

## Appendix I: Glossary

**Activity** – An individual, discrete action by state government to accomplish a goal or objective. For the citizen, “What is the State doing, for whom, and does this accomplish something that is both valuable and needed?”

**Agency** – State agencies, departments, boards and commissions.

**Budgeting for Results (BFR)** – Also known as Budgeting for Outcomes (BFO), results budgeting, or results-based budgeting, as developed by the Public Strategies Group<sup>1</sup>. BFR begins by identifying the resources available in the coming fiscal year rather than the resources that are needed, as is done with incremental budgeting. BFR is built around a set of strategic priorities. These priorities are expressed in terms of the results or outcomes that are of value to the public. BFR asks three basic questions: what priorities matter to our citizens; given the revenue we have, how much should we spend to achieve each priority; and how can we best deliver on each priority outcome that citizens expect?

**Causal Factor** – Something that contributes to the achievement of a priority (or prevents it from happening). It should be based on evidence (research, experience, logic). It does not need to be something that government in general - or the jurisdiction - is responsible for, or has control over. Causal factors are presented visually as a "cause and effect map" showing their connection to the priority.

Examples:       Economic stability of the community  
                    Effective response to incidents of crime, fire, natural disaster  
                    A fair, timely justice process

**Commission** – The Illinois Budgeting for Results Commission.

**Crowdsource** – In this context, the practice of soliciting the labor, skills, information, etc. of a large group of people from inside and outside government to obtain services, ideas, or content.

**Goal** – See Result Area.

**GOMB** – The State of Illinois Governor’s Office of Management and Budget.

**Incremental Budgeting** – Traditional budgeting, in which each year’s budget is based incrementally on the previous year’s spending.

**Indicator** – A key metric, measurement or index that provides the best evidence to the observer that a goal, outcome or priority is being achieved.

**Input** – A measure of the number of resources, factors or funding used for an activity, such as the number of full-time staff that support a program. Input measures are not sufficient for measuring results, but are useful in Logic Models; for more, see Outcome and Output.

**Logic Model** – The process of conceptualizing a program and displaying it visually, to achieve a better understanding of how a program works. Logic models are a good way to show the relationships among

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<sup>1</sup> See <http://psg.us/resources/osborneletterbfoupdate.html> for more on Budgeting for Outcomes; retrieved 11/1/12.

## Appendix I: Glossary

the resources needed to operate a program, the activities done, and the results achieved. They typically include columns for inputs, activities, outputs and outcomes. Logic models provide a framework for measurement, help to define what is important to measure, and typically show “if-then” sequences of actions that produce outcomes. Some of the basic questions asked in logic modeling include: Who or what is the program intended to impact? What are the direct results of program activities? What are the outcomes generated? Logic modeling identifies the components of a program and simplifies the development of performance measures.

**Outcome** – A measure of accomplishment or results achieved; used in logic modeling and performance measurement and reporting. Examples for state government include: providing informed decisions on behalf of indigent, vulnerable citizens with disabilities who have no family; ensuring that wards of the state have access to healthcare services and placement alternatives. See also Input and Output.

**Output** – A measure of workload, such as the number of road miles resurfaced. Used in logic modeling and performance measurement and reporting. See also Input and Outcome.

**Priority Area** – The major functions and responsibilities of government. See Result Area.

**Result Area** - The highest level goal that an organization strives to accomplish. For the State of Illinois, Governor Quinn has designated seven priority areas: Government Services; Education; Economic Development; Public Safety; Healthcare; Human Services; and Quality of Natural, Cultural and Environmental Resources.

**Result Team** – Results teams include a variety of individuals who represent the public at large, and who are charged with identifying the outcomes that citizens desire. Ultimately, results teams may create “requests for offers,” rank offers based on effectiveness, and recommend the offers the entity should buy.

**Strategy** – A proven or promising approach, influence or factor in achieving goals or results.

**Strategy Map** – Also known as a Cause and Effect Map, or Causal Factor Map. A process used in BFR to identify the underlying causes or factors that affect the strategic goals of an organization and inform decisions about what investments to make to achieve those goals. This process allows decision-makers to think about which activities drive desired outcomes rather than how current activities fit within established goals.

**Appendix II: Budgeting for Results Enacting Legislation – Public Act 96-958 & Public Act 96-1529**

**Public Act 96-958**  
**(excerpt)**

Sec. 50-25. Statewide prioritized goals. For fiscal year 2012 and each fiscal year thereafter, prior to the submission of the State budget, the Governor, in consultation with the appropriation committees of the General Assembly, shall: (i) prioritize outcomes that are most important for each State agency of the executive branch under the jurisdiction of the Governor to achieve for the next fiscal year and (ii) set goals to accomplish those outcomes according to the priority of the outcome. In addition, each other constitutional officer of the executive branch, in consultation with the appropriation committees of the General Assembly, shall: (i) prioritize outcomes that are most important for his or her office to achieve for the next fiscal year and (ii) set goals to accomplish those outcomes according to the priority of the outcome. The Governor and each constitutional officer shall separately conduct performance analyses to determine which programs, strategies, and activities will best achieve those desired outcomes. The Governor shall recommend that appropriations be made to State agencies and officers for the next fiscal year based on the agreed upon goals and priorities. Each agency and officer may develop its own strategies for meeting those goals and shall review and analyze those strategies on a regular basis. The Governor shall also implement procedures to measure annual progress toward the State's highest priority outcomes and shall develop a statewide reporting system that compares the actual results with budgeted

results. Those performance measures and results shall be posted on the State Comptroller's website, and compiled for distribution in the Comptroller's Public Accountability Report, as is currently the practice on the effective date of this amendatory Act of the 96th General Assembly.

Section 25-10. The Governor's Office of Management and Budget Act is amended by changing Section 2.1 as follows:

(20 ILCS 3005/2.1) (from Ch. 127, par. 412.1)

Sec. 2.1.

To assist the Governor in submitting a recommended budget, including estimated receipts and revenue, to the General Assembly, and to consult with the Commission on Government Forecasting and Accountability, at the Commission's request, in compiling a report on the estimated income of the State, as required under Section 4 of the Commission on Government Forecasting and Accountability Act.

(Source: P.A. 76-2411.)

Section 25-15. The Commission on Government Forecasting and Accountability Act is amended by changing Sections 3 and 4 as follows:

(25 ILCS 155/3) (from Ch. 63, par. 343)

Sec. 3. The Commission shall:

# **Public Act 96-1529**

AN ACT concerning State government.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Illinois Public Labor Relations Act is amended by adding Section 21.5 as follows:

(5 ILCS 315/21.5 new)

Sec. 21.5. Termination of certain agreements after constitutional officers take office.

(a) No collective bargaining agreement entered into, on or after the effective date of this amendatory Act of the 96th General Assembly between an executive branch constitutional officer or any agency or department of an executive branch constitutional officer and a labor organization may extend beyond June 30th of the year in which the terms of office of executive branch constitutional officers begin.

(b) No collective bargaining agreement entered into, on or after the effective date of this amendatory Act of the 96th General Assembly between an executive branch constitutional officer or any agency or department of an executive branch constitutional officer and a labor organization may provide for an increase in salary, wages, or benefits starting on or after the first day of the terms of office of executive branch constitutional officers and ending June 30th of that same year.



(c) Any collective bargaining agreement in violation of this Section is terminated and rendered null and void by operation of law.

(d) For purposes of this Section, "executive branch constitutional officer" has the same meaning as that term is defined in the State Officials and Employees Ethics Act.

Section 10. The State Budget Law of the Civil Administrative Code of Illinois is amended by changing Sections 50-5 and 50-25 as follows:

(15 ILCS 20/50-5)

Sec. 50-5. Governor to submit State budget.

(a) The Governor shall, as soon as possible and not later than the second Wednesday in March in 2010 (March 10, 2010) and the third Wednesday in February of each year beginning in 2011, except as otherwise provided in this Section, submit a State budget, embracing therein the amounts recommended by the Governor to be appropriated to the respective departments, offices, and institutions, and for all other public purposes, the estimated revenues from taxation, and the estimated revenues from sources other than taxation, ~~and an estimate of the amount required to be raised by taxation.~~ Except with respect to the capital development provisions of the State budget, beginning with the revenue estimates prepared for fiscal year 2012, revenue estimates shall be based solely on:

(i) revenue sources (including non-income resources), rates, and levels that exist as of the date of the submission of the State budget for the fiscal year and (ii) revenue sources (including non-income resources), rates, and levels that have been passed by the General Assembly as of the date of the submission of the State budget for the fiscal year and that are authorized to take effect in that fiscal year. Except with respect to the capital development provisions of the State budget, the Governor shall determine available revenue, deduct the cost of essential government services, including, but not limited to, pension payments and debt service, and assign a percentage of the remaining revenue to each statewide prioritized goal, as established in Section 50-25 of this Law, taking into consideration the proposed goals set forth in the report of the Commission established under that Section. The Governor shall also demonstrate how spending priorities for the fiscal year fulfill those statewide goals. The amounts recommended by the Governor for appropriation to the respective departments, offices and institutions shall be formulated according to each department's, office's, and institution's ability to effectively deliver services that meet the established statewide goals ~~according to the various functions and activities for which the respective department, office or institution of the State government (including the elective officers in the executive department and including the University of Illinois and the judicial department) is~~

~~responsible~~. The amounts relating to particular functions and activities shall be further formulated in accordance with the object classification specified in Section 13 of the State Finance Act. In addition, the amounts recommended by the Governor for appropriation shall take into account each State agency's effectiveness in achieving its prioritized goals for the previous fiscal year, as set forth in Section 50-25 of this Law, giving priority to agencies and programs that have demonstrated a focus on the prevention of waste and the maximum yield from resources.

Beginning in fiscal year 2011, the Governor shall distribute written quarterly financial reports on operating funds, which may include general, State, or federal funds and may include funds related to agencies that have significant impacts on State operations, ~~budget statements~~ to the General Assembly and the State Comptroller. The reports ~~statements~~ shall be submitted no later than 45 days after the last day on ~~Wednesday of the last week of the last month~~ of each quarter of the fiscal year and, ~~as is currently the practice on the effective date of this amendatory Act of the 96th General Assembly,~~ shall be posted on the Governor's Office of Management and Budget's ~~Comptroller's~~ website on the same day. The reports ~~statements~~ shall be prepared and presented in an executive summary format that may include ~~includes~~, for the fiscal year to date, individual itemizations for each significant revenue type ~~source~~ as well as ~~individual~~

itemizations of expenditures and obligations, by agency ~~the~~  
~~classified line items set forth in Section 13 of the State~~  
~~Finance Act and for other purposes~~, with an appropriate level  
of detail. The reports ~~statement~~ shall include a calculation of  
the actual total budget surplus or deficit for the fiscal year  
to date. The Governor shall also present periodic budget  
addresses throughout the fiscal year at the invitation of the  
General Assembly.

The Governor shall not propose expenditures and the General  
Assembly shall not enact appropriations that exceed the  
resources estimated to be available, as provided in this  
Section. Appropriations may be adjusted during the fiscal year  
by means of one or more supplemental appropriation bills if any  
State agency either fails to meet or exceeds the goals set  
forth in Section 50-25 of this Law.

For the purposes of Article VIII, Section 2 of the 1970  
Illinois Constitution, the State budget for the following funds  
shall be prepared on the basis of revenue and expenditure  
measurement concepts that are in concert with generally  
accepted accounting principles for governments:

- (1) General Revenue Fund.
- (2) Common School Fund.
- (3) Educational Assistance Fund.
- (4) Road Fund.
- (5) Motor Fuel Tax Fund.
- (6) Agricultural Premium Fund.

These funds shall be known as the "budgeted funds". The revenue estimates used in the State budget for the budgeted funds shall include the estimated beginning fund balance, plus revenues estimated to be received during the budgeted year, plus the estimated receipts due the State as of June 30 of the budgeted year that are expected to be collected during the lapse period following the budgeted year, minus the receipts collected during the first 2 months of the budgeted year that became due to the State in the year before the budgeted year. Revenues shall also include estimated federal reimbursements associated with the recognition of Section 25 of the State Finance Act liabilities. For any budgeted fund for which current year revenues are anticipated to exceed expenditures, the surplus shall be considered to be a resource available for expenditure in the budgeted fiscal year.

Expenditure estimates for the budgeted funds included in the State budget shall include the costs to be incurred by the State for the budgeted year, to be paid in the next fiscal year, excluding costs paid in the budgeted year which were carried over from the prior year, where the payment is authorized by Section 25 of the State Finance Act. For any budgeted fund for which expenditures are expected to exceed revenues in the current fiscal year, the deficit shall be considered as a use of funds in the budgeted fiscal year.

Revenues and expenditures shall also include transfers between funds that are based on revenues received or costs

incurred during the budget year.

Appropriations for expenditures shall also include all anticipated statutory continuing appropriation obligations that are expected to be incurred during the budgeted fiscal year.

By March 15 of each year, the Commission on Government Forecasting and Accountability shall prepare revenue and fund transfer estimates in accordance with the requirements of this Section and report those estimates to the General Assembly and the Governor.

For all funds other than the budgeted funds, the proposed expenditures shall not exceed funds estimated to be available for the fiscal year as shown in the budget. Appropriation for a fiscal year shall not exceed funds estimated by the General Assembly to be available during that year.

~~(b) This subsection applies only to the process for the proposed fiscal year 2011 budget.~~

By February 24, 2010, the Governor must file a written report with the Secretary of the Senate and the Clerk of the House of Representatives containing the following:

(1) for fiscal year 2010, the revenues for all budgeted funds, both actual to date and estimated for the full fiscal year;

(2) for fiscal year 2010, the expenditures for all budgeted funds, both actual to date and estimated for the full fiscal year;

(3) for fiscal year 2011, the estimated revenues for all budgeted funds, including without limitation the affordable General Revenue Fund appropriations, for the full fiscal year; and

(4) for fiscal year 2011, an estimate of the anticipated liabilities for all budgeted funds, including without limitation the affordable General Revenue Fund appropriations, debt service on bonds issued, and the State's contributions to the pension systems, for the full fiscal year.

Between July 1 and August 31 of each fiscal year ~~February 24, 2010 and March 10, 2010,~~ the members of the General Assembly and members of the public may make written budget recommendations to the Governor, ~~and the Governor shall promptly make those recommendations available to the public through the Governor's Internet website.~~

Beginning with budgets prepared for fiscal year 2013, the budgets submitted by the Governor and appropriations made by the General Assembly for all executive branch State agencies must adhere to a method of budgeting where each priority must be justified each year according to merit rather than according to the amount appropriated for the preceding year.

(Source: P.A. 96-1, eff. 2-17-09; 96-320, eff. 1-1-10; 96-881, eff. 2-11-10; 96-958, eff. 7-1-10; 96-1000, eff. 7-2-10.)

Sec. 50-25. Statewide prioritized goals. For fiscal year 2012 and each fiscal year thereafter, prior to the submission of the State budget, the Governor, in consultation with the appropriation committees of the General Assembly and, beginning with budgets prepared for fiscal year 2013, the commission established under this Section, shall: (i) prioritize outcomes that are most important for each State agency of the executive branch under the jurisdiction of the Governor to achieve for the next fiscal year and (ii) set goals to accomplish those outcomes according to the priority of the outcome. There must be a reasonable number of annually defined statewide goals defining State priorities for the budget. Each goal shall be further defined to facilitate success in achieving that goal. No later than July 31 of each fiscal year beginning in fiscal year 2012, the Governor shall establish a commission for the purpose of advising the Governor in setting those outcomes and goals, including the timeline for achieving those outcomes and goals. The commission shall be a well-balanced group and shall be a manageable size. The commission shall hold at least 2 public meetings during each fiscal year. One meeting shall be held in the City of Chicago and one meeting shall be held in the City of Springfield. By November 1 of each year, the commission shall submit a report to the Governor and the General Assembly setting forth recommendations with respect to the Governor's proposed outcomes and goals. The report shall be published on the



Governor's Office of Management and Budget's website. In its report, the commission shall propose a percentage of the total budget to be assigned to each proposed outcome and goal. The commission shall also review existing mandated expenditures and include in its report recommendations for the termination of mandated expenditures. The General Assembly may object to the commission's report by passing a joint resolution detailing the General Assembly's objections.

In addition, each other constitutional officer of the executive branch, in consultation with the appropriation committees of the General Assembly, shall: (i) prioritize outcomes that are most important for his or her office to achieve for the next fiscal year and (ii) set goals to accomplish those outcomes according to the priority of the outcome. The Governor and each constitutional officer shall separately conduct performance analyses to determine which programs, strategies, and activities will best achieve those desired outcomes. The Governor shall recommend that appropriations be made to State agencies and officers for the next fiscal year based on the agreed upon goals and priorities. Each agency and officer may develop its own strategies for meeting those goals and shall review and analyze those strategies on a regular basis. The Governor shall also implement procedures to measure annual progress toward the State's highest priority outcomes and shall develop a statewide reporting system that compares the actual results with budgeted

results. Those performance measures and results shall be posted on the State Comptroller's website, and compiled for distribution in the Comptroller's Public Accountability Report, as is currently the practice on the effective date of this amendatory Act of the 96th General Assembly.

(Source: P.A. 96-958, eff. 7-1-10.)

Section 15. The Illinois Grant Funds Recovery Act is amended by adding Section 4.2 as follows:

(30 ILCS 705/4.2 new)

Sec. 4.2. Suspension of grant making authority. Any grant funds and any grant program administered by a grantor agency subject to this Act are indefinitely suspended on July 1, 2012, and on July 1st of every 5th year thereafter, unless the General Assembly, by law, authorizes that grantor agency to make grants or lifts the suspension of the authorization of that grantor agency to make grants. In the case of a suspension of the authorization of a grantor agency to make grants, the authority of that grantor agency to make grants is suspended until the suspension is explicitly lifted by law by the General Assembly, even if an appropriation has been made for the explicit purpose of such grants. This suspension of grant making authority supersedes any other law or rule to the contrary.

Section 99. Effective date. This Act takes effect upon

Public Act 096-1529

HB5424 Enrolled

LRB096 19267 RPM 34658 b

becoming law.

## Appendix III: Result Area Priority Statements

<b>Result Area</b>	<b>Original Result Statement</b>	<b>Results Team Recommendation</b>
<b>Economic Development</b>	Illinois' economy provides sufficient opportunities for residents to achieve economic well-being.	Illinois is able to compete successfully in a global economy in ways that support overall economic well-being.
<b>Education</b>	Illinois has a quality education system that provides equal opportunity for growth for all Illinois Students.	Illinois prepares all individuals for lifelong learning, rewarding work, and civic engagement.
<b>Government Services</b>	Illinois state government operates efficiently, effectively and transparently.	Illinois residents expect good government.
<b>Healthcare</b>	All Illinois residents have access to quality affordable health care.	Illinois has a healthy population, free of health disparities.
<b>Human Services</b>	Illinois assures that all residents, but particularly children, the elderly and disabled, are able to experience a quality life.	Illinois assures that all residents, but particularly children, the elderly, and persons with disabilities, are able to experience a quality life.
<b>Public Safety</b>	Illinois has adequate public safety mechanisms and infrastructure in place to protect the lives, safety and property of residents.	Illinoisans are safe where they live, work, and play
<b>Quality of Natural, Cultural, and Environmental Resources (formerly Quality of Life)</b>	Illinois maintains a quality of cultural and environmental resources for Illinois residents and visitors.	Illinoisans have access to cultural, natural resources, and a healthy environment as important components of livable communities and quality of life.

**Appendix IV: Strategy Maps**



# Strategy Team Maps



Presented to Steering Team

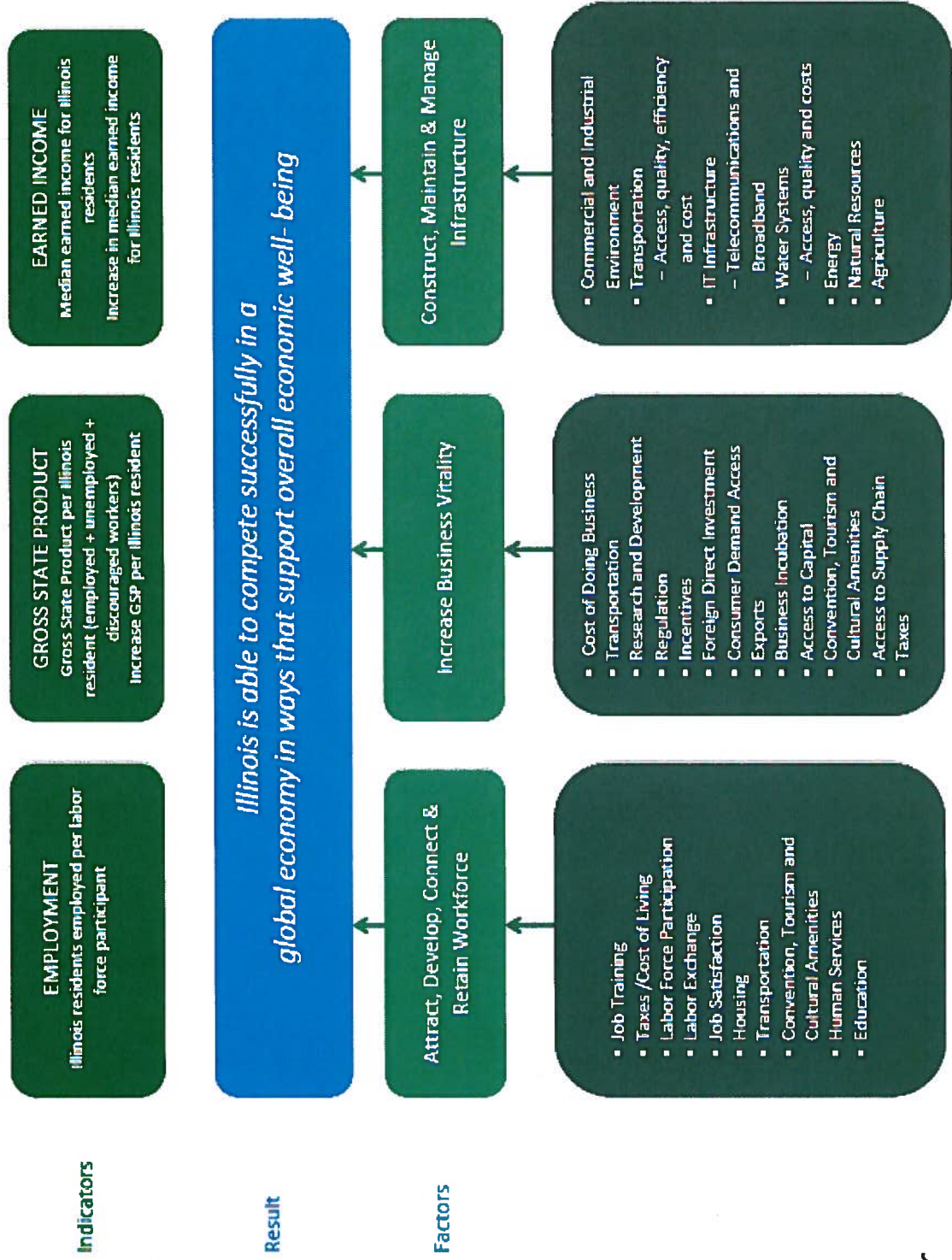
September 11, 2012



# BUDGETING FOR RESULTS

Governor Pat Quinn

## Budgeting for Results Economic Development Strategy Map

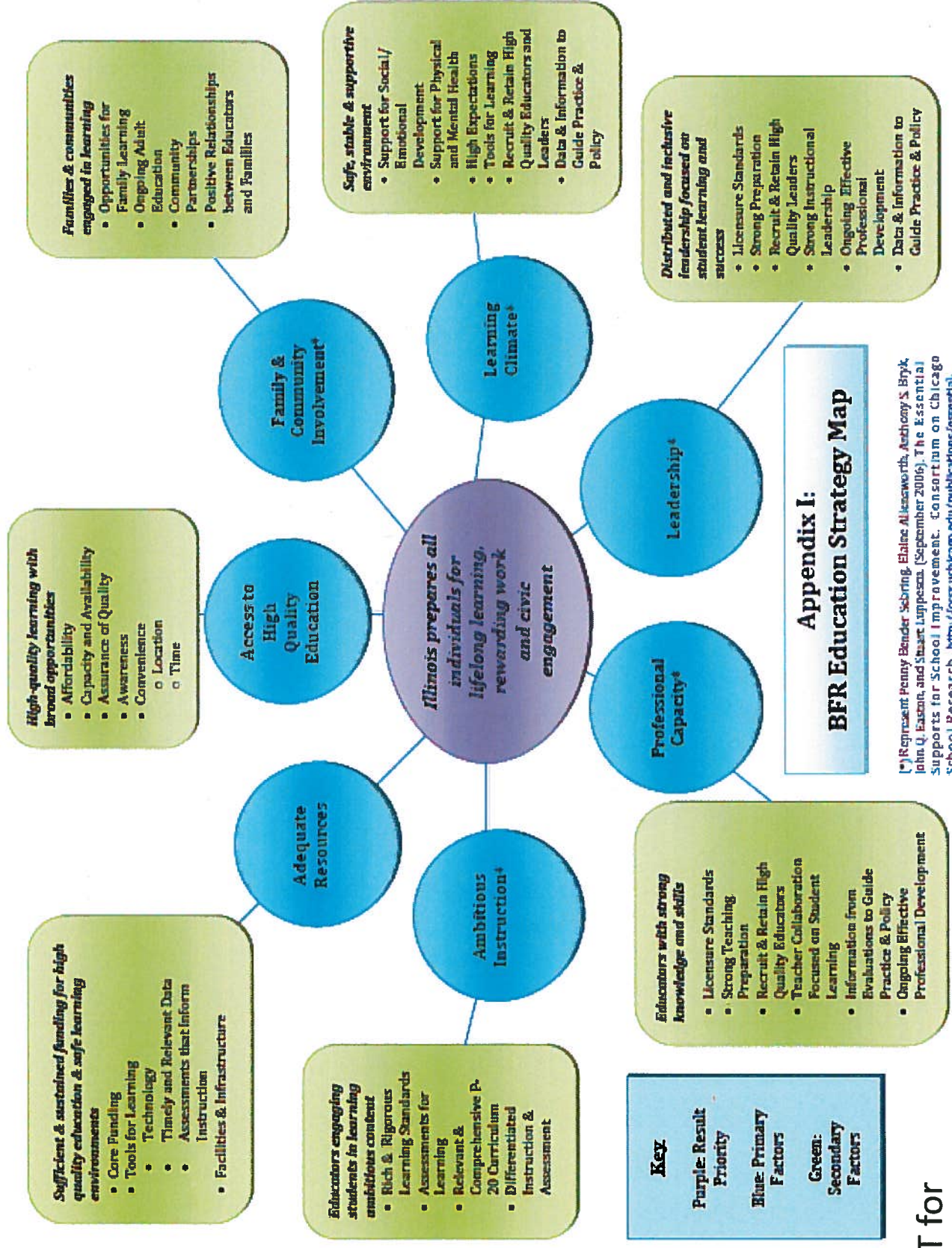


DRAFT for Discussion



# BUDGETING FOR RESULTS

Governor Pat Quinn



DRAFT for Discussion





# BUDGETING FOR RESULTS

Governor Pat Quinn

## BFR Education Framework

DRAFT for

Discussion

Illinois prepares all individuals for lifelong learning, rewarding work, & civic engagement

