This system is one of the best practice examples for performance monitoring within the agency.

Immigrant Integration and Refugee programs have both performance and specific outcome measures, such as number of citizenship applications completed. There has been a great deal of work completed to incorporate performance standards across a range of employment, cultural adjustment, outreach, and mental health services to immigrants, e.g., "annually, 65% of the clients served in the English Language Training will successfully complete the program." Most of this data is collected via paper reports and excel files via email.

HCD has probably the most diverse performance management systems, from paper reports sent via mail/faxed, to legacy databases which require MIS intervention to manipulate, to web-based food and homelessness which can produce uniform dashboard reports in real time. The largest GRF investment for this division is Child Care, and the Bureau already has a draft program logic model which will be refined in the next few months. The Bureau and its community partners have a strong commitment to delivering high quality child care services and the statewide emphasis on early childhood development will support the ongoing work to strengthen our performance and outcome data in this area.

HUMAN CAPITAL DEVELOPMENT										TOTAL GRF: $432,484,000
LINE ITEM	CONTRACT TYPE	INPUT			OUTPUT		OUTCOMES	IMPACT	COLLECTION METHODOLOGY	PBC TARGET
		GF$	OSF$	FF$	Population/Sites	Process/ Quality				
Child Care Services	FS/FR	$281,851	$0	$619,698	X	X			Case File to Child Care Tracking System (CCTS) & Excel/Quattro Pro via email	Tier 1
Temporary Assistance to Needy Families	N/A	$93,696	$0	$0	X	X			IDHS Databases	N/A
Aid to Aged Blind of Disabled	N/A	$30,210	$0	$0	X	X			IDHS Databases	N/A
Employability Development Services	FS/FR	$7,997	$0	$0	X	X	X		Paper Reports mailed/faxed	Tier 2
Immigrant Integration Services	Grant	$6,930	$0	$0	X	X	X		Paper Reports and Files via Email	Tier 2
Emergency & Transitional Housing	Grant	$4,384	$0	$0	X	X	X		Web-Based	PBC Done
Food Stamp Employment & Training	FS/FR	$3,842	$0	$5,860	X	X	X		Paper Reports mailed/faxed	Tier 2
Homeless Prevention	Grant	$1,485	$0	$0	X	X	X		Web-Based	PBC Done
Refugees (Cash Assistance)	N/A	$1,174	$0	$0	X	X	X		IDHS Databases	N/A
Children's Place	FS/FR	$488	$0	$0	X	X			Paper Reports mailed/faxed	Tier 2
Refugee Social Services	Grant	$220	$0	$0	X	X			Paper Reports and Files via Email	Tier 2
Emergency Food Program	Grant	$210	$0	$0	X	X	X		Web-Based	PBC Done
Crisis Nurseries	FS/FR	$0	$0	$632	X	X	X		Paper Reports mailed/faxed	Tier 2