% of adults with high quality post-secondary credentials (Goal: 60% by 2025)

No achievement gaps greater than 10% (Goal: Eliminate achievement gaps)

LEARNER LEVEL

Outcomes

% of high need children 0-5 enrolled in high quality early learning programs

% of Kindergarten-ers demonstrating school readiness

% meeting or exceeding state reading standards in 3<sup>rd</sup> grade

% meeting or exceeding state composite standards in 8<sup>th</sup> grade

% of high school students graduating college & career ready

% of high school graduates completing postsecondary in 150% of time

% of adult education students advancing to post-secondary

COMMUNITY LEVEL

Conditions for Teaching & Learning

Access to High Quality Education

Leadership

Ambitious Instruction

Adequate Resources

Learning Climate

Family & Community Involvement

Professional Capacity

STATE LEVEL

Steering the System

Policies & Programs

Professional Preparation, Certification & Development

Instructional Standards & Assessments

Technology & Infrastructure

Longitudinal Data System

Investing in Success

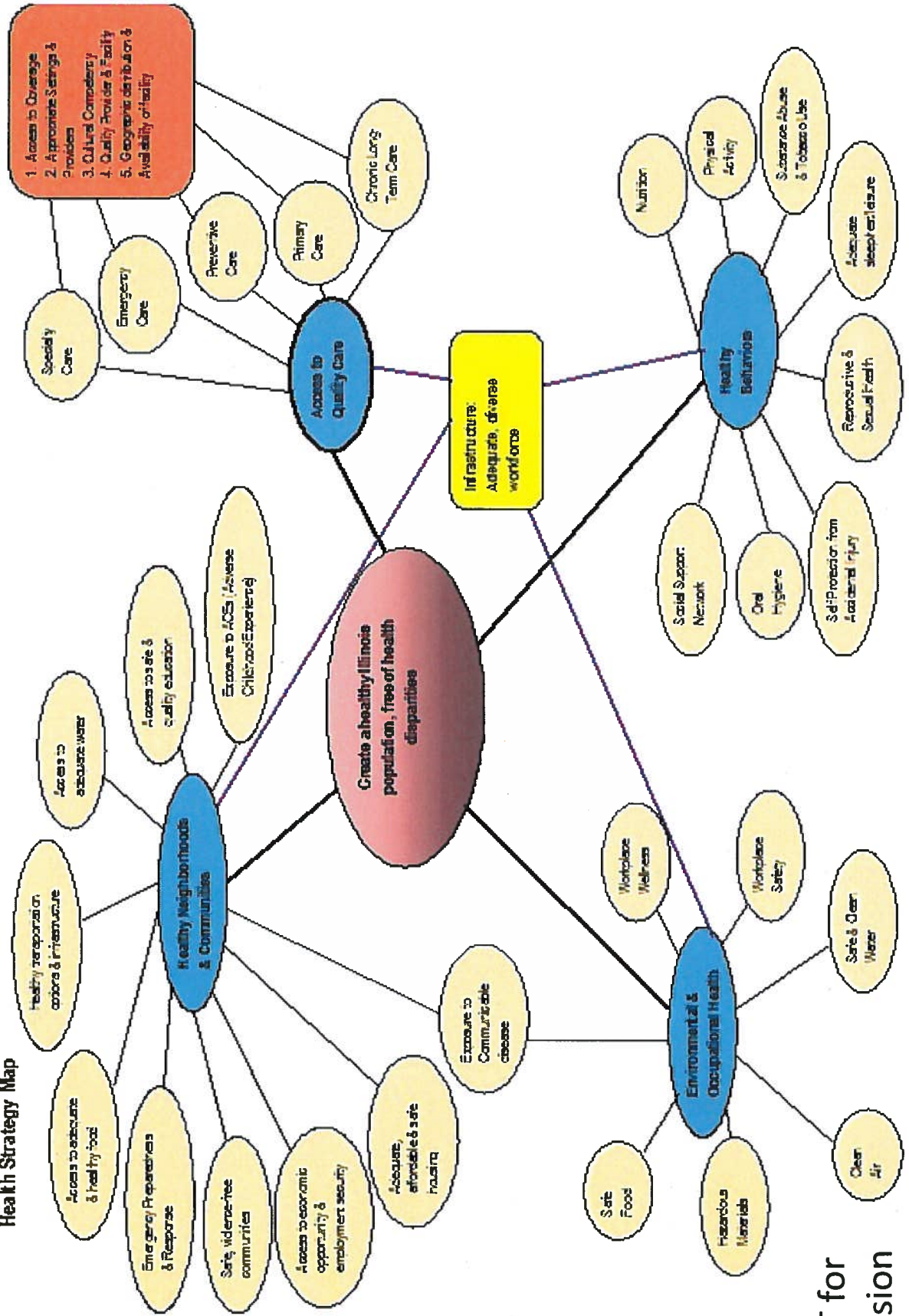
Support with Accountability

Effectiveness & Quality Assurance



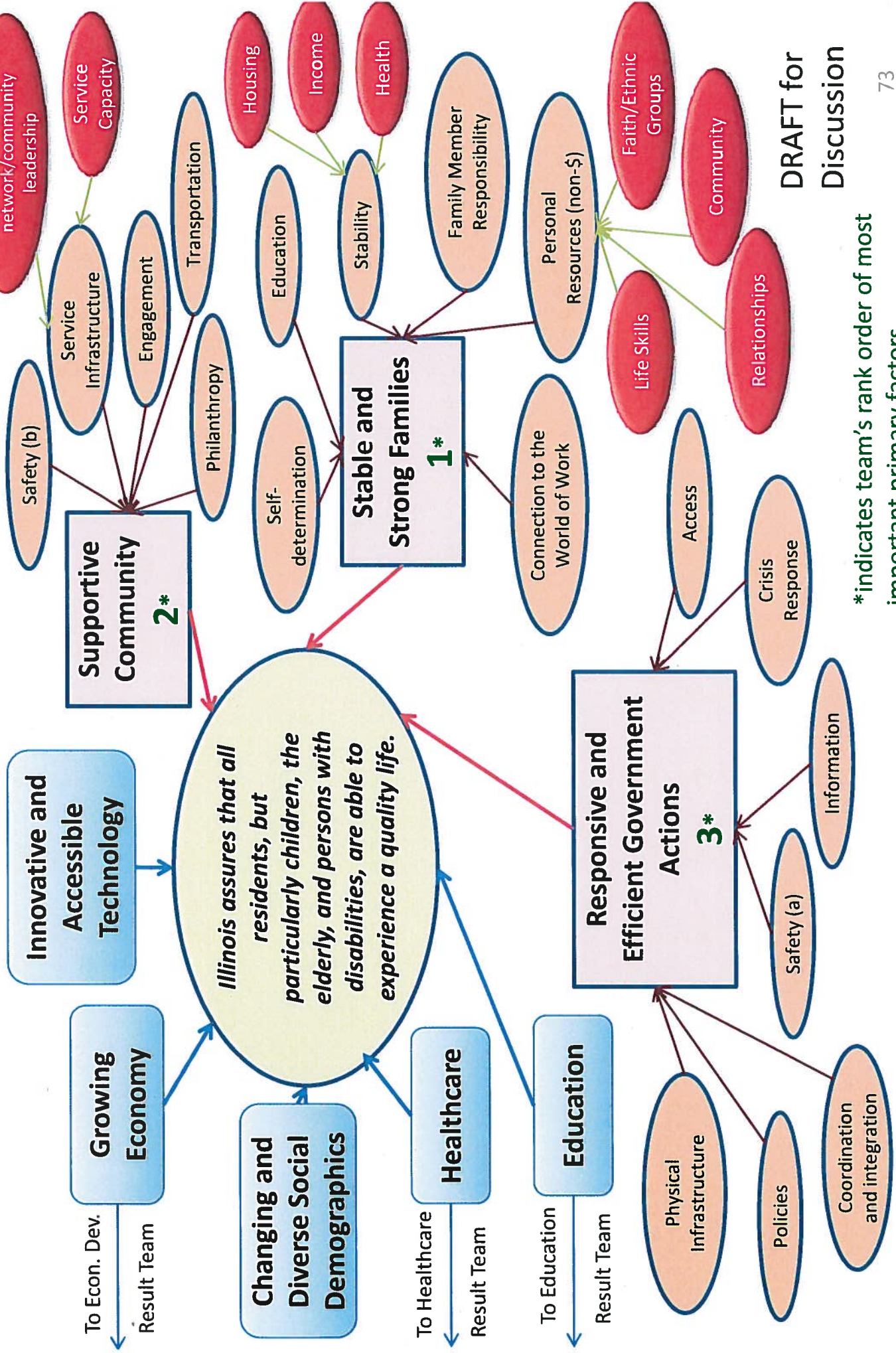
# Strategy Map

Budgeting For Results  
Health Strategy Map



DRAFT for Discussion

# Human Services Strategy Map



\* indicates team's rank order of most important primary factors

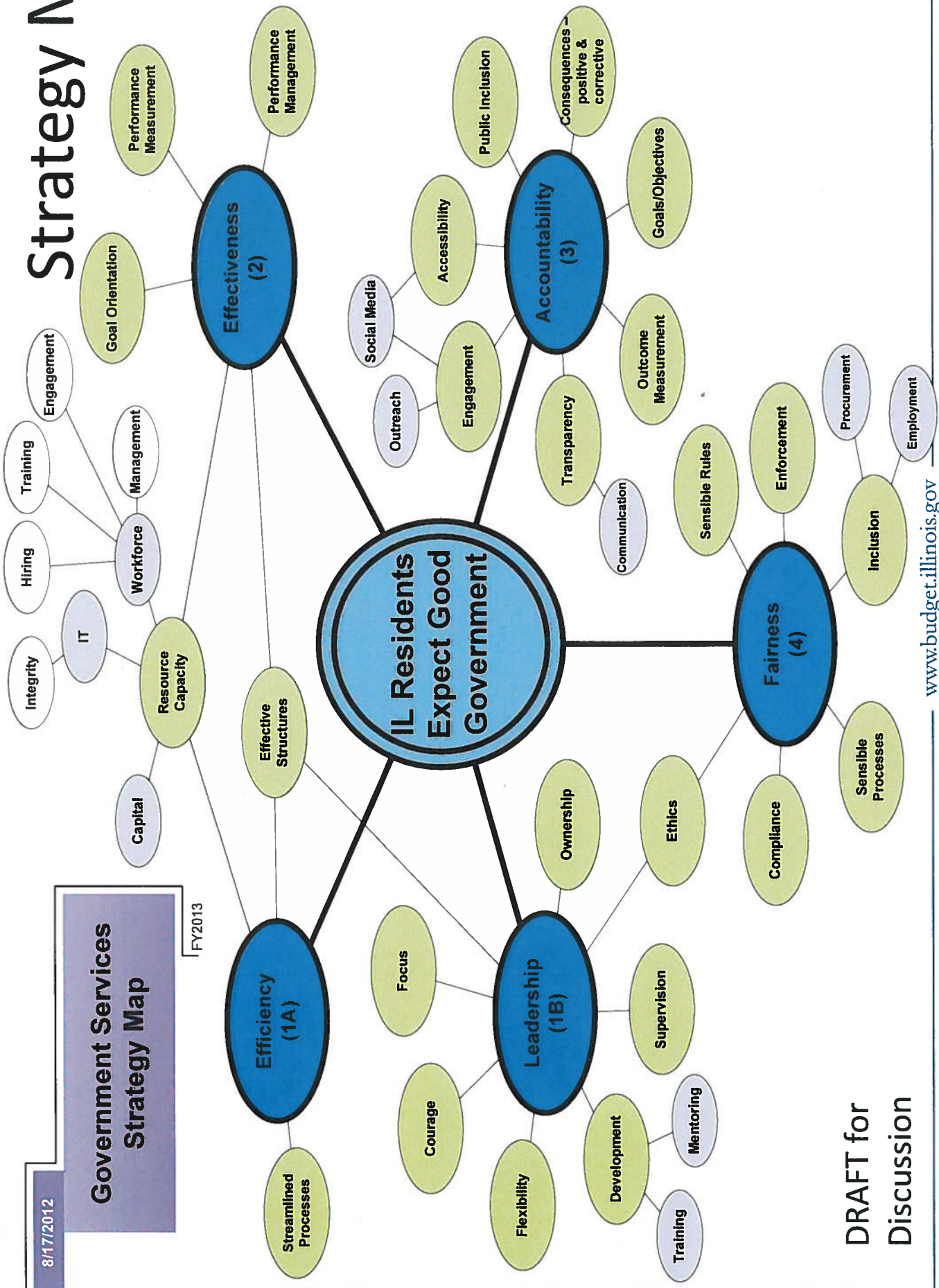
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# BUDGETING FOR RESULTS

Governor Pat Quinn

## Strategy Map



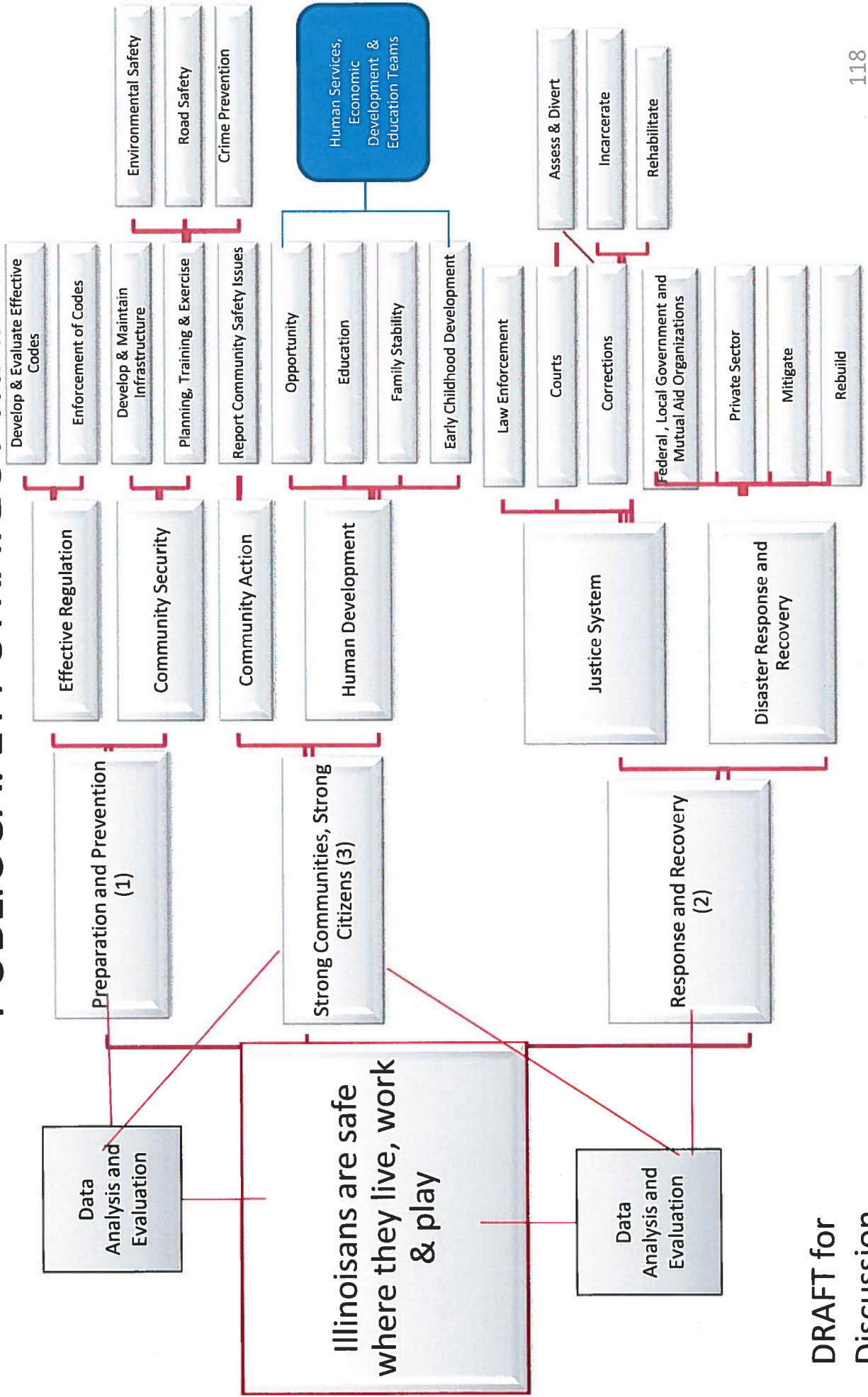
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**Government Services Strategy Map**  
FY2013

DRAFT for Discussion



# PUBLIC SAFETY STRATEGY MAP



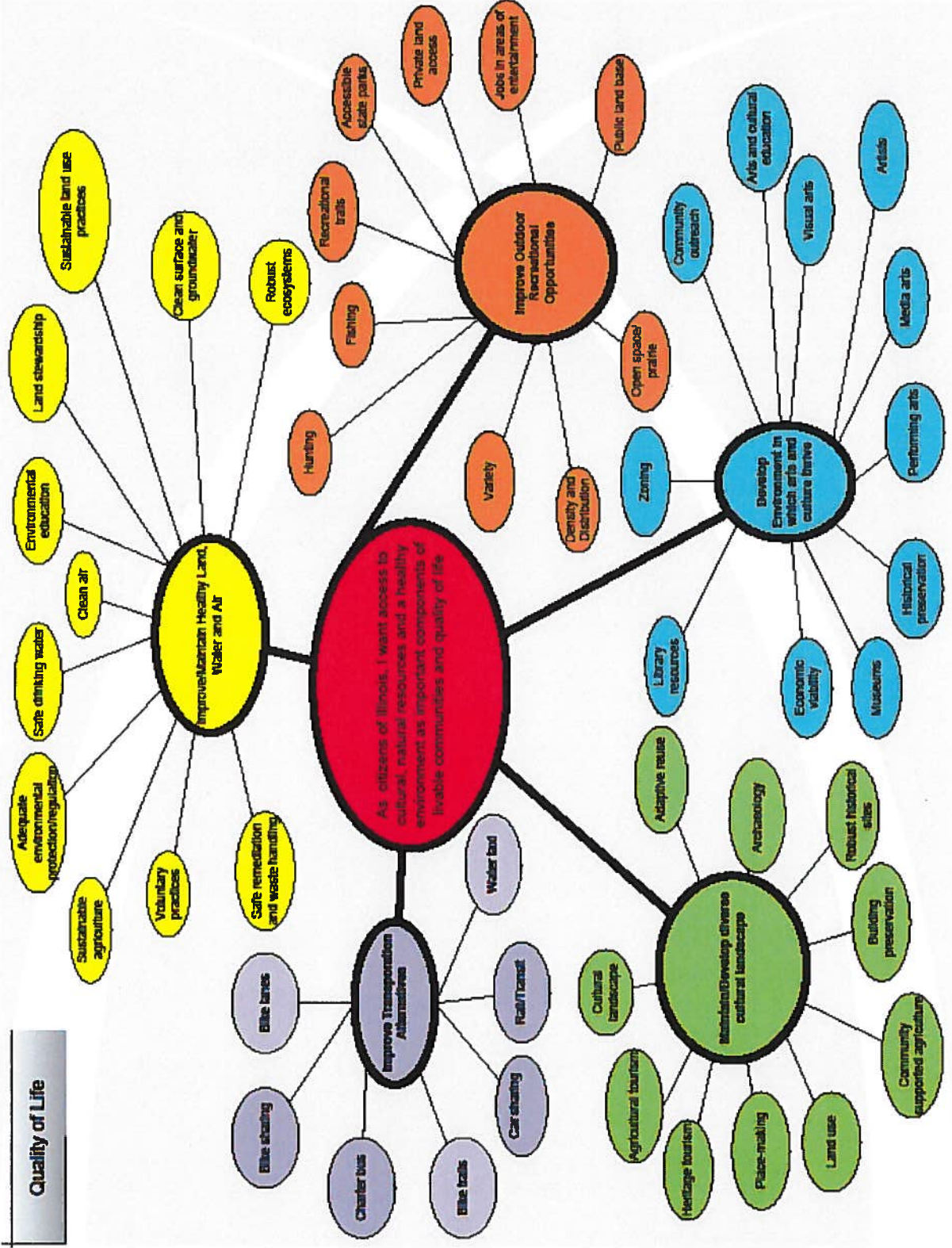
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# BUDGETING FOR RESULTS

Governor Pat Quinn

## Quality of Life



DRAFT for Discussion

## Appendix V: Budgeting for Results Public Hearing Participants

### Chicago – September 24, 2012

Organization	Testified
Access Living	Yes
Chicago Metropolitan Battered Women's Network	Yes
Connections for Abused Women and their Children	Yes
Heartland Alliance	Yes
Housing Action Illinois	Yes
Illinois Partners for Human Service	Yes
Life Span	Yes
Lutheran Social Services of Illinois	Yes
YMCA - Metro Chicago	Yes

### Carbondale – October 3, 2012

Organization	Testified
Community Resource Center	No
Egyptian Health Department	No
Fellowship House	Yes
Friends of Giant City	Yes
Good Samaritan Ministries	No
The H Group	Yes
IL State Board of Education	No
Jackson County Health Department	Yes
John A. Logan College	Yes
Light the Way, Inc.	No

## Appendix V: Budgeting for Results Public Hearing Participants

Opportunities for Access	Yes
Sierra Club	Yes
Southern Illinois Center for Independent Living	No
Southeastern Illinois College	Yes
Southern Illinois University	Yes
S.T.A.R.T.	No
Treatment Alternatives for Safe Communities (TASC)	No
The Women's Center	Yes

### Springfield – October 4, 2012

Organization	Testified
Advocates for Access	No
American Association of Retired Persons (AARP)	No
Illinois Association of Community Care Program Homecare Providers	Yes
Illinois Association of School Boards	No
Illinois Child Care Association of Illinois	No
Illinois Coalition for Community Services	No
Illinois Coalition against Domestic Violence	Yes
Illinois Coalition against Sexual Assault (ICASA)	No
Illinois Community College Board	No
Illinois Community and Residential Services Authority	No
Illinois Dept. of Central Management Services	No
Illinois Dept. of Children and Family Services	No
Illinois Library Association	Yes



## Appendix V: Budgeting for Results Public Hearing Participants

Illinois Primary Health Care Association (IPHCA)	No
Illinois Principals Association	Yes
Illinois Student Assistance Commission	No
Illinois Supportive Housing Providers Association	Yes
John Howard Association	Yes
Sentencing and Policy Advisory Council (SPAC)	Yes
Women Employed	Yes

## **Appendix VI: Written Testimony from 2012 Public Hearings**



**Testimony for Budgeting for Results Commission  
October 4<sup>th</sup> 2012**

Good Afternoon. My name is Nancy Nelson, Manager of Advocacy for AARP Illinois and I am here on behalf of AARP and our 1.6 million Illinois members. We would like to thank the Commission for this opportunity to testify and provide our insights into the state budget and the impact of cost-effective programming on Illinois' older adult population.

AARP research consistently shows that older adults prefer to live and receive critical services in their own home and communities. Our research also shows that home and community-based programs deliver the essential services that older consumer needs, and are also highly cost effective to taxpayers.

As Illinois faces a tough budgetary situation, increased emphasis on home and community-based services and programs would help generate much needed savings to taxpayers and the State.

Unfortunately Illinois continues rely excessively on institutional care. Our state leads the nation in regards to low-need residents in institutional care settings, including nursing homes. This situation creates an imbalance that leads to higher costs to the state: placing an individual in a nursing home costs around \$3,000 per month, per person; placing the same individual in a home or community-based alternative like Illinois' Community Care Program costs around \$1,000 per month.

In spite of its higher cost, institutional care is no guarantee of better health outcomes. Illinois is ranked 3<sup>rd</sup> in the nation in the number of high risk residents with pressure sores, and 6<sup>th</sup> in long stay residents with hospital admissions.

Illinois still has a long way to go in order to rebalance its long term care system, while generating savings that are urgently needed. To make matters worse our current financial woes have forced the State to implement hard budget cuts that are hurting seniors and communities across Illinois.

Of particular concern is the loss of the Illinois Cares Rx program which helped thousands of seniors afford the prescription drugs they need to stay healthy. Without this support, seniors are more likely to get sick and be hospitalized or possibly be forced to enter a nursing home.

We are only beginning to feel the financial impact of the elimination of Illinois Cares Rx. According to providers, many former Cares Rx clients are finding their way onto Medicaid. This means the state will pick up the costs of providing prescription drug coverage to them through the mainstream Medicaid program, as well as other medical costs that were previously paid for privately.

At the current rate, if more than 1 Cares Rx client in 30 ends up in a nursing home because of the elimination of the program, the State will net an additional loss. Considering that providing Illinois Cares Rx to 160,000 residents costs the state about \$100 per month, per client, the overall negative financial impact on the State will by far outweigh the cost of the program.

Illinois also urgently needs to address its ongoing backlog of payments to providers of the Community Care Program. At this point, total delayed payments hover around \$300 million. This recurring issue drives up appropriation requests every year. AARP has strongly advocated in favor of prompt and full payment to CCP providers. Unfortunately, short sighted cuts have instead been levied against the program to fill the gap. Since every recipient of a CCP program is by definition disabled enough to be eligible for institutionalized care, cutting them off services will only force them into nursing homes, thus further raising the cost to the State and to taxpayers. AARP strongly recommends and advocates for a supplement appropriation that allows the State to eliminate the backlog.

While AARP understands that the State is struggling financially, it is also critical that state government and legislators understand that investing in home and community-based programs and services and restoring Illinois Cares Rx is the only way to keep service costs low, meet the needs of vulnerable populations, stave off further financial downturns and generate savings to taxpayers.

As our population ages and their care needs increase, the State needs to be able to provide the services our seniors need while it prevents our fiscal hole from getting bigger. AARP stands ready to work with this Commission to ensure that services are available to the citizens that need it, at costs that meet the needs of consumers and taxpayers.

Thank you.



To: Budgeting For Results Commission

From: Access Living of Metropolitan Chicago

Re: Draft Strategy Maps and Outcome Development

Date: October 3, 2012

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## **Background**

Access Living is the federally designated Center for Independent Living (CIL) for metropolitan Chicago. There are currently 22 CILs in Illinois, whose statewide membership umbrella organization is the Illinois Network of Centers for Independent Living (INCIL). Nationwide there are more than 500 CILs. CILs were and are designed to be places where people with disabilities can get support from peers and allies to live the lives they want to live in the community. They are not places of residence; instead they are a place of community resources.

At the heart of the structural concept of the CILs are five federal requirements: that we provide independent living services, that we provide information and referral, that we provide peer support to people with disabilities, that we do advocacy on disability issues, and that we work to integrate people into the community who are transitioning from institutional settings. In addition, by federal mandate, each CIL's board must have a majority of members with a disability, and must be staffed by a majority of workers with disabilities.

Access Living has an FY 13 budget of around 4.7 million dollars with a staff of 73. Our funding portfolio is very diverse, with funding from not only the state and federal governments, but also private foundations and many individual donors. Of the total budget, about \$954,000 or 20% is funding from the State of Illinois. That funding comes from General Revenue Funds disbursed by the Illinois Department of Human Services for the following programs:

- Center for Independent Living general operating funds, allocated by a formula to each of the 22 CILs (for FY 13 the Access Living share is \$372,000)
- The Community Reintegration Program, which helps people with disabilities transition from living in institutional settings to community settings (for FY 13 the Access Living share is \$303,000)

- The VR 110 Staff Associate Program, under which Access Living hires a small number of vocational rehabilitation clients with disabilities to learn job skills part time with regular Access Living staff (for FY 13 the Access Living share is \$110,000)

Access Living is currently owed \$250,000 in back payments from the state, with no definite expected payment date at this point in time. All Illinois CILs receive a share of the CIL GRF funding according to a formula. Currently CILs split CRP funding according to performance (Access Living's share has been increasing because of good results). VR 110 operates in multiple locations besides Access Living.

## **Recommendations**

At this point in the Budgeting For Results creation process, we would like to raise the following points.

**CIL outcomes are in development.** The Illinois Network of Centers for Independent Living (INCIL), of which Access Living is a member, has a committee that has been dedicated to developing a set of proposed outcomes for CILs. These outcomes will take into consideration CIL core values such as self-determination and consumer control. Access Living staff have been participating in the development of these outcomes. A representative from INCIL will be contacting the Commission to present the outcomes that have been developed. It is our hope that the Commission will use these as the State's outcomes for CILs.

**Limiting Budgeting for Results outcome goal to ONLY what can be achieved in a three year budgeting forecast does not allow for the State to show how it will expand community based services infrastructure, and funding for that expansion.** The State must not only catch up with back payments to human service providers, but it needs to grow the community based services available all across the state. Thousands upon thousands of Illinoisans with disabilities need home and community based services, and we have to have a way to meet that need and take current best practices to scale. We therefore recommend that in the Government Services Strategy Map, some outcomes be designed to demonstrate that the state is evaluating and taking advantage of all possible funding opportunities. For example, we at Access Living strongly believe the State should take advantage of the Community First Choice Option under the Affordable Care Act, which would provide federal matching dollars to ensure that all people with disabilities who need home and community based services in Illinois would actually be able to receive them.

We would like to point out that much of what the State is doing now to move people with disabilities from institutional settings to community-based settings is the result of its many years of disregarding its Olmstead obligations. As such, we know that the state efforts to remedy past discrimination is taking up a great deal of the funds directed to address community integration.

**Medicaid managed care expansion makes it complicated to determine who is to work on community transition and integration.** Because Illinois Health and Family Services (HFS) has given managing long term care to private managed care companies, there is a significant question about the role of CILs in community transition and integration efforts. CILs strongly believe that we need to play a significant

role in providing these services because our work is run and led by peers with disabilities, many of whom have experienced living in institutional settings. Hence we believe that outcomes that have to do with community integration must include requirements that people have access to peer-based supports and that this process not reinvigorate the outdated and paternalistic “medical model” for serving people with disabilities.

**Consumer control and harm reduction are considered good outcomes for individuals with disabilities.**

One of the core values in serving people with disabilities at CILs is that we believe consumers do have the right to make their own choices about what they need, even when they make some bad choices. Centuries of oppression and isolation of people with disabilities has resulted in many systems that provide people with disabilities very little say in how to run their own lives. Consumer self-determination is therefore a vastly critical outcome in serving people at CILs and we believe this should be clearly set forth in the health and human services outcomes mapping as well.

An example of an opportunity to potentially undermine consumer control: the expansion of Medicaid managed care can present a threat to consumer control and self-determination unless the state takes care to direct the managed care companies that they need to support consumers making good choices without coercion. It is thus imperative that from an outcomes perspective to set an expectation that consumer control is desirable and achievable.

**The housing components of the current Budgeting for Results outcomes mapping could be problematic unless the State is quite clear about what it wants to achieve and what it has the authority to achieve.** Three of the six core result area maps include improved housing as a desired outcome. Currently, the State has very little ability to direct the Illinois Housing Development Authority or Public Housing Authorities to open or develop housing, or create rental assistance programs. The State does have the ability to fund programs like Emergency Transitional Housing. Moreover the State has access to capital funds that can be used for housing---any new housing should be accessible anyway. People with disabilities are in significant need of affordable, accessible, integrated housing and there is nothing we would like better than to see State funds go to ensuring these kinds of housing opportunities. But we think there needs to be a State housing-specific strategic plan for how to ensure housing outcomes for people across the entire range of disabilities, not just the actual creation of units but for rental assistance as well. People with disabilities who are on SSI cannot afford market rate apartments in ANY market in the US---they must have rental assistance.

We do recognize that the State has two staffers who are currently working to expand housing opportunities for people with disabilities at the State level and in Cook County, in response to the needs arising from the Governor’s Rebalancing Initiative and the *Olmstead* class action cases. We applaud that the Governor’s office has recognized the need for coordination of housing efforts across a range of disability needs. We have seen some promising strides towards improvement in that the staff have been enforcing the requirement that housing providers actually rent units to people with disabilities for which they have received incentive funding or tax credits. However, they are also playing a catchup

game in that they are trying to address problems created by years, if not decades, of neglect of the community-based housing needs of people with disabilities.

**Transparency about budgeting designed to meet legal obligations under *Olmstead*, as opposed to other types of funding for human services and housing, is critical.** We feel it is important that the state not raid existing program funding to pay for *Olmstead* obligations. This is not fair to people who need current programs; yet we realize the dilemma is that the legal obligations must be met, and we must emphasize that people with disabilities are a traditionally underserved population in need of greater prioritization. The Budgeting For Results Commission should carefully consider the ramifications of this dilemma, and what we need for community integration funding in the long term.

**Access to products for independence is just as important as access to services for independence.**

Durable medical equipment (DME) such as wheelchairs and scooters, and other assistive technology (AT) such as talking computer boards or even iPads, make a vast difference in the quality of life for thousands of people with disabilities. Improving access to these kinds of products for people with disabilities is an important effort for the State and should be specifically included in the Quality of Life Strategy Map. It is relatively simple to report on improved quality of life once someone secures a needed product because it tends to make a vast difference in many areas of their life.

Any follow up questions can be directed to Amber Smock, Access Living's Director of Advocacy, at [asmock@accessliving.org](mailto:asmock@accessliving.org).





## **Testimony for the Budgeting for Results Commission**

Chicago Jobs Council

October 2, 2012

The Chicago Jobs Council ([www.cjc.net](http://www.cjc.net)) thanks the Budgeting for Results (BFR) Commission for the opportunity to provide testimony on the budgeting for results process and implementation. CJC is a coalition of community-based organizations, advocacy groups, businesses and individuals that works to ensure employment and career advancement opportunities for people in poverty. Informed by our work with service providers, we respectfully submit comments about the impact of four areas on workforce development programs helping individuals with multiple barriers to employment: 1) employment as a pathway to self-sufficiency, 2) the use of interim benchmarks in measuring progress to employment, 3) eliminating the use of line item budget in favor of performance based contracts, and 4) coordination with existing data collection and system development initiatives.

### **Employment as a pathway to self-sufficiency**

As an organization that is committed to helping individuals move out of poverty and into the workforce, CJC values the inclusion of the Budgeting for Results outcome number four that prioritizes the *“protection of the most vulnerable of our residents.”* However, employment is a key pathway to self-sufficiency, and we recommend adding “ensure access to employment services” to the list of goals under this category. The category of “vulnerable residents” includes individuals with a wide range of needs, some of whom may be able to increase their self-sufficiency through employment if provided with appropriate services. There are program models such as transitional jobs<sup>1</sup> and bridge<sup>2</sup> programs that have proven successful in addressing employment training needs for individuals with multiple barriers.

### **Developing interim benchmarks**

Regarding outcome number two, goal A, *“increase employment rate,”* two performance metrics listed in the Fiscal Year 2013 Budget Book are the adult entered employment rate and the adult employment retention rate. Both of these metrics are from the Workforce Investment Act (WIA). It is challenging for providers to meet job placement and job retention rates when serving individuals with multiple barriers to employment who may take longer to place into jobs and might have difficulty retaining employment. To ensure that the most vulnerable Illinoisans are not turned away from receiving services, we recommend adding interim benchmarks to demonstrate that an individual is making progress towards employment. These could include: completion of job-readiness training, raising math and/or literacy levels, attaining a GED, learning to speak English, and receiving an industry recognized occupational credential.

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<sup>1</sup> Transitional Jobs (TJ) programs provide time-limited, wage paying subsidized employment, extensive support services, case management, job readiness and assistance transitioning into unsubsidized employment.

<sup>2</sup> Bridge Programs target individuals with limited academic or English skills provide Adult Basic Education instruction at low literacy/numeracy levels contextualized to an occupation.

### **Implement performance based contracts**

Organizations receiving funding through state contracts often have to submit a program budget that defines cost categories and allowable grant expenditures. The budget line items tie design elements of the program to the grant. Using a line item budget in conjunction with performance metrics would make it difficult for providers to be responsive to changes that need to be made as a program or project progresses. Therefore, it is crucial that as the state moves to performance based contracts, service providers do not also have to submit project line item budgets that limit program design. This will ensure that providers deliver high quality services while preserving the maximum amount of program design flexibility.

### **Coordinated data collection**

The staff time associated with administrative reporting is time that staff is not serving individuals who seek services, and should therefore be kept to a reasonable minimum. Currently, providers need to report performance data via multiple systems, often requiring entry of the same information many times. To minimize the burden of data collection on providers, it is imperative that any system implemented to gather BFR-related data be integrated with existing data collection and system development initiatives. These include the Chicago Cook Workforce Partnership's Integrated Workforce Information System (to be created with Workforce Innovation Grant funding), work underway through CMAP's Workforce Data Partners, and Illinois' Workforce Data Quality Initiative.

Implementing the recommendations outlined here will help to ensure that the BFR process provides maximum support to those serving individuals with multiple barriers to employment. Furthermore, as BFR moves from planning to implementation, it will be critical to seek feedback from and communicate with the providers who deliver employment services. There are workforce initiatives underway, such as the Benchmarking Project,<sup>3</sup> that have brought together groups of organizations with the objective of measuring performance and improving outcomes. The experiences of these groups should be leveraged during the state's budgeting for results process.

As the BFR process moves forward, CJC looks forward to working with the Budgeting for Results Commission and other stakeholders toward the implementation of these recommendations. If you have any questions, please feel free to contact Jennifer Keeling, Director of Policy ([jennifer@cjc.net](mailto:jennifer@cjc.net)) or Crispina Ojeda, Policy Associate ([crispina@cjc.net](mailto:crispina@cjc.net)).

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<sup>3</sup> Since 2004, the Benchmarking Project has identified performance benchmarks for the workforce development field and increased provider capacity to use data. For more information on the Benchmarking Project please contact Marty Miles, [mmilesconsulting@gmail.com](mailto:mmilesconsulting@gmail.com) or (317) 299-6884.

## **Testimony before the Budgeting for Results Commission October 2012**

My name is Laura Prohov. I am Vice President of Community Services for CJE SeniorLife (CJE) and have been in this position for 8 years. In my present position, I am responsible for planning and oversight of community based services.

CJE SeniorLife, established forty years ago as Council for Jewish Elderly, serves nearly 19,000 older adults and their families throughout the Chicago metropolitan area annually. CJE offers a full constellation of services ranging from housing and home-delivered meals to consultations that help families find compassionate solutions to the problems that often accompany aging. Two out of three CJE clients receive subsidized or free services. An important part of CJE are programs geared towards protecting the needs of our community's population that requires long-term residential or community based services. CJE has been a community care vendor for nearly 20 years; managing its community-based work in a cost efficient and effective manner, providing quality care while holding down costs.

In this time of limited public resources Illinois needs to work in collaboration with providers to create a system of service delivery and reimbursement that is as effective and efficient as possible to meet the needs of the increasing older adult population as it maintains its commitment to rebalancing long term care with increased emphasis on home and community based services. CJE supports the intent of the Budgeting for Results (BFR) initiative and is interested in providing input to inform this process.

We wish to comment on three areas:

- 1) Inclusion of older adults as a priority population
- 2) Relationship of BFR to Care Coordination and Managed Care Organizations (MCOs)
- 3) Development of outcome measures

### Inclusion of Older Adults as Priority Population

As the state considers budgeting for results for programming affecting families throughout Illinois, we urge that the older adult population and those families dealing with an older adult in their lives not be forgotten. The growing number of older adults and their relationships to the larger family system necessitates that they be considered a priority population.

### Relationship of BFR to Care Coordination and MCOs

As more Illinois programs are moved to management by MCOs it is imperative that BFR is integrated into these programs as well. We urge the state to hold MCOs to the same level of accountability, including outcome measures, as other state providers.

### Development of Outcome Measures

We hope that the state takes advantage of the experience of their provider partners as it develops outcome measures. Providers should be at the table to assist with developing measures that will look at quality of service outcomes along with outputs. We were heartened to see the reference to

causal factors in the consideration of measuring outcomes. The holistic view of client circumstances is necessary to assess quality of service.

CJE has experience in care coordination and measuring quality through its Managed Community Care Program (MCCP) established in partnership with IDOA as a demonstration program for nursing-home-eligible individuals to remain in the community with the needed support services in order to do so. After 15 years of testing and strengthening this demonstration project, we believe we have the model program to be used in keeping frail older adults healthy and safe in their homes; in their communities.

The MCCP program employs a methodology created by a LCSW and RN team to develop individual care plans for each MCCP client. The procedure involves the use of two instruments: Risk Scale and Service Frequency Standards. Incorporating the information provided from the Community Care Program (CCP) assessment, CJE Care Managers further evaluate each client's ability to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs) from a cognitive, psychological, physiological, environmental and interpersonal perspective. This enables the care manager to determine if the client is at low, moderate or high risk of institutionalization. Using the information gathered from this assessment, staff then determines the number of hours of in-home services the client needs. Staff has also identified the length of time it takes to complete the various tasks provided by the in-home worker.

Using these standards, care managers build care plans based on tasks that need to be completed and the length of time it takes to complete the required tasks in order to keep the clients well cared for and safe in the community. This approach has made it possible to provide needed service to clients with fewer hours of direct in-home service per client than the average CCP Care Plan, while still enabling older adults to remain safe and independent in the community.

CJE wants to use wisdom gained from MCCP to help craft the performance measures for use with the BFR project. CJE thanks you for the opportunity to submit testimony to the Committee and looks forward to working with the State to implement the BFR initiative.

For further information please contact:

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Illinois Department of Human Services  
Domestic Violence Advisory Council (DVAC)

**Recommendations From The  
Request For Proposal (RFP)**

**and**

**Outcomes Subcommittees**

**Approved By DVAC On September 8, 2011**

**AMENDED BY OUTCOMES SUBCOMMITTEE FOR  
APPROVAL – September 16, 2011**

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## PRIMARY UNDERLYING PHILOSOPHY FOR RESPONDING TO DOMESTIC VIOLENCE VICTIMS

One in four women will be abused during their lifetime. Three women a day are murdered in the United States by an intimate partner or an ex-partner. And yet intimate partner homicides make up about half of all murders of women in the United States and in the vast majority (70-80%) of those homicides, no matter which partner was killed, the man physically abused the woman before the murder. <sup>i</sup>

Why do we need domestic violence agencies? In Illinois there are women and children homeless and hopeless because they can't live with the man who beats and rapes them. In so many communities, battered women are turned away from homeless shelters and other agencies because there is no room for them.

Why do we need domestic violence agencies? Domestic violence touches all the residents of Illinois, even if one is not directly a victim or an abuser. It fills our emergency rooms and our morgues. It keeps employees from being able to work. It makes children fearful and interferes with their ability to learn. It contributes to crime on our streets. It destroys homes and families. We all know these victims. They are our friends, our sisters, our daughters, our grandmothers, our neighbors, our coworkers, our constituents.

Why do we need domestic violence agencies? Because victims continue to be blamed for the violent crimes perpetrated against them. Why does she stay? Why doesn't she just leave him? We cannot ignore the bone-chilling facts that each day a woman is beaten every nine seconds and seventy five percent of serious injuries happened to battered women as they try to leave or after they have gone. We need services for domestic violence victims because leaving is the single most dangerous thing a battered woman can do. We need shelters because abusers use many tools to manipulate, terrorize and entrap their victims. These behaviors include financial, emotional, religious and psychological tactics. Isolation and constant threats are used to reinforce the fear created by occasional uses of physical violence. This combination of violent behaviors is referred to as gender-based violence regardless of the gender of the person that is maintaining power and control over family members. Gender-based violence is supported in our society by acceptance of "might equals right" and antiquated beliefs of male ownership of wives and children as chattel.

The financial demands of ending domestic violence are great, but the negative impact of domestic violence is greater. The economic impact of providing survivors services is minimal when compared to the long-term cost of investigating and prosecuting these crimes, the medical care costs for injuries suffered at the hands of abusers, and the lost wages and productivity due to the physical and emotional trauma experienced by survivors. In fact, in

2003, the U.S. Centers for Disease Control and prevention estimated that national health care costs directly related to domestic violence totaled over \$4 billion and almost \$2 billion in productivity losses due to injuries and premature death. <sup>ii</sup> When a victim isn't able to access safety and is killed at the hands of her batterer, the homicide case may cost a community as much as \$173,000: \$2,400 to clean up the murder site; \$7,445 for a casket and funeral; \$2,500 for an autopsy; \$5,600 for law enforcement costs; \$45,000 for a trial; \$111,000 for a sentence of (only) five years in prison. <sup>iii</sup>

Services offered by domestic violence agencies to battered women are safe, accessible spaces for protection, safety planning, support and education. These community-based agencies are available twenty-four hours a day, 365 days a year. Victims and their children need shelter, counseling, advocacy and respectful support. The focus of those services is to offer alternatives, and to help parents and children to reduce the violence in their lives.

The network of agencies that provide services to domestic violence victims and their children grew out of a variety of civil rights movements. The ending violence against women movement evolved from meetings and discussions mostly peopled by women who discovered that they had common experiences of physical, sexual and psychological violence at the hands of family members and life partners.

Programs that are most beneficial to domestic violence victims and their children provide a combination of 24 hour accessibility, shelter, counseling and advocacy based on the individual victim's circumstances and needs. The focus of these services is designed to help parents and their children learn to be a family without the constant threat of violence. The time needed and combination of services required is dependent on what is available in the community and how persistent the abuser is in trying to keep control of the family.

Primarily domestic violence victims' services are always available just like your local fire department. And just like the fire department you cannot wait until a crisis occurs to fund or support the services for victims. We would not want our local fire station to only be staffed according to how many fires occurred last fiscal year. You need the fire department when there is a fire. Victims need the local services available when they need them, which is when they are in danger or feel threatened by their abuser. We must make sure that the full range of services is available at all times for victims and their dependents.



## INTRODUCTION

The Illinois Department of Human Services (IDHS) Domestic Violence Advisory Council (DVAC) Request for Proposal (RFP) Subcommittee and the Outcomes Subcommittee each were composed of many experts from the domestic violence field who are listed below. The RFP Subcommittee is co-chaired by Martha Daly and Marco Jacome and the Outcomes Subcommittee by Sarah Conlon.

### RFP Subcommittee Members

- Ida Anger - Metropolitan Family Services, Chicago
- John Sullivan – The Center for Women in Transition, Champaign – Urbana
- Margarette Trushel - Oasis Women’s Center, Alton
- Vickie Smith – Illinois Coalition Against Domestic Violence, Springfield
- Sarah Conlon – Illinois Coalition Against Domestic Violence, Springfield
- Olga Becker - The Center For Prevention of Abuse, Peoria
- Teri Ducey - Dove, Inc., Decatur
- Anita Rumage – VOICES, Freeport
- Margaret Morrison - ADV & SAS, Streator
- JoAnn Villasenor – Legal Assistance Foundation of Chicago
- Heather Moore – Domestic Violence Legal Clinic, Chicago
- Marco Jacome - Healthcare Alternatives Systems, Chicago
- Jennifer Welch - City of Chicago
- Jennifer Gabrenya - Family Shelter Services, Wheaton
- Martha Daly - Fulton Mason Crisis Service, Canton
- Kathy Doherty - Between Friends, Chicago
- Barbara Wingo - Anna Bixby Women’s Center, Harrisburg
- Michelle (Curry) Meyer - Mutual Ground, Inc., Aurora
- Tami Silverman - Sojourn Shelter and Service, Springfield
- Phyllis DeMott - A Safe Place, Inc., Zion
- Wendy Navarro - Family Resources, Inc., Rock Island
- Sharon Spinks – Illinois Department of Human Services
- Karin Manning – Illinois Department of Human Services

### Outcomes Subcommittee Members

- Ida Anger - Metropolitan Family Services, Chicago
- Margarette Trushel - Oasis Women’s Center, Alton
- Vickie Smith – Illinois Coalition Against Domestic Violence, Springfield
- Sarah Conlon – Illinois Coalition Against Domestic Violence, Springfield
- Victoria Bran - Healthcare Alternatives Systems, Chicago
- Dawn Dalton – Chicago Metropolitan Battered Women’s Network
- Yesenia Maldonado - Between Friends, Chicago
- Michelle (Curry) Meyer - Mutual Ground, Inc., Aurora
- Tami Silverman - Sojourn Shelter and Service, Springfield
- Nicole Cisne-Durbin - Family Resources, Inc., Rock Island
- Ruth Carter – Hope of Ogle County, Rochelle
- Theresa Zito – Jane Adams Hull House Association, Chicago
- Rosa (Abarca) Magana – Mujeres Latinas En Accion, Chicago
- Cory Ryan – Connections for Abused Women and Their Children (CAWC), Chicago
- Kathleen Higgins – Rainbow House, Chicago
- Lindoria Storey – Pathway to Peace, Chicago
- Wendy Pollack – Shriver Center Poverty Law Center, Chicago
- Mike Feinerman – Center for Advancing Domestic Peace, Chicago
- Margaret (Peggy) Luft – Life Span, Des Plaines
- Edward Vega Sr. – Crisis Center for South Suburbia, Tinley Park
- Vernie (Beorkrem) Bruehler – Illinois Family Violence Coordinating Council
- Sharon Spinks – Illinois Department of Human Services
- Karin Manning – Illinois Department of Human Services
- Nadeja Wesley – Heartland Human Care Services, Chicago

## Development of These Recommendations

These Subcommittees have developed the following recommendations related to domestic violence services funded by the State of Illinois. These recommendations have been thoughtfully developed by experts in the domestic violence field to help IDHS select applicants that can best demonstrate they are able to meet the State's intended outcomes. Methods for measuring those outcomes have also been recommended.

The RFP Subcommittee has made recommendations for the Letter of Intent, Application Criteria, and Review Procedures for IDHS' consideration. The application criteria questions are derived from the knowledge base of the RFP Committee members and their active implementation of the IDHS Services Guidelines Manual For Domestic Violence Service Providers (The Manual). This Manual was published in 2007 and is routinely updated to ensure that quality services are provided throughout Illinois and is currently used by IDHS to monitor providers. Appropriate applicants currently implementing the minimum requirements set forth in The Manual should be able to clearly and concisely articulate responses that demonstrate they are delivering appropriate and adequate response to victims of domestic violence and their children in their respective geographic areas.

The Outcomes Subcommittee, also composed by experts in the domestic violence field and who are familiar with The Manual, has made recommendations for the outcomes intended through the delivery of quality domestic violence services. The outcome measurements have been incorporated into the Application Criteria Recommendations set forth by the RFP Subcommittee. These outcomes are currently (August 2011) being piloted in several domestic violence service provider agencies throughout the State to gain feedback from survivors of domestic violence. The pilot period will come to a close on September 7, 2011. The Outcomes Committee will compile this feedback and adjust specifics about data collection methods at its September 16, 2011 meeting. If substantial revisions are needed, those will be shared at that time.

In addition to the specific outcome measurement questions, the Outcomes Subcommittee has also recommended tentative guidelines for data collection which were derived from requirements of the U.S. Department of Health and Human Services Family Violence Prevention Services Act which are already used by domestic violence providers in Illinois and throughout the country. The subcommittee has also made recommendations to IDHS about setting benchmarks for success.

## RECOMMENDATIONS OF THE REQUEST FOR PROPOSALS SUBCOMMITTEE

After several meetings, the DVAC RFP Subcommittee is recommending a two step application process. Step One – Have the potential applicants submit a Letter of Intent. Step Two – Have the potential applicants submit their proposal. In addition, the Subcommittee recommends in person training provision to selected reviewers.

Recommendations are outlined in the following sections as they relate to:

- **Letter of Intent**
- **Application Criteria**
- **Application Review Procedures**

### Letter Of Intent Recommendations

Applicants should be required to submit a maximum three (3) page letter of intent outlining the services they propose to provide with IDHS funding for domestic violence services. This allows IDHS to estimate the number of applicants and better plan its review process. It also provides an opportunity to confirm that applicants meet the minimum requirements before accepting a full proposal. Questions to include:

- the number of years applicant has operated a domestic violence program
- the number of years applicant has received IDHS funds, if applicable
- list of other government funding sources the applicant receives

IDHS can require its customary documents and assurances with this letter of intent, for example, proof of 501(c)3 non-for-profit status, certification from the Secretary of State, a recent fiscal audit, etc. IDHS staff can review these letters of intent to screen out non-responsive or inappropriate applicants. Appropriate applicants will be invited to submit a full application.

Note: Should IDHS choose not to use the letter of intent process to screen out inappropriate applicants, minimally the RFP subcommittee strongly recommends making a letter of intent a required step in the application process outlined in the RFP.

### Application Criteria Recommendations

#### Cover Page:

Applications should include a cover page that among other details such as contact information, includes a check box for the applicant to indicate whether the application is for the provision of Comprehensive

Domestic Violence Services which include on or off site emergency shelter delivery OR for Specialized Services (see page 5 of The Manual for additional information about the difference between Comprehensive and Specialized programs). Required responses to some of the questions may vary depending on the type of applicant – comprehensive or specialized. A sample of what that applicant check box may look something like this:

- Comprehensive – ON SITE SHELTER
- Comprehensive – OFF SITE SHELTER ONLY
- Specialized – no emergency shelter routinely provided

Responses to the following recommended application questions would be the components of the application narrative. The following recommendations include specific questions to help applicants specifically describe the quality and capacity of their agency, and its ability to meet the needs of survivors of domestic violence and their children. Recommendations also include suggested point values outlining how each narrative section should be weighted during the review process. In addition, recommendations have been made about maximum page limits for each section of the narrative. If an applicant utilizes the maximum page limit the narrative components of the application would consist of 22 pages, plus the three page data and demographics form, outcome measurement logic models and other necessary attachments as outlined below.

#### ***Page Limits:***

The RFP subcommittee recommends the page limits outlined below. The Committee felt that these limits would allow enough space for an applicant to answer the questions adequately and thoroughly without resulting in a burdensome review process. Providers will be allowed up to a maximum of 22 pages of narrative plus any required attachments as described below.

- Agency and History – 2 page maximum
- Provided/Program Description and Eligibility – 2 page maximum
- Service Delivery – 10 page maximum
- Community Needs – 2 page maximum
- Data and Demographics – 1 page narrative maximum plus 3 page data form
- Program Evaluation – 2 page narrative maximum and 5 page logic model for outcomes
- Problems and Challenges – 2 page maximum
- Staffing Requirements – 1 page maximum

#### **Fonts and Margins:**

The RFP subcommittee recommends that formatting include 12 point font, 1” margins, and double spaced text. This formatting will ensure that reviewers find proposals easy to review and contribute to a less burdensome review process.

Capacity and Quality Questions:

APPLICATION NARRATIVE QUESTIONS	POINT VALUE (100 Points total)
<b>Agency History and Purpose</b> (2 pages)	<b>10 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• How long has your agency been providing Domestic Violence Services?</li> <li>• Is your agency devoted entirely to domestic violence and if not, how does the domestic violence program fit in?</li> </ul>	
<b>Provider/Program Description and Eligibility</b> (2 pages)	<b>10 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• What is your philosophy and mission?</li> <li>• What client population does your program serve?</li> <li>• Describe your catchment/service area and population?</li> <li>• Do you have any age limitations?</li> <li>• Describe your policy on length of stay in shelter. <i>(if applying for Comprehensive services)</i></li> <li>• From what sources does your domestic violence program receive funding? List current year's funders and amounts.</li> <li>• From what sources does your agency receive funding?</li> </ul>	
<b>Service Delivery</b> (10 pages)	<b>50 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• Describe how your program currently provides domestic violence services in the category(s) you choose from page 5 in the Services Guidelines Manual.</li> <li>• When are your services available? Provide days and hours of operation.</li> <li>• How do you identify client's needs/barriers?</li> <li>• How do you help them address these needs/barriers?</li> <li>• How do your services help women to empower themselves and how does this show in your service delivery process and procedures?</li> <li>• How do you address client self-determination/client safety/client confidentiality and compliance with the IDVA (Illinois Domestic Violence Act)?</li> <li>• How do you handle confidentiality for services that are provided in buildings that house other offices?</li> <li>• How does your program serve families, including boys over the age of 12?</li> <li>• How do you serve male victims of domestic violence?</li> <li>• How do you physically serve a victim in the furthest distance in your catchment area?</li> <li>• How do you help those you cannot serve?</li> <li>• How do you provide culturally appropriate and linguistic services to these populations?                         <ul style="list-style-type: none"> <li>○ How does your program serve Lesbian, Gay, Bi-Sexual, Transgendered and Questioning (LGBTQ) clients?</li> <li>○ What are your policies/procedures around special populations such as people with disabilities (eg ADA) or HIV, people living in rural areas, etc?</li> <li>○ Are there any minority populations in your service area and if so, how do you provide for them and to what extent are you able to provide for them?</li> <li>○ Are there other populations of survivors in your area that you serve? If so, who and how do you meet their needs?</li> </ul> </li> </ul>	

<b>Community Needs</b> (2 pages)	<b>10 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• How does your service availability reflect your client populations' needs?</li> <li>• Describe the need of your communities that you are proposing to serve.</li> <li>• Describe the capacity to meet the needs of the target populations you will be serving.</li> <li>• Describe your partners/linkages and if you are not partnering/linking, how do you make client referrals to those agencies?</li> <li>• Who are your stakeholders and what is your relationship with them?</li> </ul>	
<b>Data and Demographics</b> (1 page – narrative, 3 page form attached)	<b>5 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• 3 PAGE FORM DESCRIBING OUTPUTS OF PROVIDER'S DOMESTIC VIOLENCE PROGRAM - Complete the attached Data and Demographics Form by inserting FY11 accomplishments, FY12 accomplishments July through December 2011, and your FY13 projections. Data should reflect total outputs of your domestic violence program. If you have seen significant changes in your data or expect significant changes please use the space provided on this form to explain those differences. If you have to explain differences in your data, it is acceptable to exceed the two pages on this form.</li> <li>• 1 PAGE NARRATIVE: Explain your data and record keeping procedures. Limit response to one page.</li> </ul>	
<b>Program Evaluation and Auditing</b> (2 pages)	<b>5 POINTS MAXIMUM</b>
<ul style="list-style-type: none"> <li>• How is your program's service delivery evaluated and assessed?</li> <li>• What outside monitoring agencies evaluate your services?</li> <li>• Has your program had a recent site review? When, by what entities and what were the findings?</li> <li>• How does your agency's service delivery help meet the State's intended outcomes for domestic violence services? Complete the attached Logic Model Worksheet for each of the five major service areas <u>for which you are requesting IDHS support</u>. <ul style="list-style-type: none"> <li>○ Logic models should clearly delineate the inputs and activities that demonstrate how your agency's service delivery helps the State meet its intended outcomes for domestic violence services.</li> <li>○ Logic models should provide brief highlights to summarize how services described at length in the narrative portion of your proposal lead to successfully achieving outcomes for each of the five service areas requiring outcome measurement. Brief highlights should be provided in the form of bullet points.</li> <li>○ Logic model INPUTS should include brief descriptions of the resources your organization contributes to service delivery such as staff, volunteers, technology, space, etc. ACTIVITIES should include brief descriptions about what you do, for example conduct workshops, specific service delivery, develop products, train staff, facilitate groups, provide counseling, education, provide information on victim compensation, provide transportation to court.</li> <li>○ The intended outcomes are outlined in the attached logic model and separated into five major service areas. Those service areas are: emergency shelter, supportive services and other advocacy, legal advocacy, counseling and support group.</li> </ul> </li> </ul>	

- Provide data (eg current outcome measurements utilized) and/or anecdotes to demonstrate previous successes your agency’s clients have achieved as a result of receiving your services as related to intended outcomes for domestic violence services.
- What fiscal auditing standards does your program use?
- Please attach your latest financial audit and management letter.

**Problems and Challenges**  
(2 pages)

**5 POINTS MAXIMUM**

- What are the current challenges for your program? How will you address these?
- What is the major issue(s) your agency is struggling with currently? What would help with this issue?

**Staffing Requirements**  
(1 page)

**5 POINTS MAXIMUM**

- In your hiring practices, how do you assess the skills, abilities and qualities of potential staff and volunteers to ensure they will execute the philosophy and mission of your agency’s service delivery?
- Attach Staff organizational chart indicating positions for each staff member.
- Attach 40-hour domestic violence training certificates for **all domestic violence** staff.
- Attach Illinois Certified Domestic Violence Professionals (ICDVP) certificates for all Supervisors, Coordinators, and Program Directors.

DATA AND DEMOGRAPHICS FORM (OUTPUTS) - Existing And Projected Domestic Violence Program

Service Numbers

**1. Number of Individual Clients**

CLIENTS RECEIVING EMERGENCY SHELTER (on or off site)	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Adults			
Children			
CLIENTS RECEIVING TRANSITIONAL HOUSING	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Adults			
Children			
NONRESIDENTIAL CLIENTS (no shelter / no transitional housing – walk in clients)	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Adults			
Children			
TOTAL ALL CLIENT TYPES	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Adults			
Children			

Explain significant changes: \_\_\_\_\_

**2. Client Demographics – REPORT IN PERCENTS (%)?**

SEX	FY11 Actual		FY12 Progress (July-December)		FY13 Projected	
	Adults	Children	Adults	Children	Adults	Children
Female						
Male						
AGE						
0-5						
6-11						
12-17						
18-29						
30-39						
40-49						
50-59						
60+						
Unreported						
ETHNICITY						
	Adults	Children	Adults	Children	Adults	Children
Hispanic/Latino						
Non Hispanic/ Latino						
Unreported						



RACE						
	Adults	Children	Adults	Children	Adults	Children
American Indian/Alaska Native						
Asian						
Black/African American						
Native Hawaiian/Other Pacific Islander						
White						
Biracial						
Unreported						

Explain significant changes: \_\_\_\_\_

### 3. Number of On-site Shelter/Transitional Housing beds

EMERGENCY AND TRANSITIONAL BED SPACE	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
On Site Emergency Shelter Beds			
Transitional/Second Stage Beds			

Explain significant changes: \_\_\_\_\_

### 4. Shelter Nights

NIGHTS OF ON AND OFF SITE EMERGENCY SHELTER	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Adults			
Children			

Explain significant changes \_\_\_\_\_

### 5. Number of Hotline Calls

HOTLINE CALLS	FY11 Actual	FY12 Progress (July-December)	FY13 Projected
Hotline – Clients / NonClient Victims			
Information and Referral			

Explain significant changes \_\_\_\_\_

### 6. Direct Service Hours

Direct Client Service Hours	FY11 Actual		FY12 (July-Dec) progress		FY13 Projected	
COUNSELING HOURS AND CLIENTS	Clients	Hrs	Clients	Hrs	Clients	Hrs
Adults						
Children						
SUPPORT GROUP HOURS AND CLIENTS	Clients	Hrs	Clients	Hrs	Clients	Hrs
Adults						
Children						

<b>ADVOCACY AND OTHER SERVICES (list services included for instructional purposes)</b>	<b>Clients</b>	<b>Hrs</b>	<b>Clients</b>	<b>Hrs</b>	<b>Clients</b>	<b>Hrs</b>
Adults						
Children						
<b>LEGAL ADVOCACY</b>	<b>Clients</b>	<b>Hrs</b>	<b>Clients</b>	<b>Hrs</b>	<b>Clients</b>	<b>Hrs</b>
Adults						
Children						

Explain significant changes: \_\_\_\_\_

**7. Order of Protection Assistance Provided**

<b>ORDER OF PROTECTION ASSISTANCE</b>	<b>FY11 Actual</b>	<b>FY12 Progress (July-December)</b>	<b>FY13 Projected</b>
Victims Receiving OP Assistance			
Emergency OPS you assisted with			
Interim and Plenary OPS you assisted with			

Explain significant changes: \_\_\_\_\_

**8. Public Education/Awareness**

<b>PUBLIC AWARENESS</b>	<b>FY11 Actual</b>	<b>FY12 Progress (July-December)</b>	<b>FY13 Projected</b>
Presentations			
Hours			
Participants			

Explain significant changes: \_\_\_\_\_

RFP Logic Model Demonstrating Service Delivery Meets Intended Outcomes of Domestic Violence Services

SERVICE/PROGRAM AREA:	EMERGENCY SHELTER (on and off site emergency shelter)		
INPUTS	ACTIVITIES	INTENDED OUTCOMES	EXPECTED SUCCESS RATE OF PROVIDER
<i>Resources to do what you do - staff, volunteers, money, time, equipment, materials, technology, partners</i>	<b>What we do</b> conduct workshops/mtgs, deliver services, develop products, train, facilitate, provide counseling, education, provide information on victim compensation, provide transportation to court		Please indicate the percent of clients you anticipate will answer YES to the specified outcome.
•	•	• I know more ways to plan for my safety.	•
•	•	• I know more about community resources.	•
•	•	• I feel safer from abuse by getting out of the abusive environment while in shelter.	•
•	•	• I feel more hopeful about my future.	•

September 16, 2011 Outcomes Pilot Feedback: NO CHANGES

SERVICE/PROGRAM AREA:	<b>Advocacy and Other Supportive Services (other than legal advocacy)</b> <b>Adults Only - Housing advocacy, economic assistance, employment assistance, medical assistance, parental services</b> <b>Adults and Children - education assistance, other advocacy (eg other outside parties), life skills, conflict resolution)</b>		
INPUTS	ACTIVITIES	INTENDED OUTCOMES	EXPECTED SUCCESS RATE OF PROVIDER
<i>Resources to do what you do - staff, volunteers, money, time, equipment, materials, technology, partners</i>	<i>What we do</i> conduct workshops/mtgs, deliver services, develop products, train, facilitate, provide counseling, education, provide information on victim compensation, provide transportation to court		Please indicate the percent of clients you anticipate will answer YES to the specified outcome.
•	•	• I know more ways to plan for my safety.	•
•	•	• I know more about community resources.	•
•	•	• I feel more hopeful about my future.	•
•	•	• I feel better able to support myself and my children.	•

September 16, 2011 Outcomes Pilot Feedback: NO CHANGES

SERVICE/PROGRAM AREA:	Legal Advocacy		
INPUTS	ACTIVITIES	INTENDED OUTCOMES	EXPECTED SUCCESS RATE OF PROVIDER
<i>Resources to do what you do - staff, volunteers, money, time, equipment, materials, technology, partners</i>	<i>What we do</i> conduct workshops/mtgs, deliver services, develop products, train, facilitate, provide counseling, education, provide information on victim compensation, provide transportation to court		Please indicate the percent of clients you anticipate will answer YES to the specified outcome.
•	•	• I know more ways to plan for my safety.	•
•	•	• I know more about community resources.	•
•	•	• I have an increased understanding of my legal rights as a domestic violence victim.	•
•	•	• I know I can report violations of my order of protection.	•

September 16, 2011 Outcomes Pilot Feedback: NO CHANGES

SERVICE/PROGRAM AREA:	Counseling (may include telephone counseling, in person counseling, individual children's counseling, family counseling)		
INPUTS	ACTIVITIES	INTENDED OUTCOMES	EXPECTED SUCCESS RATE OF PROVIDER
<i>Resources to do what you do - staff, volunteers, money, time, equipment, materials, technology, partners</i>	<i>What we do</i> conduct workshops/mtgs, deliver services, develop products, train, facilitate, provide counseling, education, provide information on victim compensation, provide transportation to court		Please indicate the percent of clients you anticipate will answer YES to the specified outcome.
•	•	• I know more ways to plan for my safety.	•
•	•	• I know more about community resources.	•
•	•	• I feel more hopeful about my future.	•
•	•	• I have a better understanding of the effects of abuse on my life.	•
•	•	• I have a better understanding of the effects of abuse on my children's lives.	•

September 16, 2011 Outcomes Pilot Feedback: RECOMMENDED CHANGES HIGHLIGHTED IN YELLOW

SERVICE/PROGRAM AREA:	Support Group (victims and children support groups)		
INPUTS	ACTIVITIES	INTENDED OUTCOMES	EXPECTED SUCCESS RATE OF PROVIDER
<i>Resources to do what you do - staff, volunteers, money, time, equipment, materials, technology, partners</i>	<i>What we do</i> conduct workshops/mtgs, deliver services, develop products, train, facilitate, provide counseling, education, provide information on victim compensation, provide transportation to court		Please indicate the percent of clients you anticipate will answer YES to the specified outcome.
•	•	• I know more ways to plan for my safety.	•
•	•	• I know more about community resources.	•
•	•	• I feel more hopeful about my future.	•
•	•	• I have a better understanding of the effects of abuse on my life.	•
•	•	• I have a better understanding of the effects of abuse on my children's lives.	•

September 16, 2011 Outcomes Pilot Feedback: RECOMMENDED CHANGES HIGHLIGHTED IN YELLOW

## Application Review Procedure Recommendations

### Selection of Reviewers:

IDHS should invite internal and external reviewers with significant domestic violence service experience and understanding. Multiple reviewers should review each application.

### Training/Orientation of Reviewers:

IDHS should set up training for reviewers to inform of regional differences in the state, comprehensive vs. specialized services, walk-in services vs. emergency shelter, on-site emergency shelter vs. off-site emergency shelter, etc. If reviewers have no domestic violence service experience or understanding, IDHS should train reviewers on domestic violence services, including the IDHS Services Guidelines Manual for reference. Conducting a group review of one or more applications is recommended at the training to ensure consistent understanding among all reviewers of scoring guidelines. IDHS should train the reviewers to ensure shared understanding of application expectations.

Guidelines for training reviewers include:

- Look for demonstrated program capacity, not just descriptions of what applicant proposes to do.
- Look for demonstrated program quality, not just descriptions of what the applicant proposes to do.
- Be aware of applicants who are just quoting the IDHS Services Guidelines Manual.
- To what extent is the applicant currently in compliance with the IDHS Services Guidelines Manual, especially in regard to service delivery?
- Does applicant go above and beyond the basics required in the IDHS Services Guideline Manual?
- To what extent does applicant demonstrate an understanding of the dynamics of domestic violence?
- To what extent does the applicant demonstrate their ability to function effectively in the context of cultural differences?
  - Proposals should describe the cultural competency and delivery of services that each organization has, and how the organization implements its written plan on cultural competency and diversity.
  - Specific factors should address cultural competency and ethnicity, race, religion, age, gender and disabilities of the population served.
  - Specific characteristics of the population served must be identified in order for an organization to have the foundation for culturally competent services delivery.
  - Cultural competency can be demonstrated by having personnel who are representatives of the persons served, also by designing and delivering services in a manner that will be most effective given the cultures served and settings that promote comfort, trust and familiarity



- Proposals should demonstrate an ability to adapt individual interventions, programs, and policies to fit the cultural context of the individual family or community.

## RECOMMENDATIONS OF THE OUTCOMES SUBCOMMITTEE

The Outcomes Subcommittee met several times to develop recommendations about the intended outcome measurements of services delivered to victims and their children by domestic violence service providers. Each survivor's needs are unique which means the service delivery to each survivor may be similar in some respects but unique in many others. This made developing outcome measures applicable for statewide implementation challenging.

Throughout its meetings, the subcommittee reviewed materials published by other states on outcome measures; considered services delivered that are appropriate for outcome measurement; reviewed outcome measurements currently required by the U.S. Department of Health and Human Services (HHS) Family Violence Prevention and Service Act (FVPSA) domestic violence program, the federal funding currently administered by IDHS; and considered the implementation of those measurements and applicability for domestic violence providers statewide.

The subcommittee developed a logic model to outline all of the intended outcomes services offered should help victims and their children obtain. It determined there were too many specific outcomes, most of which were too specific to apply to every survivor who was asked that specific question. However, the subcommittee was able to identify some broader outcomes that would be most appropriate for statewide application. Some of these outcomes would be expected in the short term, others in a more intermediate time frame. For each of the five service categories identified by the subcommittee for outcome measurement, the subcommittee identified two outcome measures in addition to the FVPSA outcome measures already required. It was also determined that while 24 accessibility is core to the work of domestic violence service providers, it was not appropriate for outcome measurement. This is due to the duplication in client responses it would create as clients would ultimately receive other types of services as well.

Next, the subcommittee considered data collection methods and almost immediately realized that data collection requirements already required by FVPSA outcome measurement guidelines would easily apply to the outcome measurements identified by the subcommittee. And lastly the subcommittee considered what benchmark should be used for each outcome that would indicate a program was successful.

Recommendations of this subcommittee related to outcome measurement of domestic violence service provision in Illinois are outlined in the following sections:

- Measurement of intended outcomes;
- Data collection guidelines; and
- Benchmarks for success.

## Measurement of Intended Outcomes

The Outcomes Subcommittee determined that five service categories were appropriate for outcome measurement. Those service categories include: emergency shelter, supportive services and advocacy, legal advocacy, counseling and support group. Four to five outcome measurements have been identified for each of these service areas. Two of those outcome measurements are already being used throughout all providers in Illinois that currently receive IDHS funds for domestic violence service provision as required by FVPSA. These two measurements are the same across each of the service areas. The subcommittee also identified two to three additional outcomes specific to each of the five service areas. These recommended measurements are outlined on the following page.

At the time the original outcome measurements were presented to DVAC on September 8, 2011, the Outcomes Subcommittee was piloting the measurements with survivors. The Outcomes Subcommittee reviewed the pilot project feedback on September 16, 2011 and found that overall, questions were easy to understand and survivors were typically able to tie the outcome back to activities intended by the Subcommittee, with one exception—questions related to “conflict resolution”. After lengthy discussion, the Outcomes Subcommittee revised those outcome measurements and those revisions are reflected in this document.

## PROPOSED OUTCOME MEASUREMENTS FOR DOMESTIC VIOLENCE SERVICES

EMERGENCY SHELTER	COUNSELING	SUPPORT GROUP	ADVOCACY AND OTHER SUPPORTIVE SERVICES	LEGAL ADVOCACY
SHORT TERM	SHORT TERM	SHORT TERM	SHORT TERM	SHORT TERM
<p>A. I know more ways to plan for my safety.</p> <p>B. I know more about community resources.</p> <p>C. I feel safer from abuse by getting out of the abusive environment while in shelter.</p>	<p>A. I know more ways to plan for my safety.</p> <p>B. I know more about community resources.</p>	<p>A. I know more ways to plan for my safety.</p> <p>B. I know more about community resources.</p>	<p>A. I know more ways to plan for my safety.</p> <p>B. I know more about community resources.</p>	<p>A. I know more ways to plan for my safety.</p> <p>B. I know more about community resources.</p>
INTERMEDIATE	INTERMEDIATE	INTERMEDIATE	INTERMEDIATE	INTERMEDIATE
<p>A. I feel more hopeful about my future.</p>	<p>A. I feel more hopeful about my future.</p> <p>B. I have a better understanding of the effects of abuse on my life.</p> <p>C. I have a better understanding of the effects of abuse on my children's lives.</p>	<p>A. I feel more hopeful about my future.</p> <p>B. I have a better understanding of the effects of abuse on my life.</p> <p>C. I have a better understanding of the effects of abuse on my children's lives.</p>	<p>A. I feel more hopeful about my future.</p> <p>B. I feel better able to support myself and my children.</p>	<p>A. I know I can report violations of my order of protection.</p>

*Source – Illinois Department of Human Services Domestic Violence Advisory Committee Outcomes Subcommittee*

### Data Collection Guidelines

The subcommittee recommends following data collection guidelines for outcome measurement already established and implemented in domestic violence service providers according to federal requirements. These requirements are as follows:

- Providers minimally must collect outcome data for at least 5% (but not less than 30 individuals) of eligible clients in each client group or service area. This includes clients seeking any combination of shelter, support groups, supportive services/advocacy services, legal advocacy, and/or counseling.
- Clients should answer the outcomes questions in regard to the most intensive services received. In order of “intensity”, service groups are shelter, supportive services and advocacy, including legal advocacy, counseling, and support groups. (ie if a client receives shelter and attends a support group then that client should answer the outcome questions in regard to the shelter service received, but not as a support group response).
- Data must be entered into InfoNet on no less than a quarterly basis.
  - Note – Expected start data for collection is January 1, 2012. InfoNet data collection reporting may not be available at that time. Providers will report manually until such time that InfoNet is capable of this reporting.
- Clients need only answer the questions once per service delivery episode or case ( eg she doesn’t need to fill out her outcome measures survey at each group session she attends).

These recommendations are made with an understanding that if the federal guidelines for outcome measurement data collection are modified, IDHS’s requirements would also be modified accordingly.

### Benchmarks for Success

The Outcomes Subcommittee recommends the success benchmark for the first year of implementation as 60%. This recommendation is made with an understanding that this benchmark may be reevaluated by IDHS after the first year of implementation.

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<sup>i</sup> Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., F. Gary, ...Wilt, S.A. (2003, November). Assessing risk factors for intimate partner homicide. NIJ Journal, 250, 14-19. NCJ 196547.

<sup>ii</sup> Data retrieved from the 2003 Center for Disease Control report Cost of Intimate Partner Violence Against Women in the United States. Atlanta, GA: National Center for Injury Prevention and Control.

<sup>iii</sup> Figures are based on data presented in *The cost of murder*, in *The Tennessean*. Retrieved 7/18/06 from <http://tennessean.com/apps/pbcs.dll/setion?category+NEWS1302>



# Family Service Center

Stronger families. Stronger communities. Stronger tomorrows.

October 4, 2012

Chairman and Commissioners;

Thank you for the opportunity to speak to you today about Budgeting for Results in Illinois and how it impacts local service providers. My name is Erin Predmore, and I am the Executive Director of Family Service Center, located here in Springfield. I have many years of experience working with children and families, as well as working with local community service providers to solve problems creatively with few resources. I am also a member of Illinois Partners in Human Service. My staff and I, as well as the staff and providers at dozens of other human service agencies, work hard every day to care for the young, elderly and disabled. We know their stories, and we know what works to get them on their feet and on their way to becoming productive and successful citizens.

We also know when there are holes in the continuum of services offered, and we watch helplessly as our clients struggle with the lack of intensive mental health, substance abuse, or psychiatric resources in Central Illinois. It is unconscionable that these resources are not available to all those in need of services in our area when we are part of a community with so much available to those clients who can pay for services. The problem is that program development follows the money, and the budgeting process is not currently connected to the local needs in each community and the services that are unavailable and need to be provided. Much of the control is located in offices hundreds of miles away in other parts of the state—specifically for human services, a very local issue, this causes a problem.

Budgeting for Results will be an exciting addition to the Human Services field, and I am hopeful that it will improve outcomes for many of the children and families we serve. However, we must get it right for it to be effective and I have 3 things to ask of you today as you move forward.

- 1) Increase competition: I have worked in the mental health field in 4 other states. Illinois is the first state in my experience that had no competition for Medicaid funded mental health services for children. This lack of competition for Medicaid dollars is due to the current system of one provider per catchment area. By opening up Medicaid funds to reimburse multiple service providers in an area, the current licensed providers could help fill the gap for needed mental health and substance abuse services. Competition would also require an improvement in service delivery and outcomes and increase efficiency.
- 2) Include us providers: I had the experience of working and supervising several child mental health programs during a similar budgeting process in Virginia. In that transition, providers were shut out of the planning process and never asked about potential outcomes or effective and efficient service delivery. The result was severe and unnecessary cuts that did

- not connect to improved service delivery. We are already the most effective and cheapest deal in town – in your next steps, it is essential that please you ask us for our input. We can guide the process and help to insure that the outcomes and measures we select effectively measure impacts and actually improve results.
- 3) Make room for innovation: The results we want in Illinois cannot be met without an increase in optional intensive services. For children in Central Illinois who struggle with delinquency, mental illness, homelessness, or dangerous homes, there are few community-based intensive treatment options. A child in danger of “losing their placement” has little alternatives between case management and residential treatment – which can last for years. These children, who could be served in their community, are removed from their families, schools and support systems and sent away to residential treatment, which costs hundreds of thousands of dollars a year, usually paid for by the state. Similar investment in our community would result in those kids staying here, receiving treatment in their homes and community, and improving outcomes for all. There is currently no mechanism that I know of to support this type of proven and effective treatment – the budget is not set up that way.

When Illinois budgets for results, I hope its leaders involve service providers who understand the struggles and the potential in every aspect of the process. Look around at other states – find other communities who have dealt with similar issues. Guidance and information can help to insure that the system put in place improves the outcomes for all Illinoisans, instead of becoming a further impediment to innovation and effective service delivery. Thank you for your time today – I hope you have a great week!





Building Better Tomorrows...Today  
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October 3, 2012

Dear Chairman and Commissioners,

Thank you for coming to beautiful Southern Illinois and for hearing our thoughts on Budgeting for Results in relation to our work in this area.

I am Karen Freitag, Chief Administrative Officer for The H Group. Our mission is to be your healthcare partner for hope, growth and improved quality of life. The H Group recently merged with Southern Illinois Regional Social Services. Together we have been providing services for over 50 years. We provide a wide range of behavioral health and human services in Franklin, Jackson, Williamson and specialized services in 27 surrounding counties in Illinois. We serve around 10,000 people each year. In reviewing the seven results adopted by the Commission, we align most closely with #5 – Healthcare and #6 – Human Services. In addition, we support the other five results and are especially encouraging implementation of #1: “that Illinois State Government operates efficiently, effectively and transparently.”

The report that you all put together is sound and has some excellent recommendations. We all know that the devil is in the details. We all need to work together to ensure that those that deliver the services are involved in the process of developing metrics and choosing realistic outcomes and have the technological support to be able to participate. This means being paid enough to support technology.

The H Group has been submitting outcomes to various departments of state government for years – using various systems. We also invested in our own EHR (Electronic Health Record) and have access to a great deal of information about outcomes. We need to be involved in determining outcomes and processes used to submit information in order to reduce duplication of effort and instill consistency and user friendly processes. Reducing duplication includes utilizing national outcome measures that have already been developed or are in the development process, such as those developed by SAMSHA (Substance Abuse and Mental Health Services Administration).

We believe strongly that we should be held accountable for how quickly we can give access to care and how much lives are changed because of our services. We also believe that whatever measures are identified should be clearly and operationally defined so that all providers and funders are collecting the same kind of data and interpreting that data in same way.

We also want to be involved as HFS rolls out additional managed care. And since I have mentioned HFS, it is important to note that if we indeed adhere to result #1 where government operates efficiently, we need to be paid in a timely manner and receive clear reports that link payments to the billings we have submitted. As partners, we need to work together on the entire process from contract to payment.

Thank you for your presence here today and the opportunity to speak. We are encouraged by the work of the Commission and your commitment to listen to providers. We encourage more input from providers and appreciate the magnitude of this endeavor.

Sincerely,

Karen Freitag  
Chief Administrative Officer  
The H Group

# housingactionillinois

**Housing Action Illinois Testimony to Budgeting for Results Commission  
Bob Palmer, Policy Director, Housing Action Illinois  
September 24, 2012**

My testimony is going to focus on the Emergency and Transitional Housing Program and Homeless Prevention Programs, two of the state's main programs to address the homelessness. Providers for both programs have long reported detailed program outcome data to the Illinois Department of Human Services (IDHS) and there is a strong track record of demonstrable positive results from both these programs.

We strongly support the concept of the Budget for Results initiative, as it makes sense to allocate limited resources based on how effectively a program or service achieves established goals and objectives rather than historical funding levels.

However, as I'm sure you realize, differentiating unacceptable, acceptable and exceptionally good results between different programs and among agencies administering the same program can often be complicated. Therefore, we ask you to keep the following issues in mind as you move forward to finalize metrics to demonstrate the effectiveness of programs overall and performance-based contracting at the provider/agency level.

1. Outcomes for certain types of programs are impacted by factors beyond the provider's control.

The Emergency and Transitional Housing Program gives immediate, comprehensive shelter services to homeless people and those at risk of becoming homeless. The program provides funding for shelter, and support services to the City of Chicago and nearly 90 nonprofit organizations in others parts of the state.

In recent years, the program has consistently served more than 40,000 people a year, about one- third of whom are less than 18 years old. The number of times people are turned away due to lack of program vacancies is consistently higher than the number of people served and has been increasing.

Some of the outcomes data for the program reported to IDHS have not been as positive since the time of the economic downturn, higher unemployment rates and increasing rents. For example, the number of households with a "positive housing outcome"— meaning they exited to permanent or transitional (two-year) housing—has declined. In FY 2010, 54% of the people served had positive outcomes. In FY 2011, 37% of the people served had positive housing outcomes. The decline can most likely be attributed to the factors beyond the control of providers outlined earlier in my testimony, and not a worsening in the quality of the service provided. Once the economy improves, the

performance data will probably improve, as well.

2. Serving those most in need can sometimes result in lower performance numbers, but is a better long-term investment for the state.

In the first 11 years of operation, from FY 1999 to FY 2010, the Homeless Prevention Program spent \$62 million to prevent 96,231 households from becoming homeless. An average of 85% of households had a successful outcome. Success is measured as the household still being housed when the providers conduct a follow-up survey of all recipients after the completion of the previous fiscal year.

The program provides one- time rental assistance grants, utility assistance grants, and supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure, or homelessness (or who are currently homeless). In fiscal year 2010, the average homeless prevention grant was \$916.

Households that can most strongly make the case that they only need short-term assistance currently receive some priority for program funds. However, some current thinking nationally on these types of programs suggests that based on limited resources, it makes sense to instead target the funds towards people most likely to enter homeless shelters if they don't receive assistance. Under this scenario, a household who could enter into a shared housing situation might have less priority for assistance than a household without such an option.

Since these most at-risk households would be likely to have higher-needs, the average grant amount would probably need to be higher, so fewer households could be served during the fiscal year than if there is no change in targeting. In addition, the number of people still housed in the follow-up survey would also probably be somewhat lower. However, even with these "worse" numbers, you can still make the case that it is a better use of limited state dollars.

3. Program outcomes among agencies managing the same program may vary by agency due to factors unrelated to the quality of services provided.

For example, agencies with less positive outcomes may be in parts of the state where the need for state funding is greatest. The severity of the needs among households served by a particular agency, regardless of location, is another factor impacting outcomes.

Homeless service providers in downstate communities, where there are far fewer private philanthropic resources to support their work, sometimes rely more heavily on state funding than larger agencies in the Chicago area. However, because of the special challenges some people in rural communities have ending their homelessness

compared to urban or suburban communities (e.g., higher unemployment, less public transit and fewer permanent supportive housing options) agencies in rural areas might not compare well to their urban counterparts.

On the other hand, the converse may be true if an urban or suburban agency is focused on serving people who are chronically homeless and have very serious obstacles to finding employment and stable housing, such as people with severe mental illness and people with criminal records.

Therefore, we ask that funding decisions take into consideration what percentage of a programs' funding comes from the state, what other funding options an agency has, local factors (such the health of the local economy) and specific issues faced by the people an agency serves.

Thank you for considering Housing Action Illinois' perspective. I can be reached at 312-939-6074 x. 206 or [bob@housingactionil.org](mailto:bob@housingactionil.org) for more information.

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Housing Action Illinois is a statewide coalition formed to protect and expand the availability of quality, affordable housing throughout Illinois. Together we empower communities to thrive through three programs: Organizing, Policy Advocacy, and Training and Technical Assistance.

Our members include housing counseling agencies, homeless service providers, developers of affordable housing and policymakers. These organizations serve low- and moderate-income households, helping to provide a place to call home, thereby strengthening the community at large.

October 4, 2012

Chairman and Commissioners, thank you for the opportunity to present testimony today regarding your ongoing Budgeting for Results efforts and how it will impact domestic violence victims and their dependents across the state.

My name is Vickie Smith. I am the Executive Director of the Illinois Coalition Against Domestic Violence, representing 53 agencies around the state that provide crisis intervention services to domestic violence victims and their children.

Since funding was first made available during state fiscal year 1980, agencies that contracted with the state to provide emergency services to victims of domestic violence have tracked outputs- numbers of adults and children served, hours of counseling and advocacy, nights in shelter, etc. Since July of 2008, contracted agencies have been required to report on two measurable outcomes that were devised by a national group supported by the Department of Health and Human Services Family Violence and Prevention Services program. Over a period of months during 2011, agencies – funded and not – met to devise additional outcome measurements for services to domestic violence victims. They added two. Beginning in July of 2012, two additional outcomes have been added to measure the effectiveness of services to child witnesses.

Outcome measurements have been a discussion amongst the ICADV membership since at least the late 1980s. The concern has always been that adequate services would be judged by criteria such as did the victim return home, receive an order of protection or some other

arbitrary measurement that had nothing to do with what services were provided or in what manner. Providers of domestic violence victim services knew they had to be proactive in creating and recommending measurements that were meaningful for IDHS and for the work the providers do in their communities. When the providers met with IDHS staff, they were able to discuss a myriad of issues that affect an individual victim and at what level a provider can make an impact. Out of this it became clear that agencies can and do provide safety and information. With respect and knowledge a victim of domestic violence can build a safety plan that is appropriate for his or her family.

Given our experience I would urge this Commission to encourage other sectors in IDHS and other agencies to include providers in the development of measurements that will make sense to the State and to the people that utilize state funded services. In order to accomplish meaningful outcome measurements there must be dialogue between the state agency representatives that are engaged and understand the programs and the providers of those programs.

A component that was critical to our outcomes discussions was what other community services are available to support domestic violence victims. As this process moves forward it is invaluable to understand that the funding silos that have been created in the past often create barriers for an individual seeking services from a state funded agency. An example of this is if a domestic violence victim goes into shelter, receives court advocacy and participates in counseling, she may not be able to move forward if there is no safe affordable housing or job training in her community.

The process of identifying the best use of government resources is tied to what else is available in the community. On average, about 40% of funding that supports a community based domestic violence victims' services agency is government funding. This varies across the state significantly. The farther south an agency is situated in Illinois the less likely they are to have a United Way or other similar community fund raising entity. How does an agency in rural Illinois raise adequate resources to respond to citizens seeking assistance? This lack of non-

government resources must be considered when determining if an agency is “measuring up” to the industry defined bar.

In closing I want to commend this Commission and the staff supporting this huge undertaking. We all understand and acknowledge the significant financial issues facing this state. This is an opportunity to truly design worthwhile – and meaningful – ways to determine how to provide the best possible services to the citizens of Illinois. I appreciate that you are taking the time to provide an opportunity to hear from the full community of providers. Please continue with this open process and stay engaged with the amazingly dedicated and diverse complement of vendors you have.

Thank you again for this opportunity to speak to you today.

Vickie M Smith

Executive Director/CEO

Illinois Coalition Against Domestic Violence

EMPOWERING WOMEN. EXPANDING AWARENESS. ERADICATING VIOLENCE.

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**Office of the Governor  
Budgeting for Results Commission  
October 4, 2012**

**PARTNERSHIPS – COLLABORATIONS – DETERMINING THE BENEFITS RATIO**

**Remarks from the Illinois Library Association**

Good afternoon. I am Kathy Berggren, the Director of the Matteson Public Library and Chairperson of the Illinois Library Association's Public Policy Committee. I want to thank you for allowing me this time to speak on behalf of the Illinois Library Association who I will be referring to as ILA.

ILA is an association of 3600 members representing library professionals, local library trustees, and every type of library in Illinois. Illinois has 1,464 public and school libraries that are eligible and benefit from various State grants. These grants are administered through the Illinois Secretary of State's office.

Public libraries are allowed to apply for annual per capita grants; schools may apply for school library per capita grants, and economically disadvantaged communities may apply for equalization grants. According to the current law, public library per capita grants are supposed to be funded at a \$1.25 per resident, although the State has consistently underfunded this grant program and public libraries currently receive \$1.02 per person a year behind schedule.

Last year school libraries were eligible for \$ .7795 per student.

Equalization grants for poorer communities are designed to supplement local revenues in areas that are unable to levy at a statutory minimum rate. There are also several other grant programs that assist with issues such as meeting the American Disabilities Act's standards, and capital expenditures.

It should be noted that Illinois libraries receive close to 96% of their funding from local property taxes or municipal reimbursements and the State's grant programs provide roughly 2 %. ILA has pushed for the Governor and General Assembly to step up and do more for Illinois residents through additional library funding. At the very least, the State should appropriate sufficient funds to meet the stated statutory per capita rate. Having said that, it is clear that the State gets a great return on its investment in library grants.

Over the years, State grants have succeeded in providing some of the most basic library needs. They have guaranteed that every public library has a fax machine and computer access to the Internet. Improved building accessibility, as well as the means to purchase assistive technology in order for people with disabilities to access the Internet to research benefits, identify local community

resources, and download audio books and music that has been funded through State grants.

These funds have allowed libraries to explore new formats for their collections and the purchase of subscription databases whose cost is beyond an individual's capabilities. These grants help to fund afterschool programs. Libraries are able to expand their programming activities into more classroom options for individuals of all ages including the homeschooled.

Public libraries continue to partner with school libraries to share resources and to expand each other's capabilities. When schools close their doors at the end of the day, for weekends, holidays, and summers, the public libraries are there to carry on. When new mothers need to learn how to read and play productively with their babies, the public library is there.

In fact, today's public libraries are even setting up STEM programs to teach Science, Technology, Engineering, and Math. They hold book club discussions and creative writing classes. Libraries are hosting art classes and opening digital media labs to assist youth and adults in the creation of media.

Adults receive job searching options and training in computer use. Classes designated for seniors address quality of life class work not only teaching new

crafts, they provide social interaction and opportunities to study investment options and how to protect themselves from identity theft.

Libraries provide a safe haven and educational environment for latch key kids and the homeless. They serve as cooling centers in the summer and heating centers in the winter, and our facilities are the public square for every sort of community group and event.

A concrete measure of effectiveness is that school test scores for years have proven that schools with libraries test at a higher level than schools without a designated library and qualified personnel.

Public library users who check out the return on investment they get from their library use have found that the ROI for their tax dollars can run from 4 to 1 or higher. Walt Crawford has released a book entitled, ***Give Us a Dollar and We'll Give You Back Four***, where he has set up a system for libraries nationally to collect data to prove that *“public libraries represent excellent value propositions, either regarded as the heart of any healthy community or viewed strictly on the basis of cost and benefits.”*

ILA strongly supports the Budgeting for Results approach, and we know that State funding results is a great return on investment for the State's taxpayers and residents.

I would be happy to try to answer any questions you might have and thank you for your time and consideration.

To Budgeting for Results Commissioners:

The Illinois Network of Centers for Independent Living (INCIL) is pleased to offer testimony to the Budgeting for Results Commission. Centers for Independent Living (CILs) are an integral part of Illinois' Human Service network. Although they are a tiny piece of the budget, they make a big difference in the lives of individuals with disabilities throughout the state, allowing them to achieve self-sufficiency and full community participation.

The 22 CILs provide services to people with disabilities of all ages, with all disabilities. Services are non-residential – CILs do not own, operate or provide housing, nor do they operate any kind of day programs. Services are provided on an individual basis, with the consumer identifying his/her needs and working with staff to develop a plan to achieve self-selected goals. The CIL then serves as a resource to help develop the necessary skills to achieve goals and gain full access to community life including education, employment and socialization.

CILs do not duplicate services of any other human services provider, and it is not unusual for consumers of CILs to also be clients of other providers. People with disabilities are disproportionately poor and require the services available to those with very low incomes. For this reason, the preservation of the state's broad human service network is vital. None of us operates in a vacuum, and the collaboration among providers helps assure easier access to all services by all who need them.

CILs have always been held highly accountable for both budget and program reports. As the attached annual report from the DHS Division of Rehabilitation Services Independent Living Unit shows, reports have tended to focus on outputs, reflecting what had previously requested.

As Budgeting for Results developed, CILs undertook an effort to move to measureable outcome reporting in order to fully demonstrate the value of CIL services. Six months have been spent developing a logic model reporting system to capture the array of services provided, and the outcomes reached.

Individual Centers are initiating the use of this system, and ongoing training and support are being provided by the committee guiding the process. We look forward to sharing the system developed for CILs with the Budgeting for Results Commission.

As a member of the Illinois Partners for human Services, INCIL looks forward to a positive involvement in the full implementation of Budgeting for Results. It is our hope that the process will be an inclusive one, bringing together BFR Commissioners, state agencies, and providers from throughout the state to assure that this important process is used to strengthen the human service network.

We strongly recommend that the provider community, and the state agencies be fully engaged in the ongoing process. These are the people with their fingers on the pulse of those needing services. The outcome measures are a significant part of the process, but the involvement of those who develop the measures and understand their impact is crucial to moving forward with a productive use of our state's resources.

Finally, the reforming of the practice of funding human services cannot be truly complete without addressing – and eliminating – the enormous pile of unpaid bills from human service providers. As they work to document the value of their work, and to demonstrate the positive results, they do so knowing that there is no guarantee that whatever budget they are allowed will actually be provided. This uncertainty places a heavy burden of stress on those trying to provide quality services to consumers. This is an intolerable situation for provider agencies, and surely has a negative impact on those they are trying to serve.

Respectfully submitted,

Ann Ford  
Executive Director  
Illinois Network of Centers for Independent Living  
October 4, 2012

**ILLINOIS PARTNERS**

*for* **HUMAN SERVICE**

Quality Services. Adequate Funding. Measurable Results.

September 24, 2012

Chairman and Commissioners, thank you for taking the time today to hear testimony on Budgeting for Results in Illinois and how it will impact human service providers and the clients, families, and communities they serve across the state.

My name is Judith Gethner and I am the Executive Director of Illinois Partners for Human Service, a statewide network of over 700 providers working in every legislative district. Our members, many of whom have been working in their communities for decades, provide human services to more than two million Illinoisans and employ over 400,000 people full- and part-time. Four years ago, providers of all kinds joined together in one coalition to work with state leaders in strengthening the network of human service providers to achieve measurable results and adequate funding across the sectors.

Illinois Partners supports the work of the Budgeting for Results Commission: the strategic plan and the development of the strategy maps for each priority area. However, we think it essential that the next phase of work - the establishment of performance metrics and outcomes - be built out of the experience of providers.

Every day our members work closely with clients and their families to deliver services, meet needs, and improve lives; helping people across the state overcome challenges and make strides towards a full life. Providers know what it means to have a success or a failure each day, for a client to take a step forward or suffer a setback. They can tell you that measurable outputs do not necessarily translate into quality outcomes for clients and communities.

Does measuring how many teenage girls attend a class on preventing unwanted pregnancy really translate into more teens practicing safe sex? Is the number of meals delivered to seniors in a certain area a good measure of overall health and nutrition levels?

Our providers know that what is easy to measure, and who is easy to measure, never tells the whole story. By bypassing their input in this process, you could end up with outputs that are easy to measure, but don't improve outcomes. Or benchmarks that force providers with increasingly limited resources to focus on the clients who show up for their appointments or to take their meds, and not those who are hard to reach and help. Simply meeting benchmarks of service is not enough to change outcomes and improve quality.

Providers also understand the fiscal challenges and intricacies of providing human services. What does implementing metrics collection really cost to providers? How do you measure the impact of state contract funds versus foundation and private contributions? How are the metrics different for small, community-based providers who will be new to collecting metrics versus large, statewide organizations with executive boards who have been demonstrating outcomes for years?

We need to take the time to answer these questions; to examine the real costs of implementing metric collection to providers and achieving outcomes, to understand how measurable outputs and outcomes will be different depending on the type of provider organization, and to determine how implementation will affect those receiving services. Illinois Partners also urges the state to use the real program costs in determining funding amounts, not the allocations the state currently employs

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**ILLINOIS PARTNERS**

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which do not adequately cover the expenses of the outcomes the state expects. We owe it to those receiving services and to our communities to do this effectively.

I ask the Commission: “What will be your process for engaging providers in determining measurable outputs and desired outcomes? What is your timeline for doing so?” The sooner you engage providers from across all human service sectors across the state, the better the outcome will be.

Develop working groups and advisory councils for providers as a vehicle to determine with state agencies the performance metrics for their service area. Follow the lead of the Child Welfare Advisory Council and DCFS, where providers worked together to craft measurable outputs and key outcomes for their contracts based on input from the state on what they wanted to accomplish with data collection and what outcomes they wanted measured.

Providers have been reporting outputs to state agencies and the private organizations that fund them for years. Collecting metrics and assessing outcomes is not the issue; they just want to make sure we get it right. They know what works and what doesn't, what can and cannot be collected, what time frames are plausible and for what populations. By working closely with providers, the state will also facilitate efficiencies and savings in collecting and reporting data that is already being aggregated by providers, streamlining processes and eliminating redundancy. Not tapping into this expertise and knowledge base would be a great misstep, and could ultimately end up negatively impacting the state.

Our members are also watching closely the changes by the Illinois Healthcare and Family Services department to move more people to Managed Care. This is not limited to strictly medical services but include many community based services like programs for those with mental health and substance abuse problems and those who are developmentally disabled or medically frail older adults. They want to know how these networks will be held accountable and their services measured. Will they be held to the same standards? Who will be monitoring the quality of their community outcomes? We challenge the Commission to take this in to consideration and work with providers to ensure quality care and outcomes are achieved across the state, no matter the vehicle of service provision.

Illinois Partners understands and respects that the state is facing fiscal challenges and this is a costly and lengthy process. So, it is all the more important to get it right the first time. Take the time to implement Budgeting for Results effectively by building on the insights of providers. Only by focusing on developing measurable outputs that demonstrate improved outcomes for those in need, will we be able to tell what works- and what doesn't- in helping all Illinois residents reach their full potential and lead fulfilling lives.

We urge the commission to take into account our recommendations and thank you for the opportunity to speak in front of you today.

Judith Gethner, Executive Director  
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## *Illinois Principals Association*

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Date: October 9, 2012

To: Budgeting for Results Commission

From: Alison Maley, Governmental Relations/Public Relations Director  
Illinois Principals Association

RE: Illinois New Principal Mentoring Program and Teacher Mentoring Program

On behalf of the 4,200 members of the Illinois Principals Association, thank you for the opportunity to provide comments on Budgeting for Results. We appreciate the priority the commission has placed on education in the overall state budget. We also recognize the opportunities for growth and learning for all Illinois students and hope to play a role in determining the best, most efficient ways to deliver a quality education.

Historically, our most important priority to achieving a quality education for all students is full funding of General State Aid and Mandated Categorical programs. We believe that programs created by statute should be supported by appropriate state investment and we support the work of previous Blue Ribbon Commissions to establish General State Aid formulas.

The Illinois Principals Association also supports the Illinois State Board of Education's goal that every student will be supported by highly prepared and effective teachers and school leaders. We believe that one of the best ways to support school leaders is through the Illinois New Principal Mentoring program. Now more than ever, principals are faced with many challenges outside of the typical school day. They are primarily responsible for the implementation of new, high-stakes teacher evaluation methods, Common Core Standards, Response to Intervention, new PARCC assessments (Partnership for Assessment of Readiness for College and Careers), implementing and gathering data for a new State Report Card, administering a new Survey of Learning Conditions, compiling and providing data for the Illinois Longitudinal Data System Project, preparing for statewide implementation of the Kindergarten Individual Development Survey (KIDS), all the while, handling the day-to-day activity of a school – leading students, communicating with parents, and supporting and guiding staff.

With these many reforms and new programs come increased responsibility and accountability for principals and building leaders. Illinois must provide the means necessary to ensure that first year principals and teachers have adequate mentoring support to be successful. Research shows that, second only to the classroom teacher, the performance of the principal has the

greatest direct impact on students' achievement. Mentoring also reduces turnover and fosters better building leadership.<sup>1</sup> Success or failure in all of these efforts translates directly to the achievement and success of Illinois' children.

Since its implementation in December 2007, the mission of the INPM Program has been to increase new principal leadership capacity to work with and through the school community to enable adults and students to achieve high performance standards. This has been a highly successful program providing needed support and mentorship for new principals, with over 1,700 first year principals having received critical mentoring and support services, and over 400 highly-trained and available mentors to serve current and future first year principals.

We are committed to seeing funding for New Principal Mentoring restored to provide needed supports for first year principals. We also support the restoration of New Teacher Mentoring to support new teachers through the many challenges they face. The Illinois Principals Association, mentoring providers, and mentors are committed to working diligently with new principals, school districts, and the Illinois State Board of Education to ensure new principals have a successful first year and beyond.

### **Proposed Metrics**

In the spring of 2011, the Illinois New Principal Mentoring Program in partnership with ECRA Group, completed a three-year cycle of surveys to facilitate improvement in the program. The surveys include an initial survey of participants to determine development needs, a mid-year survey for continuing program development, and an end-of-year survey to determine overall effectiveness. The surveys consist of responses from new principals, mentors, superintendents, and providers.

Respondents assessed the quality and effectiveness of mentoring, identified areas in which new principals focused their leadership time, determined major aspects of school leadership which received the most focus when working with principals, determined the areas of leadership development where mentoring contributed significantly to the growth of new principals and where they may benefit from additional mentoring, and assessed the level and quality of preparation and training for mentors.

The most recent end-of-year survey was completed in 2011.<sup>2</sup> Findings showed that the mentoring program continues to be perceived positively and is of great value to new principals, mentors, and providers. The mentoring program was so impactful, a significant number of participants felt that new principals would benefit from an additional year of support. This

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<sup>1</sup> Illinois. Illinois Education Research Council. *The Principal Report: The State of School Leadership in Illinois*. Edwardsville: Illinois [2011]

<sup>2</sup> ECRA Group. *Illinois New Principal Mentoring Program End-Year Survey Report*. Rosemont: Illinois. September 2011. [http://www.ilprincipalmentoring.org/program\\_evaluation/](http://www.ilprincipalmentoring.org/program_evaluation/)

finding is supported in statute by Public Act 96-373, passed unanimously by the General Assembly, which demonstrates a commitment and value to offering a second year of principal mentoring as funding allows.

While additional metrics of reduction in attrition, turnover, and longevity in position are currently unavailable, examining the effects of Principal Mentoring using these metrics may serve as other indicators of the program's success.

### **Feedback on Budgeting for Results Implementation**

Budgeting for Results will undoubtedly be a challenge to implement for elementary and secondary education in Illinois. Results of certain programs and even General State Aid funding may be impacted by factors beyond the control of the Illinois State Board of Education or other providers. Outcomes may vary due to factors such as poverty, homelessness, unemployment, health care, hunger, and many others challenges unrelated to the quality of services or funding provided. The Illinois Principals Association hopes to continue to serve as a resource and stakeholder in any future discussions of implementing Budgeting for Results in the elementary and secondary education budget.

As always, we appreciate the open communication and working relationship with the Illinois State Board of Education, Governor's Office, and the Illinois General Assembly. We look forward to continuing these relationships in the future. We appreciate the inclusion in this hearing and hope to take an active role in discussions and the implementation of Budgeting for Results.

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The mission of the Illinois Principals Association is to advance learning through effective educational leadership. To achieve its mission, the IPA works to provide Members high quality professional development, networking opportunities, and advocates on the behalf of school leaders with state and federal legislators and the Illinois State Board of Education.

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# Independent Living 2011 Annual Report



Independent Living means different things to different people. For those steeped in the Independent Living Movement, it means having control of one's life. Living independently does not mean however, doing everything for one's self, but being in control of decisions made about one's self. This is the foundation from which Centers for Independent Living (CILs) are founded.

A Center for Independent Living is a private, non-residential, community-based, not-for-profit, consumer-controlled organization that is mandated to provide four core services: Advocacy, Peer Support, Independent Living Skills Development and Information and Referral. Staff serve as role models, demonstrating that people with disabilities can be independent and productive. Their knowledge, support and guidance help to create informed choice options that give consumers the confidence to pursue their own independence and to realize their dreams and aspirations.

In contrast to more traditional medical models in which the "client" or "patient" is highly dependent on "experts," a CIL's emphasis is on "consumer" self-direction and control. CILs promote a positive self-image, which is important to developing significant peer relationships.

What truly distinguishes and set CILs apart from other organizations is the fact that consumer control exists on every level, where at least fifty one percent of staff, management staff and the Board of Directors must be persons with disabilities. Having consumer control in decision-making positions is paramount to maintaining the integrity of what a CIL should and must be. The most challenging barrier however, for people with disabilities to overcome is attitude. To gradually dismantle this barrier, CILs advocate for changes in legislation, provide disability awareness-related activities, develop technical assistance initiatives regarding the Americans with Disabilities Act (ADA) and work in a committed fashion to deinstitutionalize people with disabilities who can and want to live independently.

***Clearly, CILs are not social service agencies, but agents for social change.***



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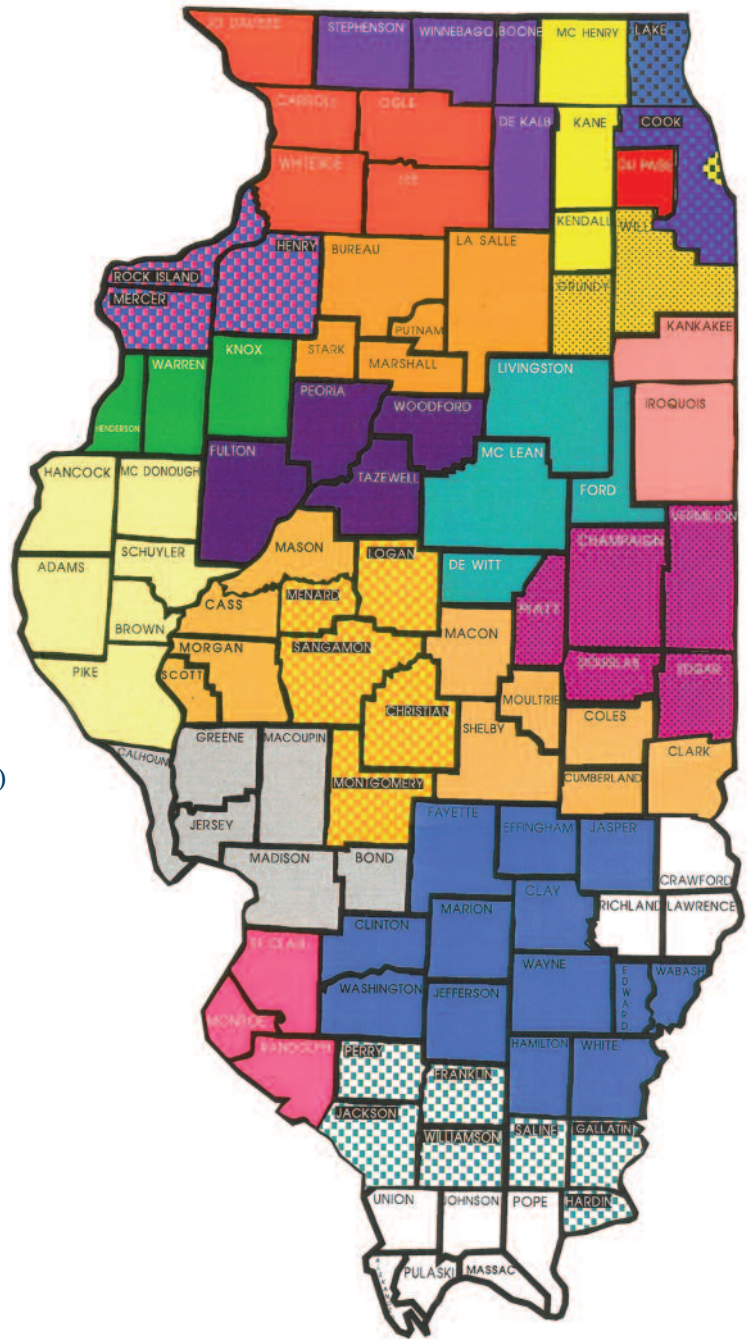
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**Establishment of  
Centers for  
Independent Living  
and their funding source  
1980 - 2011**



# Message

February 2012

Dear Colleague:

On behalf of the Department of Human Services (DHS), Division of Rehabilitation Services (DRS), we are pleased to share the 2011 Annual Report on Independent Living in Illinois. This report is reflective of the active cooperation and support of the Illinois Network of Centers for Independent Living (INCIL), whose numerous programmatic contributions make this year's report a vivid record of what independent living means to Illinoisans with disabilities as well as the Disability Rights Movement.

Illinois' 23 Centers for Independent Living (CILs), in accordance with their mission, provided services to 59,262 Illinois citizens with disabilities in federal fiscal year 2011. These citizens received information and referral as well as direct services in their communities from CIL staff. The majority of staff are persons with disabilities who demonstrate on a daily basis that persons with disabilities can, and do, lead independent and productive lives. Many of their successes are described in this report.

We also commend the Centers for the work on the Community Reintegration Program. Their tireless efforts have increased the quality of life of more than 1,930 individuals and saved the state millions of dollars over the past decade. In 2011, there were 124 individuals reintegrated. In a similar vein, they have shown tremendous leadership in working with DHS and the Money Follows the Person (MFP) Steering Committee on the implementation of the innovative MFP system change grant.

In addition, the Statewide Independent Living Council (SILC) was established 18 years ago, in compliance with the Rehabilitation Act of 1973 as amended, and given authority for the planning of independent living services and policy activities. The new approved three year State Plan for Independent Living which determines how IL services will be provided in Illinois over the next three years (FFY'11 thru FFY'13) contains six major goals that are being implemented by INCIL and other community partners under the planning guidance of SILC. Those major goals are: Standardizing CILs' Consumer Satisfaction Surveys, Housing, Transportation, Employment, Access to Communication and Advocacy.

We will continue to work in partnership with INCIL and SILC to explore and implement effective strategies to improve the quality of life for all persons with disabilities in Illinois.

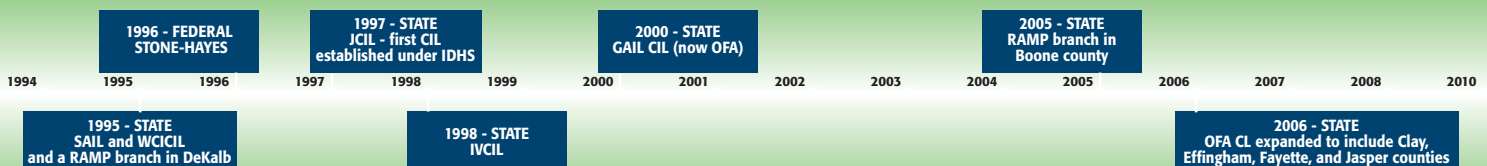
Sincerely,



Michelle R.B. Saddler  
Secretary  
Illinois Department of Human Services



Kris Smith  
Acting Director  
Division of Rehabilitation Services



# Independent Living Unit - Program Highlights - FY '11

- CILs served 93 of Illinois' 102 counties
- Direct services and Information and Referral contact combined for FFY'11 was 59,196
- The Independent Living Unit (ILU) conducted four on-site full compliance reviews in FFY'11. Each review was a three-day process which covered the CILs programmatic, administrative and fiscal operations
- In addition to the regular on-site reviews, the ILU conducted seven on-site ARRA Part B funded reviews
- The ILU conducted 14 follow-up/monitoring reviews in FFY'11
- The ILU provided technical assistance to 23 CILs on 166 occasions during FFY=11
- The ILU conducted six program related trainings in FFY'11
- The ILU conducted seven fiscal/contract trainings in FFY'11
- The ILU conducted four operational trainings in FFY'11
- The percentage of persons with disabilities on boards of directors for FFY'11 was 74 percent which is a one percent increase from FFY=10
- The percentage of persons with disabilities on the administrative staff (decision making) of CILs for FFY=11 was 84 percent which is a one percent increase from FFY'10
- The percentage of persons with disabilities on staff for FFY'11 was 73 percent, which is a one percent increase from FFY'10

## Legislative Internship Project

### **Legislative Internship Project for Minorities with Disabilities and Individuals with Disabilities from Rural Communities**

The Division of Rehabilitation Services's Independent Living Unit first awarded Legislative Internship grants to CILs to develop this project in FY 1998. This project provides opportunities for minorities, youth and those living in rural communities who have disabilities to learn about the legislative process. These opportunities enable participants to develop leadership and decision-making skills that enhance their ability to address legislative issues that impact them and their respective communities.

By engaging in and learning the basic components of the legislative process, individuals with disabilities can develop more effective interpersonal and communication skills while becoming more familiar with the process. Ultimately, participants will enhance their ability to self advocate and therefore, increase their potential for growth and independence.



## From Institutionalization to Reintegration

More than 10,000 people in Illinois nursing homes have the capability to live independently within the community. For many years, CILs have worked with limited resources, to move persons with disabilities out of nursing homes and other institutions back into community-based independent living situations. To address this deficiency, the Home Services Program developed the Community Reintegration Program (CRP), which now awards grants to all 23 CILs in Illinois. These grants provide centers with the necessary resources to offer the start-up essentials (i.e., first month's rent, furniture, cooking equipment, peer support) to help individuals successfully transition back into the community.

Over the life of the CRP, Centers for Independent Living have increased the quality of life for more than 1,930 individuals and saved the state millions of taxpayer dollars. In 2011, there were 124 individuals successfully reintegrated.

## Access Living of Metropolitan Chicago

115 West Chicago Avenue  
Chicago, Illinois  
60607

312-640-2100 (V)  
888-253-7003 (TTY)

Serving:  
City of Chicago

- AL transitioned 28 people from nursing homes into the community.
- AL resolved 40 cases of disability fair housing discrimination.
- AL successfully advocated to secure an additional \$200 million in funding for special education in Chicago Public Schools.
- AL created Women Destined for Success, a program that develops the leadership skills of young women with disabilities.
- AL helped more than 220 people avoid homelessness through our housing programs.
- AL, in coalition with the ACLU and Equip for Equality along with pro bono partner SNR Denton, reached a historic settlement agreement in *Colbert v. Quinn*. Under the agreement, the State will provide housing and related assistance, including personal assistants, to at least 1,100 Cook County nursing home residents with disabilities.
- AL hosted a "Call to Action" summit with the U.S. Department of Labor initiating a groundbreaking dialogue designed to lead to increased employment opportunities for people with disabilities in the healthcare field.

## Advocates for Access

4450 N. Prospect Road,  
Suite C8  
Peoria Heights, Illinois  
61616

309-682-3500 (V)  
309-682-3567 (TTY)

Serving:  
Fulton  
Peoria  
Tazewell  
Woodford

- AFA hosted the 2nd Annual Wheelathon at the River Plex in Peoria.
- AFA hosted a Town Hall meeting with the Deaf Community concerning Video Remote Interpreting at a local hospital.
- AFA continued to host a local high school classroom of transition age youth 18-22 bi-monthly for Life Skills Training.
- AFA hosted anger management training in response to a IL Skills Training Needs Survey sent to consumers.
- AFA hosted Disability Awareness training for Housing Counseling Agencies and Housing Authorities.
- AFA participated in the community organizing training held by INCIL.
- AFA continues to be involved in ADA committees for our local transit system as well as the Tri-County Symposium on Transportation to increase transportation options for individuals with disabilities in local communities.
- AFA presented a Seeds of Change event to the Central Illinois Agency on Aging.
- AFA assisted four individuals with reintegrating from nursing homes to the community with proper services.

## DuPage Center for Independent Living

739 Roosevelt Road  
Building 8, Suite 109  
Glen Ellyn, Illinois  
60137

630-469-2300 (V/TTY)

Serving:  
DuPage

- DCIL became a partner with both Illinois Area Agency on Aging as well as Age Options to provide services to the aging population throughout DuPage County by providing presentations and information and referral through use of phone, in person and through an online database. As a result of these collaborations, the Center opened six new active consumers
- DCIL hosted a Visually Impaired Awareness Day that included 39 vendors and over 150 participants
- DCIL started a new Youth Services Program which has 22 active consumers participating in the program
- DCIL Youth Services Program started a Book Club promoting reading, resulting in three young people becoming active consumers
- DCIL continues to have a certified SHIP (Senior Healthcare Insurance Provider) on staff to educate consumers about health insurance options

## FITE Center for Independent Living

1230 Larkin Avenue  
Elgin, Illinois  
60123

847-695-5818 (V/TTY)

Serving:

Kane  
Kendall  
McHenry

- FITE added a new peer support group called “Did You Know” for the purpose of consumers receiving and sharing disability resources in the area.
- FITE is participating in the Illinois Imagines Project, a continued program which focuses on sexual assault and women with disabilities to ensure sure the services they need are accessible and inclusive.

## Illinois-Iowa Center for Independent Living

3708 11th Street  
P.O. Box 6156  
Rock Island, Illinois  
61204-6156

309-793-0090 (V)  
309-793-0693 (TTY)

Serving:

Henry  
Mercer  
Rock Island in Illinois  
Clinton  
Muscatine  
Scott in Iowa

- Over 500 people and 50 community agencies and businesses participated in IICIL’s 2nd Senior and Low Vision Fair at the state of the art i-Wireless Convention Center in Moline, Illinois. The event was funded in part by a BBS ARRA grant, and introduced consumers to various community programs and distributed over 300 low tech devices, along various health screenings.
- The Holiday Carnival for children with disabilities and their families expanded to two days and in December more than 300 children and their families enjoyed gifts, games, a visit with Santa and Ms. Claus and refreshments.
- The Illinois and Iowa Quad-Cities hosted two ADA events for observance of the landmark civil rights legislation. IICIL hosted an outdoor carnival with food and games for young and old, which included a clown and DJ. The community watched a River Bandits baseball game, information booths by local disability organizations, pre-game interviews with IICIL staff and performances by local talent representing various disabilities.
- Move 7 people from nursing homes to the community and have several consumers preparing for transition to the community.

# Illinois Valley Center for Independent Living

18 Gunia Drive  
LaSalle, Illinois  
61301-9712

815-224-3126 (V)  
815-224-8271 (TTY)

Serving:  
Bureau  
LaSalle  
Marshall  
Putnam  
Stark

- IVCIL moved eight individuals from institutional settings into their own apartments/homes.
- 291 people with disabilities experienced increased access and independence through acquisition of assistive technology/devices such as amplified phones, magnifiers, large print/talking devices or other low vision aids, and mobility equipment such as wheelchairs or walkers
- IVCIL conducted disability awareness trainings in which over 340 community members, including over 200 students, increased their awareness of interacting with people with disabilities
- IVCIL, through advocacy 30 businesses/service providers, increased compliance with accessibility standards
- IVCIL served on transportation committees for Bureau, Putnam, and LaSalle counties to advocate and devise a plan for accessible public transportation resulting in accessible public transportation now available in Bureau and Putnam Counties
- Approximately 70 people experienced physical, hearing, visual, and cognitive disabilities through the use of a wheelchair and participation in other disability simulation activities during the IVCIL's Wheel-A-Thon and Disability Awareness Event

# Impact Center for Independent Living

2735 East Broadway  
Alton, Illinois  
62002

618-462-1411 (V)  
618-474-5308 (TTY)

Serving:  
Calhoun  
Greene  
Jersey  
Macoupin  
Madison  
Bond

- Impact reintegrated three people through the CRP program by assisting them to move out of nursing homes into apartments and/or homes of their own with appropriate supports, products, services, transitional costs, and environmental modifications.
- Impact provided employment internship experiences, through an ARRA grant, to 21 youth workers with disabilities who worked 100 hours and were paid for their experiences. Under the grant, the youth were able to increase their skill level and to build self-esteem.
- Impact assisted over 100 people to obtain their medication for no cost or low cost through our pharmaceutical program reducing the paperwork for physicians and their staff who are willing to participate in helping people with disabilities to obtain their medication. Many pharmaceutical companies allow assistance for people with Medicare D when they are in the "donut hole".

## Jacksonville Area Center for Independent Living

15 Permac Road  
Jacksonville, Illinois  
62650

217-245-8371 (V/TTY)

Serving:  
Mason  
Scott  
Cass  
Morgan

- JACIL moved one individual out of a nursing home into his own house in a rural community
- Yes Eye Can, a series of seminars on living independently with vision disabilities, was presented in two locations
- JACIL started a support group for “families experiencing autism “which includes activities for teens with ASD, coordinated by a college student with ASD
- JACIL provided six ASL classes with over 75 individuals learning about Deaf culture while learning basic ASL signs
- Three pharmacies collaborated with JACIL and began providing services for those who can’t read prescription labels through a program called Scrip Talk
- JACIL provided disability awareness activities for over 1,000 individuals in a variety of settings throughout the service area
- hosted a legislative candidates forum on disability issues, a collaborative effort of several local disability groups

## Lake County Center for Independent Living

377 North Seymour  
Avenue Mundelein,  
Illinois 60060

847-949-4440 (V/TTY)

Serving:  
Lake

- LCCIL assisted ten consumers who previously resided in a nursing home to transition into their own homes in the community
- LCCIL noted a significant increase in consumers served with approximately 25% more consumers served as compared to prior years
- LCCIL served 102 consumers in our Employment Readiness programs, 48% of whom obtained employment
- LCCIL presented its Youth Leadership program “Catch ‘em While They’re Young!” at the National Council on Independent Living conference in Washington D.C.
- LCCIL Youth Leadership Program served more than 80 students from eight area high schools
- LCCIL taught self-directed IEP curriculums in two high schools
- LCCIL provided Community Organizing training to CILS in state

# Living Independence For Everyone

2201 Eastland Drive  
Suite #1  
Bloomington, Illinois  
61704

309-663-5433 (V)  
309-663-0054 (TTY)

Serving:  
Dewitt  
Ford  
Livingston  
McLean

- LIFE continues to play a strong role in planning and advocating for accessible rural transportation
- LIFE leads statewide efforts to educate hospitals about accessible communication technology
- LIFE teaches parents of students with disabilities how to advocate for their children's educational rights
- LIFE staff members served on 33 statewide, regional, county and community boards, planning committees and collaborative action groups, where we advocate for systems change. Staff members served in leadership roles: Chair of the Statewide Independent Living Council, Chair of the Interpreter Licensure Board, member of the Blind Services Planning Council, Chair of a county transportation committee, member and officer of the Coalition of Citizens with Disabilities in Illinois board, member of a local school board, Chair of a county Special Education Cooperative, and Vice Chair of a regional education board

# LINC Center for Independent Living

#1 Emerald Terrace,  
Suite 200  
Swansea, Illinois  
62226

618-235-9988 (V)  
618-235-0451 (TTY)

Serving:  
St. Clair  
Monroe  
Randolph

- LINC performed 15 Accessibility Studies for the communities we serve to ensure accessibility for consumers with disabilities and to educate community businesses and local government of the Americans with Disabilities Act (ADA) requirements.
- LINC provided transportation assistance to 248 consumers in the areas of systems and individual advocacy as well as through information sharing regarding various transportation options for people with disabilities.
- LINC presented information at four Policy Academy Trainings reaching over 100 new police officers to increase their knowledge and sensitivity on disability-related issues.
- LINC staff attended 146 Community Meetings to ensure that the disability perspective and awareness were seriously considered in community planning and decision making.
- LINC moved one consumer out of the nursing home and into the community and provided information and assistance to other consumers who requested support in transitioning back into their communities.
- LINC sponsored and participated in Illinois Imagines, a statewide initiative to educate the general public, service providers and offer support to women with disabilities who have been impacted by sexual violence.
- LINC provided Braille services to community businesses, social services agencies and churches to increase their ability to provide accessible information and communicate effectively with consumers who are blind.

# Northwestern Illinois Center for Independent Living

412 Locust Street Sterling,  
IL. 61801

815- 625-7860 (V)  
815-625-7863 (TTY)

Serving:

Carroll, Lee  
Ogle, JoDaviess  
Whiteside

- NICIL's personal assistant program implemented online advertising through our website and Facebook to reach additional applicants and/or referrals.
- NICIL's Independent Living Program initiated organizing throughout Ogle County to implement a peer group
- NICIL partnered with other community agencies to provide home modification referrals to 21 persons with disabilities
- NICIL hosted our 6th annual Walk-N-Roll disability awareness event with over 50 participants
- NICIL's P.E.A.C.E. cross disability peer group has increased its numbers to over 40 members who meet on a monthly basis
- NICIL advocated for students with disabilities by participating in over 30 Individualized Education Plan (IEP) meetings throughout our five-county service area.
- NICIL's Community Reintegration Program successfully transitioned two people from nursing homes back into the community

## Opportunities for Access

4206 Williamson Place  
Suite 3  
Mount Vernon, Illinois  
62864

618-244-9212 (V)  
618-244-9575 (TTY)

Serving:

Clay, Clinton  
Effingham, Fayette  
Jasper, Jefferson  
Marion, Washington  
Wayne, White, Edwards,  
Hamilton, and Wabash

- OFA CIL's Community Reintegration Program moved 14 consumers from nursing homes and advocated with them to regain their freedom.
- OFA CIL continues to provide a third party service that enables 53 DRS VR customers to obtain quick payment for necessary items to further their education, job search or employment opportunities.
- OFA CIL continues its successful Social Security (27) and Pharmaceutical Procurement Programs (56) that help people with disabilities stay free of nursing homes and other institutions.
- OFA CIL secured a DRS BBS grant allowing us to hold five Blind/visual impairment fairs, with helped 54 people to secure items to assist them with everyday life.
- OFA CIL attended individual education plans (IEP) meeting with students with disabilities and their family to obtain educational rights and/or transition services.

# Options Center for Independent Living

22 Heritage Drive  
Suite 107  
Bourbonnais, Illinois  
60914

815-936-0100 (V)  
815-936-0132 (TTY)

Serving:  
Kankakee  
Iroquois

- Options' advocacy work resulted in 19 consumers being approved for disability benefits and they now have greater access to healthcare and independent living
- Options' reintegration efforts resulted in three consumers leaving nursing homes to enjoy living independently in their community.
- Options' collaboration activities allowed 12 consumers to acquire ramps at their homes, resulting in greater independence and the ability to more fully participate in community life
- With technical assistance from Options, 30 businesses and municipalities increased their knowledge on how to improve their accessibility, six businesses removed barriers and improved their accessibility to comply with the ADA and four businesses and 36 polling places were reviewed through our accessibility site surveys
- Options filed 16 disability-related complaints with the Illinois State Attorney General's office with six of those being resolved with positive outcomes.
- As a result of Options' independent living skills training and community education, 17 youth and young adults with disabilities participated in job shadows at 10 businesses. Ten were matched with mentors for job search, attainment and retainment skills with eight gainfully employed.

# Persons Assuming Control of their Environment

1317 East Florida Ave.  
#27  
Urbana, Illinois  
61801

217-344-5433 (V)  
217-344-5024 (TTY)

Serving:  
Champaign  
Douglas  
Edgar  
Piatt  
Vermilion

- Consumer purchased his own home with assistance from the PACE Homeownership program. FY 11 marked the successful completion of the Federal Home Loan Bank of Chicago \$39K Grant with which eight consumers with disabilities received down payment and closing costs
- The PACE visual impairment program held three low vision fairs and conducted seven support groups for seniors in our five-county service area. A support group was added at the Windsor of Savoy Assisted Living facility
- Co-sponsor of the fourth annual Wheelathon fundraiser held at Parkland College in Champaign. PACE welcomed local and state government officials to take part in the race with State Senator Michael Frerichs, Representative Naomi Jakobsson, and Champaign Mayor Don Gerard meeting their PACE constituents and learning more about physical access. Approximately 50 people with and without disabilities participated in the event.
- Staff attended a train the trainer program of the National Center for Activity and Physical Disabilities, bringing back a curriculum called 14 Weeks to a Healthier You. The curriculum was designed for people who have intellectual disabilities in mind, but can be used on a cross-disability basis as well



# Progress Center for Independent Living

7521 Madison Street  
Forest Park, Illinois  
60130

708-209-1500 (V)  
708-209-1827 (TTY)

Serving:  
Suburban Chicago

- PCIL assisted an intern, previously homeless for three years, with obtaining permanent housing
- PCIL participated in Illinois Imagines to improve the community response to women with disabilities who have experienced sexual assault and served on three committees in suburban Cook County
- PCIL reintegrated four consumers from nursing homes to the community
- PCIL hosted 'Take Charge of your Health', a Chronic Disease Self Management program with nine consumers completing the class
- PCIL staff members conducted four Disability Awareness Trainings to 59 total customer service staff and management at IlliniCare in Westmont
- PCIL staff collaborated with other housing advocacy organizations and local groups to push the village of Oak Park to rezone an abandoned Comcast building into low-income apartments. By the summer, the village approved the rezoning and development plan. A percentage of these units will be made accessible and boost the amount of affordable, accessible, and integrated housing in the area
- PCIL's seven interns successfully completed the Employment Program with two interns having obtained full time employment
- PCIL used ARRA monies to fund a Vehicle Modification Program for 52 consumers who wished to gain more independence by getting behind the wheel. Consumers were provided monetary assistance to cover costs for rehabilitation, behind the wheel training and adaptive equipment

# Regional Access and Mobilization Project

202 Market Street  
Rockford, Illinois  
61107

815-968-7567 (V)  
815-968-2401 (TTY)

Serving:  
Boone  
DeKalb  
Stephenson  
Winnebago

- RAMP assisted 990 people with disabilities to live independently
- RAMP served 196 consumers with Traumatic Brain Injury
- RAMP Youth Education Advocates assisted 305 children
- RAMP logged 24,194 Community Service Hours while educating the community
- RAMP's four Wheel-A-Thon events raised a total net of \$109,016 presented the Teens 'N Transition program (T'NT) to 141 students in their school district. The T'NT program prepares teenage students with disabilities for transition into adulthood reintegrated 10 people back into the community
- RAMP's second ever Bad Pants Open, a 9-hole golf scramble, raised a total net of \$5,858
- The 21st Annual RAMP luncheon featuring keynote speaker, Wendy Posey, raised \$13,993 and had 369 members of the community attend

## Southern Illinois Center for Independent Living

2135 West Ramada Lane  
Carbondale, Illinois  
62901

618-457-3318 (V/TTY)

Serving:

Franklin  
Jackson  
Perry  
Williamson  
Gallatin  
Hardin  
Saline

- A woman who is elderly and blind recently underwent a kidney transplant; she was extremely worried with her lack of vision and added health care issues she would need to move to an institution. With the training and equipment she received from the staff of the Southern Illinois Center for Independent Living she is able to monitor her weight, independently monitor her blood pressure, read her glucometer and perform other activities important to her continued health and recovery.
- A man who has Cerebral Palsy, age 40, and receiving services through the Southern Illinois Center for Independent Living vocational program was placed in the school system as a substitute teacher. Currently, he is in such high demand from the teachers in the school system, he may be asked to take on a regular teaching position when one opens.
- The Southern Illinois Center for Independent Living recently completed building its new satellite facility. The completion of this building will stabilize occupancy costs and provide a safe and accessible space for SICIL consumers and staff to meet and do business.

## Soyland Access for Independent Living

2449 Federal Drive  
Decatur, Illinois  
62526

217-876-8888 (V/TTY)

Serving:

Macon  
Moultrie  
Shelby  
Cumberland  
Clark  
Coles

- SAIL hosted a successful ADA Celebration with hands-on disability awareness activities for 164 children from daycare facilities
- SAIL conducted workshops for consumers and community members on Emergency Response Preparedness and End of Life Planning in Macon, Moultrie and Shelby counties
- Because of the Independent Living Skills training and Assistive Technology provided through the SAIL Visual Service Program, 128 of the 154 consumers receiving visual services were able to continue living in their own homes
- SAIL provided pre-clinical training on working with people with disabilities in the medical setting to three groups of student nurses at Richland Community College and Millikin University
- SAIL staff participated and provided leadership in four transportation groups in the six-county service area as advocates for improved options for people with disabilities
- SAIL staff, board and volunteers provided temporary accessible parking, large print, Braille programs and accessible stage seating at the Decatur Celebration for the 15th year
- Five consumers moved to their own homes from nursing homes with assistance from SAIL CRP/MFP staff

## Springfield Center for Independent Living

330 South Grand Avenue  
West  
Springfield, Illinois  
62704

217-523-2587 (V)  
217-523-4032 (TTY)

Serving:  
Christian, Logan  
Menard, Montgomery  
Sangamon

- A total of four individuals were reintegrated, including an individual who entered the nursing home totally dependent for care and had been a nursing home resident for seven years. Through participation in reintegration services, this individual was provided with the appropriate supports and services necessary for successful independent living. The consumer is now able to perform self-care activities, ride the bus independently and enjoy community outings and overnight visits with a ten-year-old daughter.
- The Springfield Disability Vote Committee comprised of SCIL and nine other agencies sponsored a Springfield Mayoral Candidates Forum at the First Presbyterian Church in Springfield where mayoral candidates addressed disability-related issues.
- Persons with disabilities are able to apply for the Low Income Home Energy Assistance Program (LIHEAP) in an accessible space with readily available accommodations due to the cooperative arrangement developed between SCIL and Sangamon County Community Resources. Forty-two consumers applied for LIHEAP at SCIL during October 2010.

## Stone-Hayes Center for Independent Living

39 North Prairie  
Galesburg, Illinois  
61401

309-344-1306(V/TTY)

Serving:  
Henderson  
Knox  
Warren

- All four state representatives addressed the SHCIL Class of 2011 Legislative Internship Program and all participants were given opportunities to discuss disability issues
- SHCIL consumers appeared on TV to advocate for persons with disabilities
- SHCIL consumers participated in graffiti removal in the City of Galesburg
- SHCIL's monthly radio program reaches un-served and underserved areas and focuses on all all areas of independent living for persons with disabilities
- SHCIL is working with the City of Monmouth regarding ADA accessibility violations of newer construction
- SHCIL participates in the Lunch Spot program, coat drive and fan drive

# West Central Illinois Center for Independent Living

639 York Street Suite 204  
Quincy, IL 62301

217-223-0400 (V)  
217-223-0475 (TTY)

Serving:

Adams  
Pike  
Brown  
Schuyler  
Hancock  
McDonough

- WCICIL facilitated and hosted a joint P.A. training between WCICIL and the DHS office in Macomb. This joint training focused on the Independent Living philosophy and the four core services of the CIL, the D.O.N. (Determination of Need) assessment, Consumer management, sexual harassment, abuse neglect and fraud, home safety and sanitation. A registered dietitian from Hy-Vee discussed proper diets as well as different types of diets for people with different needs.
- WCICIL for the third year conducted CPR Training for Personal Assistance giving our consumers the choice of a more knowledgeable employee.
- Preparations are underway for WCICIL's second annual Wheelchair Basketball Tournament that continues to educate and bring awareness to participants & general public attending this event.

# Will/Grundy Center for Independent Living

2415 A West Jefferson  
Street  
Joliet, Illinois  
60435

815-729-0162 (V)  
815-729-2085 (TTY)

Serving:

Will  
Grundy

- 22 people with disabilities were reintegrated from nursing homes to their own residences. Several took part in a rally in Springfield to advocate with legislators and ask that the Community Reintegration Program be spared from drastic budget reductions
- 16 youth with disabilities took part in the Center's new Youth Leadership Program. This new program teaches high school students with disabilities skills such as budgeting, government, job preparedness, effective communication skills, etc.
- A man with a disability contacted the Center seeking housing. He was referred to Will County's Neighborhood Stabilization Program. He and his son were able to move into a fully accessible home.
- The Center secured office space in Morris , making our services more accessible to Grundy County residents with disabilities.

# Overall Individual CIL Operational Funding - FY 2011

CILS	GRF	VII B	SSI	VR 110	Totals	PART C	Grant Total
AL	\$311,999	\$0	\$83,198	\$0	\$395,197	\$366,973	\$762,170
AFA	\$224,575	\$54,577	\$22,550	\$0	\$301,702	\$0	\$301,702
DCIL	\$190,002	\$0	\$51,714	\$0	\$241,716	\$0	\$241,716
FITE	\$262,036	\$35,676	\$25,799	\$0	\$323,511	\$0	\$323,511
IICIL	\$87,838	\$7,176	\$40,772	\$0	\$135,786	\$276,101	\$411,887
IVCIL	\$283,010	\$0	\$0	\$0	\$283,010	\$0	\$283,010
IMPACT	\$306,233	\$7,176	\$23,063	\$104,913	\$441,385	\$0	\$441,385
JACIL	\$154,144	\$0	\$11,701	\$0	\$165,845	\$152,371	\$318,216
LCCIL	\$37,352	\$7,176	\$59,490	\$0	\$104,018	\$259,372	\$363,390
LIFE	\$183,520	\$50,525	\$51,554	\$0	\$285,599	\$82,804	\$368,403
LINC	\$168,270	\$7,176	\$65,305	\$0	\$240,751	\$73,615	\$314,366
NICIL	\$222,456	\$43,177	\$21,330	\$0	\$286,963	\$0	\$286,963
OFACIL	\$422,209	\$7,176	\$74,538	\$0	\$503,923	\$148,277	\$652,200
OPTIONS	\$98,196	\$57,176	\$10,250	\$0	\$165,622	\$156,684	\$322,306
PACE	\$201,270	\$34,850	\$21,054	\$0	\$257,174	\$0	\$257,174
PCIL	\$375,489	\$7,176	\$32,031	\$0	\$414,696	\$0	\$414,696
RAMP	\$158,466	\$45,377	\$36,243	\$0	\$240,086	\$238,800	\$478,886
SAIL	\$127,491	\$0	\$21,323	\$0	\$148,814	\$254,552	\$403,366
SCIL	\$290,594	\$0	\$33,322	\$99,496	\$423,412	\$0	\$423,412
SICIL	\$156,042	\$85,050	\$48,407	\$0	\$289,499	\$147,670	\$437,169
SHCIL	\$24,171	\$0	\$43,325	\$0	\$67,496	\$237,292	\$304,788
WCICIL	\$153,407	\$7,176	\$5,520	\$0	\$166,103	\$121,050	\$287,153
WGCIL	\$82,030	\$7,176	\$63,994	\$0	\$153,200	\$255,559	\$408,759
<b>TOTAL</b>	<b>\$4,520,800</b>	<b>\$463,816</b>	<b>\$846,483</b>	<b>\$204,409</b>	<b>\$6,035,508</b>	<b>\$2,771,120</b>	<b>\$8,806,628</b>

# Age of Consumers Receiving Direct Services - FY 2011

<b>CILS</b>	<b>Under 5</b>	<b>5-19</b>	<b>20-24</b>	<b>25-59</b>	<b>60 &amp; Over</b>	<b>Unknown</b>	<b>Total</b>
<b>AL</b>	13	62	102	1,046	188	4	1,415
<b>AFA</b>	0	7	9	52	26	0	94
<b>DCIL</b>	1	22	10	70	17	3	123
<b>FITE</b>	3	9	18	71	33	0	134
<b>IICIL</b>	0	10	12	165	143	0	330
<b>IVCIL</b>	2	47	4	49	12	0	114
<b>IMPACT</b>	6	29	29	174	217	0	455
<b>JACIL</b>	1	21	11	48	74	0	155
<b>LCCIL</b>	2	182	23	135	98	0	440
<b>LIFE</b>	0	5	7	83	109	0	204
<b>LINC</b>	2	111	14	103	63	3	296
<b>NICIL</b>	1	90	19	184	60	0	354
<b>OFACIL</b>	8	101	33	393	126	0	661
<b>OPTIONS</b>	1	42	18	138	117	0	316
<b>PACE</b>	1	5	10	155	279	0	450
<b>PCIL</b>	0	9	9	218	640	5	881
<b>RAMP</b>	34	296	41	455	164	0	990
<b>SAIL</b>	0	13	13	253	173	4	456
<b>SCIL</b>	0	16	23	101	31	0	171
<b>SICIL</b>	0	28	86	169	84	0	367
<b>SHCIL</b>	2	30	12	143	33	0	220
<b>WCICIL</b>	5	43	6	152	23	0	229
<b>WGCIL</b>	0	4	19	100	11	0	134
<b>TOTAL</b>	82	1,182	528	4,457	2,721	19	8,989
<b>PERCENT</b>	1%	13%	6%	50%	30%	0%	100%

# Direct Service by Major Primary Disability - FY 2011

CILS	Cognitive	Mental	Physical	Hearing	Visual	Multi-Disability	Other	Total
AL	159	184	972	40	51	0	9	1,415
AFA	14	11	28	12	4	21	4	94
DCIL	17	9	54	4	5	34	0	123
FITE	7	13	72	23	2	17	0	134
IICIL	3	27	62	46	111	81	0	330
IVCIL	12	6	19	3	1	70	3	114
IMPACT	44	29	95	23	198	66	0	455
JACIL	11	8	18	16	68	31	3	155
LCCIL	99	58	31	13	58	181	0	440
LIFE	34	16	27	1	115	4	7	204
LINC	70	52	75	20	11	62	6	296
NICIL	64	20	120	3	6	135	6	354
OFACIL	32	17	50	6	27	527	2	661
OPTIONS	45	22	74	4	93	68	10	316
PACE	9	0	25	47	77	279	13	450
PCIL	18	20	110	666	7	51	9	881
RAMP	238	76	206	22	8	438	2	990
SAIL	11	85	127	16	110	104	3	456
SCIL	36	26	36	5	3	65	0	171
SICIL	123	54	59	19	79	31	2	367
SHCIL	62	16	79	5	5	53	0	220
WCICIL	30	13	71	2	6	105	2	229
WGCIL	23	42	28	3	3	34	1	134
<b>TOTAL</b>	1,161	804	2,438	999	1,048	2,457	82	8,989
<b>PERCENT</b>	13%	9%	27%	11%	12%	27%	1%	100%

## Consumers Receiving I & R and Direct Services by Gender- FY 2011

<b>CILS</b>	<b>I &amp; R RESPONSES</b>	<b>CONSUMERS SERVED DIRECT SERVICES</b>	<b>MALES SERVED DIRECT SERVICES</b>	<b>FEMALES SERVED DIRECT SERVICES</b>
<b>AL</b>	1,385	1,415	609	806
<b>AFA</b>	6,407	94	36	58
<b>DCIL</b>	913	123	69	54
<b>FITE</b>	1,855	134	69	65
<b>IICIL</b>	12,095	330	132	198
<b>IVCIL</b>	717	114	63	51
<b>IMPACT</b>	2,685	455	186	269
<b>JACIL</b>	806	155	64	91
<b>LCCIL</b>	1,236	440	215	225
<b>LIFE</b>	3,278	204	66	138
<b>LINC</b>	1,829	296	144	152
<b>NICIL</b>	820	354	175	179
<b>OFACIL</b>	1,444	661	329	332
<b>OPTIONS</b>	1,636	316	125	191
<b>PACE</b>	1,555	450	145	305
<b>PCIL</b>	1,185	881	387	494
<b>RAMP</b>	3,616	990	544	446
<b>SAIL</b>	1,189	456	177	279
<b>SCIL</b>	1,317	171	89	82
<b>SICIL</b>	652	367	190	177
<b>SHCIL</b>	259	220	106	114
<b>WCICIL</b>	1,057	229	103	126
<b>WGCIL</b>	2,341	134	76	58
<b>TOTAL</b>	50,277	8,989	4,099	4,890



## County Coverage - FY 2011

<b>CILS</b>	<b>No. Counties Served</b>	<b>No. Served Home County</b>	<b>No. Served Outlying County</b>	<b>Total</b>	<b>Percent Home</b>	<b>Percent Outlying</b>
<b>AL</b>	Chicago	1,402	13	1,415	99%	1%
<b>AFA</b>	4	60	34	94	64%	36%
<b>DCIL</b>	1	115	8	123	93%	7%
<b>FITE</b>	3	111	23	134	83%	17%
<b>IICIL</b>	3	279	51	330	85%	15%
<b>IVCIL</b>	5	71	43	114	62%	38%
<b>IMPACT</b>	6	351	104	455	77%	23%
<b>JACIL</b>	4	112	43	155	72%	28%
<b>LCCIL</b>	1	430	10	440	98%	2%
<b>LIFE</b>	4	131	73	204	64%	36%
<b>LINC</b>	3	255	41	296	86%	14%
<b>NICIL</b>	5	193	161	354	55%	45%
<b>OFACIL</b>	13	150	511	661	23%	77%
<b>OPTIONS</b>	2	224	92	316	71%	29%
<b>PACE</b>	5	272	178	450	60%	40%
<b>PCIL</b>	1	855	26	881	97%	3%
<b>RAMP</b>	4	406	584	990	41%	59%
<b>SAIL</b>	8	317	139	456	70%	30%
<b>SCIL</b>	5	148	23	171	87%	13%
<b>SICIL</b>	7	104	263	367	28%	72%
<b>SHCIL</b>	3	161	59	220	73%	27%
<b>WCICIL</b>	6	115	114	229	50%	50%
<b>WGCIL</b>	2	124	10	134	93%	7%
<b>TOTAL</b>	95	6,386	2,603	8,989	71%	29%

# Ethnicity of Consumers Receiving Direct Service - FY 2010

<b>CILS</b>	<b>American Indian</b>	<b>Asian</b>	<b>African American</b>	<b>Hispanic</b>	<b>Native Hawaiian</b>	<b>White</b>	<b>Other</b>	<b>Total</b>
<b>AL</b>	9	12	1,063	101	2	214	14	1,415
<b>AFA</b>	0	0	20	1	0	73	0	94
<b>DCIL</b>	0	2	14	9	0	97	1	123
<b>FITE</b>	1	3	16	69	0	43	2	134
<b>IICIL</b>	1	1	67	7	0	250	4	330
<b>IVCIL</b>	0	0	0	7	0	107	0	114
<b>IMPACT</b>	1	1	35	3	0	410	5	455
<b>JACIL</b>	1	0	3	1	0	147	3	155
<b>LCCIL</b>	0	5	77	47	0	296	15	440
<b>LIFE</b>	1	0	16	1	0	186	0	204
<b>LINC</b>	0	0	108	5	0	182	1	296
<b>NICIL</b>	1	0	5	25	0	310	13	354
<b>OFACIL</b>	4	4	25	5	0	621	2	661
<b>OPTIONS</b>	0	0	31	2	0	277	6	316
<b>PACE</b>	0	2	54	0	1	391	2	450
<b>PCIL</b>	4	17	199	62	1	595	3	881
<b>RAMP</b>	2	15	175	51	1	733	13	990
<b>SAIL</b>	0	1	93	0	0	359	3	456
<b>SCIL</b>	0	1	35	0	0	130	5	171
<b>SICIL</b>	0	0	49	0	0	318	0	367
<b>SHCIL</b>	1	2	14	3	0	199	1	220
<b>WCICIL</b>	1	0	16	0	0	204	8	229
<b>WGCIL</b>	0	1	34	7	0	90	2	134
<b>TOTAL</b>	27	67	2,149	406	5	6,232	103	8,989
<b>PERCENT</b>	0.3%	0.7%	24%	5%	0%	69%	1%	100%

# Overall Consumer Involvement - FY 2010

CILS	No. and Percentage of Persons with Disabilities on Board of Directors			No. and Percentage of Persons with Disabilities on Administrative Staff			No. and Percentage of Persons with Disabilities on Program Staff		
	Number		Percent	Number		Percent	Number		Percent
AL	19	28	68%	9	14	64%	25	43	58%
AFA	7	11	64%	2	3	67%	3	5	60%
DCIL	9	10	90%	1	2	50%	5	6	83%
FITE	3	3	100%	3	3	100%	2	5	40%
IICIL	8	11	73%	10	11	91%	10	11	91%
IVCIL	5	7	71%	2	2	100%	4	5	80%
IMPACT	7	12	58%	3	3	100%	7	12	58%
JACIL	8	13	62%	2	3	67%	7	8	88%
LCCIL	7	9	78%	4	4	100%	10	12	83%
LIFE	12	16	75%	3	3	100%	6	7	86%
LINC	8	14	57%	2	3	67%	12	14	86%
NICIL	7	10	70%	3	3	100%	6	8	75%
OFACIL	4	5	80%	1	1	100%	6	12	50%
OPTIONS	7	11	64%	2	2	100%	6	9	67%
PACE	11	11	100%	2	2	100%	9	10	90%
PCIL	9	12	75%	3	6	50%	11	13	85%
RAMP	6	11	55%	4	8	50%	11	17	65%
SAIL	7	9	78%	1	1	100%	10	15	67%
SCIL	12	16	75%	3	3	100%	6	8	75%
SICIL	5	5	100%	5	9	56%	13	23	57%
SHCIL	9	11	82%	2	2	100%	7	7	100%
WCICIL	5	7	71%	2	3	67%	3	5	60%
WGCIL	11	18	61%	1	1	100%	6	8	75%
<b>Average</b>	8		74%	3		84%	8		73%



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# Jackson County Health Department

*Promoting Health, Preventing Illness, Protecting our Environment, and Preparing for Emergencies*

October 2, 2012

Chairman and Commissioners, thank you for taking the time today to hear testimony on Budgeting for Results in Illinois and how it will impact local service providers and the clients, families, and communities we serve.

My name is Miriam Link-Mullison and I have been the Director for Jackson County Health Department for over 15 years. My health department provides a wide array of services to my community focusing on disease prevention and health promotion. These services include immunizations, nutrition education, communicable disease prevention, food protection, emergency preparedness, and much more. Most of these services are delivered under the 27 contracts we have from the Illinois Departments of Public Health, Human Services, Children and Family Services, Transportation and the Illinois Environmental Protection Agencies. In addition, we provide some clinical services which are billed to Medicaid in Healthcare and Family Services.

I support the work of the Budgeting for Results Commission: the strategic plan and the development of the strategy maps for each priority area. However, I think it essential that the next phase of work - the establishment of performance metrics and outcomes - be built out of the experience of providers. There are two primary reasons for including providers. First, we are where the rubber meets the road, and know what it takes to accomplish improvements in our communities, and what is realistic to expect in terms of results. Secondly, local providers have a financial stake in accomplishing these goals. Most of the state programming that my agency provides requires substantial local financial support to make it happen. For every dollar of state funding received, my agency is matching this with about .80 of local funding from taxes, fees, or federal match dollars. In fact, over  $\frac{3}{4}$  of local tax dollars going to Jackson County Health Department are spent directly supporting the grants taken from the state.

From my perspective, part of setting outcomes for Budget for Results needs to be an increased focus on funding prevention efforts, rather than spending most of health dollars on the treatment of preventable diseases. A relative small amount of money used for prevention can save on spiraling healthcare costs. This requires some prioritization of how we spend our state funding. The State Health Improvement Plan outlines priorities for improving health in Illinois including more focus on the prevention of chronic disease, substance abuse, violence, and mental illness.

Once the outcomes and metrics are set, then the focus needs to be on putting in place practices to ensure outcomes. Ensuring outcomes require using approaches that have been proven to be effective and improving the implementation of those approaches through quality improvement processes. Ensuring results also requires some flexibility and an understanding that one size does not fit all; what works in Chicago does not necessarily translate well to Carbondale.

Finally to make sure we are getting the most bang for our buck, we also have to maximize efficiency. Maximizing efficiency means streamlining processes and being cognizant of the time taken in auditing and reporting, and trying to minimize this, while still being accountable. As local providers we find ourselves being audited repeatedly; in my agency I estimate over 400 hours each year is used to prepare for 13 separate audits/site visits. Again much of this work is duplicative of the CPA audit conducted at the local level and submitted annually to all our funders. Reporting is another area where there is an amazing amount of inefficiencies. Much of the reporting we do is through electronic systems, none of which talk to each other and none of which are designed to facilitate ease of entry. It is not uncommon for the documentation to take as long as the intervention or for staff to have to document the same information in several places.

There are steps being taken through the response to PA96-1141 to accomplish some efficiencies. The 5 health/human service agencies now have a central repository vault so local providers only have to share certain documents once rather than with each program they contract with and work is taking place to standardize some processes. These are positive steps, but more focus needs to be given to increasing efficiencies at all levels.

#### Summary–

Budget for results is a good idea. Care needs to be taken to examine the real costs of implementing metric collection to providers and achieving outcomes, to understand how measurable outputs and outcomes will be different depending on the type of provider organization, and to determine how implementation will affect those receiving services. I urge the state to use the real program costs in determining funding amounts, not the allocations the state currently employs which do not adequately cover the expenses of the outcomes the state expects. You must do what you can to ensure that appropriate outcomes are set, a focus is put on prevention, the programs funded align with these outcomes, practices have been put in place to ensure those outcomes and all efforts are made to maximize efficiency. We all owe it to taxpayers, those receiving services, and to our communities to do this effectively. The inclusion of local providers in the planning process will go a long way in the design of the Budget for Results system, which really gives Illinois the most bang for the public buck. Thank you in advance for your diligence on these issues.

Miriam Link-Mullison  
Public Health Administrator  
Jackson County Health Department

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# John Howard Association of Illinois

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Written Testimony of John Maki  
Executive Director, John Howard Association  
Submitted to Budgeting For Results Commission

I am the Executive Director of the John Howard Association, Illinois' only non-partisan prison watchdog. I was also part of the Budgeting For Results Public Safety Team. I am here to voice my support for the Budget For Results (BFR) strategy, in particular the Public Safety recommendations. Based on my organization's research of other states that have used similar funding processes, I believe that BFR is an important step forward on a path that will ensure taxpayer money will fund programs and strategies that work.

To keep Illinois moving forward on this path with an effective public safety budget strategy, I believe that Illinois needs to make two commitments:

1. Implement evidenced-based programs designed to prevent people from entering the criminal justice system and reduce crime and recidivism.
2. Invest in comprehensive data collection, evaluation, and analysis to measure results and help prioritize funding for programs that deliver results.

The reason I believe these two commitments are essential for BFR's Public Safety strategy is that when other states have made them, they have seen significant results that reduce crime, safely decrease their prison population, and save taxpayer money through more cost-effective policies and programs. Through the use of evidence-based practices, safe and effective alternatives to incarceration for low-risk offenders, and on-going evaluations of programs, states like Texas, Mississippi, Ohio, and Michigan, among

others, have decreased their recidivism rates by as much 15 percent and saved taxpayers millions of dollars.

The good news is that Illinois is already doing some of this work. For instance, Redeploy Illinois and Adult Redeploy Illinois are performance-based incentive programs that fund counties to treat non-violent, low-level juvenile and adult offenders locally with evidence-based programs, rather than sending them to the Illinois Department of Juvenile Justice at a cost of about \$84 thousand per year or the Illinois Department of Corrections at the cost of \$20 thousand per year. These programs have been remarkably successful. For instance, in three years of providing services in four sites, Redeploy Illinois diverted approximately 400 youth from commitment to the Illinois Department of Juvenile Justice, potentially saving the state millions in incarceration costs.<sup>1</sup> Similarly, Adult Redeploy states “as of December 2011, six sites reported successfully diverting 207 non-violent offenders from prison, representing potential savings of \$3.3 million. Four more pilot sites –including Cook County, the largest contributor to the IDOC population – begin implementation in 2012, with a total expected impact of the program of \$6 million in corrections savings.”<sup>2</sup>

Another important initiative is Illinois Department of Corrections’ (IDOC) Risk Assets Needs Assessment tool, often referred to as RANA. This new tool, which is due to be implemented next year, will give IDOC the ability to prioritize its limited resources and programming based on the risk an inmate poses, assets he possesses, and needs he demonstrates. This will mark an enormous improvement from IDOC’s current programming regime, which is based almost entirely on an inmate’s committing offense. Research and the experiences of other states show that this kind of regime is a poor indicator of future criminal behavior and leads to an equally poor use of programming and resources. When states use RANAs, they have found that they can tailor evidence-based programs to fit the risk and the needs of the offender, which has led to significant reduction in recidivism and a more effective use of taxpayer dollars.



Finally, Illinois has the Sentence Policy Advisory Council (SPAC). This is a group set up to examine and educate legislators about the long-term impact of criminal sentences and correctional policy. States that have reduced their costly use of prisons have all had a group like SPAC that could give lawmakers the information they need to instate effective sanctions for criminal behavior.

With the BFR and initiatives such as Redeploy Illinois, Adult Redeploy Illinois, and SPAC, Illinois is on the path to ensuring that its public safety programs create a state where citizens are “safe where they live, work, and play.” Whether we continue on this path depends on our commitment to expanding evidence-based programs and data collection, evaluation, and analysis to measure results and help prioritize funding.

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<sup>1</sup> See Redeploy Illinois Fact Sheet, Available at <http://www.dhs.state.il.us/page.aspx?item=32866>

<sup>2</sup> See Annual Report to the Governor and General Assembly on the Implementation and Projected Impact of Adult Redeploy Illinois, available at <http://www.icjia.org/public/redeploy/pdf/annualreports/2011%20Adult%20Redeploy%20Illinois%20Annual%20Report.pdf>

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## Lutheran Social Services of Illinois

Lutheran Social Services of Illinois or LSSI is a multi-service human services agency that stretches from the Chicago region to the Quad Cities and from Rockford to Carbondale. Unlike most human service agencies, we provide services to a variety of client populations including child welfare, services for people with various kinds of disabilities, addiction treatment, and in home and residential care for seniors. Almost all of our programs across the state are accredited by a major outside organization, such as the Council on Accreditation, and by one or more state agencies that has oversight over a given line of service.

LSSI is also a founding member of Illinois Partners for Human Services. We helped create Illinois Partners and continue to provide leadership in that organization because we believe that the organized voice of human care providers is a critical part of the conversation that is taking place and needs to continue to take place as our state works to overcome more than a generation of poor budget practices. We applaud the Budgeting for Results Commission for its dedication to making sure that the state gets its money's worth for all its investments, whether that is in physical infrastructure or in the human capital of our people.

One key to improving the state's return on investment in human care services, is to make sure that the state is clear on what practices lead to the most desirable outcomes for a given population AND then actually consistently making that investment. Identifying best practices and then failing to fund agencies to operate at peak performance is an exercise in futility.

LSSI is not new to the Budgeting for Results conversation. We have been a part of the on-going evolution of "performance based contracting" that has been a part of the child welfare system for almost twenty years. It's important that Illinois not spend time "re-inventing the wheel" when there is experience to be gained from earlier efforts to reform budgeting and program provision in Illinois.

To date, on a program level, sections of LSSI have had a positive working relationship with State Agencies with regard to Budgeting for Results (BFR). Additionally, as the BFR process has been posted online, we have been able to monitor and engage when appropriate. Access to information and having key conversations have been important for LSSI to understand and provide input when and where we can be helpful.

It is this type of engagement which we will need more of as the BFR process continues to evolve. One of the critical reasons why provider involvement is necessary is that the contracting world of human services is changing at a rapid rate. More federal and commercial contracting is increasingly a part of everyday life. This creates a reality where providers are not just contracting with State agencies, we have an increasing number and type of deliverables to other funders. These deliverables, outcomes, etc would best be integrated into conversations with State agencies regarding BFR. This connection of State and non-State business will yield a more stable, interconnected service system.

We ask that next steps on metrics, return on investment, etc. include the provider community from the beginning. Providers can bring forward the efforts we have currently under way so that together we can develop an improved, accountable, effective service system.

Testimony submitted by Catherine Walters, Executive Director, Prairie Center Against Sexual Assault, Springfield, Illinois

Prairie Center Against Sexual Assault is a member of the Illinois Partners for Human Services and one of the 30 member agencies of the Illinois Coalition against Sexual Assault.

As a provider of rape crisis services for 37 years, Prairie Center understands that accountability for results achieved must be a hallmark of our work. Social service organizations across Illinois, including Prairie Center, have established systematic and measurable outcomes. We have been reporting outcomes to state and local funders for many years.

As both a taxpayer and a social service professional, I expect that the budgeting for results process be characterized by transparency and frank dialogue. Thus, the next stage of the budgeting for results - the establishment of performance metrics and outcomes- must include the input and full partnership of social service providers across the state. Social service agencies are the stabilizer, the additive that holds communities together; we are not a burden on communities! Human service organizations have both expertise and commitment. Inclusion of service providers in future discussions strengthens the budgeting for results process. Failure to include the voices of providers is both counter productive and short sighted.

Catherine Walters MA, LCSW  
Executive Director  
Prairie Center Against Sexual Assault  
October 2, 2012

## **BUDGETING FOR RESULTS**

Monday, September 24, 2012  
Michael A. Bilandic Building, 160 North LaSalle Street, Chicago, IL

Public Hearing Written Testimony

Submitted by: Safer Foundation  
Submitted to: Commissioners, Budgeting for Results

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My name is Diane Williams and I am President and CEO of Safer Foundation (Safer). Safer is a Chicago-based, not-for-profit organization that for the past 40 years, has successfully reduced recidivism by offering a full spectrum of services to people with criminal records – enabling them to become employed, law-abiding, tax-paying members of the community.

Annually, Safer helps thousands of formerly incarcerated persons acquire job preparedness training to assist them as they step back into the workforce and job acquisition support. Last year, more than 4,200 people with criminal records were supported in obtaining jobs. Assistance in choosing a new direction of responsibility, education, and productivity includes offerings such as case management; employment services; job readiness and retention; cognitive-intervention; basic education skills; including GED preparation; substance abuse treatment; mental health counseling; community service; family support; life skills; and parenting skills.

The value of Safer to residents of the State of Illinois cannot be overstated. In the long run, our agency offers effective recidivism-reducing reentry programs that actually save taxpayer millions of dollars by both reducing the number of individuals re-incarcerated, and more importantly, by increasing public safety.

Ladies and gentlemen of this Commission, I applaud your efforts. Please know that Safer, like many other service providers, supports the shift to Budgeting for Results (BFR). This comprehensive, strategic alternative to incremental budgeting should ensure that the allocation of fiscal resources will be based on program effectiveness. The importance of showing positive outcomes cannot be overstated. Safer's recidivism studies are conducted by an external evaluator. The most recent study, completed by Loyola University Chicago, demonstrated a 57% improvement in the recidivism rate for Safer programs, as compared to the recidivism rate of the general prison population released without the benefits of our services.

As the Commission moves forward to build the BFR infrastructure and plan, I believe it is necessary that program and service providers play a key role in every aspect of the BFR initiative. As such, I respectfully request that at least one provider be named to the BFR Commission. Individuals and organizations that are critical to successful partnerships between state government and service providers/vendors should have an active voice in creating the metrics at the ground level. This way, each component of the strategy including funding priorities, assessing and tracking program production and performance, informing policy and contracting decision making, and delivering results will exude the quality, outcomes, and return on investment the taxpayers of Illinois deserve. Service providers will be able to offer subject-matter expertise and knowledge, as well as evidence-based best practices.

Thank you for your time and attention and know that Safer Foundation looks forward to assisting the Governor and this Commission in any way you deem appropriate.



Sierra Club Testimony to Budgeting for Results Commission  
Terri Treacy, Conservation Field Representative  
October 3, 2012

I'm here on behalf of the Illinois Chapter of the Sierra Club and its 25,000 plus members statewide in support of adequate funding for the Department of Natural Resources. The Sierra Club is also a member of the Partners for Parks and Wildlife, a coalition of over 100 organizations around the state that represent a wide diversity of stakeholders who collectively understand the benefits the Department of Natural Resources brings to every citizen in the State of Illinois.

From economic development, to public health and safety, to protection of clean water and fresh air, investments made in the Department of Natural Resources benefit the state as a whole.

IDNR is an economic engine throughout the state. The annual impact to Illinois of DNR is \$32 billion and sustains approximately 90,000 jobs statewide.

The Department provides quality-of-life-services that benefit everyone in the state. One doesn't have to ever visit a state park, fish in a lake, or hike on a trail to benefit from the health effects of open space, clean drinking water and clean, fresh air.

With responsibilities that reach far beyond open space management including:

- Law enforcement,
- Mines and minerals regulation,
- Water resources regulation and flood control,
- Dam and mine safety,
- Environmental planning,
- Grant projects for park districts and environmental engineering,

the Department's reach is vast, and impacts the quality of life for every person in Illinois.

We understand that state agencies are all feeling the pinch of less funding, while also being expected to accomplish the same amount or even more work. In the case of DNR however, over the past decade its budget has been disproportionately cut, and dedicated funds have been swept. In the past ten years the Department's budget has been cut by over 50 percent and it has lost more than 60 percent of its staff.

Citizen advocates like Sierra Club and Partners for Parks and Wildlife have been fighting for adequate DNR funding for these past ten years – we would all like to get back to focusing on the work of our organizations. Therefore, we think time has come for the Department of Natural Resources to receive the General Revenue Funding it deserves in order to keep providing the services and programs that are so vital to the health, safety and quality of life of every citizen of Illinois.





## **Testimony to the Budgeting for Results Commission**

Submitted by Pamela F. Rodriguez, TASC President

October 3, 2012

Chairperson Kotowski, distinguished members of the Commission, thank you very much for the opportunity to submit testimony on the State's Budgeting for Results (BRF) process and implementation. Like many of my colleagues working in the field of human services, I very much appreciate the Commission's clear intention to ensure strong provider input into this important initiative. This input will be critical to its success.

My name is Pamela Rodriguez, and I am the President of TASC. Since 1976, TASC has been engaged in care management, designing and administering numerous programs that connect courts, jails, and prisons with supervised, community-based drug treatment and recovery support services. TASC provides case management, monitoring, and referral to drug treatment services. We work with criminal courts and probation departments throughout Illinois to facilitate cost-effective treatment alternatives to prison for people with non-violent felony offenses. Similarly, we provide services to inmates and parolees leaving prison who are returning home to their communities, with a goal of reducing the costly cycle of re-offense, recidivism, and re-incarceration. Our services, like many of our colleagues who provide addiction treatment services, are funded through the Division of Alcoholism and Substance Abuse (DASA) within the State's Department of Human Services (IDHS), as well as through the State's Department of Corrections (IDOC).

With recognition of BFR's magnitude, and in strong support of the realization of its goals, we offer the following recommendations to the Commission.

**1) The BFR process should reflect the broad impact of programs and strategies addressing substance abuse and addiction that are commensurate with the comprehensive value they deliver, across multiple results areas.**

Substance abuse and addiction are a major public health problem in Illinois. In 2009-10, 9 percent of Illinoisans – approximately 928,000 people – needed treatment for alcohol or drugs, but the vast majority of them (at least 80 percent) did not receive it.<sup>1</sup> People involved in the justice system exhibit even greater rates of such disorders; 45 to 53 percent of prison inmates – 5-6 times that in the general population – meet clinical criteria for substance abuse or dependence, and more than half reported using drugs in the month before their arrest.<sup>2</sup> Substance use disorders have been linked to physical and behavioral health,<sup>3</sup> public safety,<sup>4</sup> juvenile and criminal justice,<sup>5</sup> child welfare,<sup>6</sup> domestic violence,<sup>7</sup> and education,<sup>8</sup> and thus play a critical role in outcomes in multiple “results” areas identified by the BFR Commission. For the State to realize the goals of the BFR initiative, it is imperative that metrics across many “results” areas reflect the importance of preventing and treating substance use disorders.



In recent years, the State's dismal fiscal situation has meant drastic reductions in funding for community-based addiction prevention and treatment services. Between FY09 and FY13, general revenue funding for treatment plunged 32 percent. Additionally, the publicly funded treatment system infrastructure has endured severe damage from several rounds of major funding cuts and chronically delayed payments. This certainly has impacted the people who need services and the organizations and programs providing them (some more than others, depending on size, fiscal reserves, and other factors and capacities), but it has influence far beyond just them. For example, the court and probation systems, which make conditional referrals, have fewer treatment providers and beds to utilize. The Department of Corrections, which seeks to provide rehabilitative services in an effort to reduce costly recidivism, is less likely to provide the services known to reduce recidivism and more likely to see its population return. Likewise, other systems and the outcomes of their programs and services are impacted by a dearth in substance abuse and addiction treatment services.

Additionally, the notion that programs and services will be evaluated against expectations that may not take into consideration the impact of years of funding cuts and delayed payments is cause for concern. Surviving in this challenging environment has been a monumental challenge for some providers. Expectations must reflect these realities.

- 2) **The BFR process should recognize that investing in program evaluation is a strategy to measure impact and improve services and outcomes. It should prioritize the development of the State's and service providers' capacity to perform evaluation activities, interpret evaluation data, and make improvements based on evaluation findings.**

As articulated by other providers of testimony at the Chicago hearing on September 24, program evaluation is useful beyond its role in budgetary decision-making and impact. It also plays a critical role in identifying areas and formulating strategies for improvement. Capacity to employ sophisticated evaluation and interpretation techniques will be foundational to the success of BFR.

Many providers, including TASC, report program outcomes. Outcomes may be reported to sources of funding (government, private, or both), boards of directors, or the public. However, the capacity to operate in the environment envisioned by the BFR Commission does not currently exist among many service providers. Additionally, to realize its ambitious goals, evaluation capacity must be cultivated in State government, within each Department. Capacity means not only the ability to collect and report data, but also to accurately interpret outcomes in an environment where in factors that drive outcomes are interrelated and overlap into multiple programs and even results areas.

For example, in an overly simplistic evaluation scheme, treatment completion might be a key metric used to indicate program success. However, a study out of the State of Washington<sup>9</sup> shows that participation in drug or alcohol treatment resulted in significant declines in arrests (17-33 percent) in the year following treatment. The study group included both treatment "completers" and "non-completers." Careful interpretation of the evaluation found that the program prevented arrests and saved the State valuable dollars, *irrespective of treatment completion*. So in this case – and likely in others as well – a seemingly "negative" client outcome may not be indicative of an overall negative impact. The reverse scenario could also be true, that "positive" client outcomes may not indicate overall positive outcomes. Capacity for sophisticated evaluation is critical to achievement of BFR's mission and goals.

**3) The BFR Commission should allow an appropriate amount of time for its activities, an amount that is reflective of the magnitude and complexity of its mission and goals. Its implementation should be a multi-phase process that fully engages the public and the provider community at each phase.**

The mission and goals of the BFR Commission are ambitious, as they should be. Ensuring that taxpayer dollars are well spent – that services deliver the sought-after outcomes – is more important than ever. Because its work represents such a comprehensive change from current practice, and involves entirely new processes and structures, not only within State government but also within the provider community, it is imperative that implementation be handled in a way that it has an opportunity to succeed. The implementation process must allow for its own evaluation, sophisticated interpretation of findings, and adjustments and improvements, all the while engaging the public and the provider system that delivers services on behalf of the State.

Our commitment to serve Illinois' most vulnerable populations is resilient. The financial challenges of recent years have been very difficult, but they have not changed our dedication to effective programming. We look forward to continuing our partnership with the State to provide treatment alternatives to prison for thousands of people, and to facilitate responsible reentry for thousands of people coming out of prisons and going home to Illinois communities each year.

Thank you again for the opportunity to submit testimony. I appreciate the chance to discuss these critical issues. Please feel free to contact me if I can be of assistance in any way.

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<sup>1</sup> Substance Abuse and Mental Health Services Administration [SAMHSA], Center for Behavioral Health Statistics and Quality. (2012). *National Survey on Drug Use and Health, 2009 and 2010*. Washington, DC: author.

<sup>2</sup> Mumola, C. J. and Karberg, J. C. (2006). *Drug Use and Dependence, State and Federal Prisoners, 2004*. Washington, DC: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.

<sup>3</sup> Substance Abuse and Mental Health Services Administration [SAMHSA]. (n.d.). Website: Special Topics. Retrieved 3 October 2012 from: <http://www.samhsa.gov/co-occurring/topics/special-topics/index.aspx>.

<sup>4</sup> National Institute on Drug Abuse. (2011). *Treating Offenders with Drug Problems: Integrating Public Health and Public Safety*. Washington, DC: Author.

<sup>5</sup> Substance Abuse and Mental Health Services Administration [SAMHSA]. (n.d.). Website: Co-Occurring Disorders in Criminal Justice Settings. Retrieved 3 October 2012 from: <http://www.samhsa.gov/co-occurring/topics/criminal-justice/index.aspx>.

<sup>6</sup> General Accounting Office. (1994, April). Foster care: Parental drug abuse has alarming impact on young children (GAO/HES-94-89). Washington, DC: Author.

<sup>7</sup> Substance Abuse and Mental Health Services Administration [SAMHSA], Center for Substance Abuse Treatment [CSAT]. (1997). Substance Abuse Treatment and Domestic Violence. Treatment Improvement Protocol (TIP) Series, No. 25. Rockville, MD: Author.

<sup>8</sup> Engberg, J. and Morral, A. R. (2006). Reducing Substance Use Improves Adolescents' School Attendance. *Addiction*, 101(12):1741-51.

<sup>9</sup> Mancuso, D. and Felver, B. E. M. (2009). *Providing chemical dependency treatment to low-income adults results in significant public safety benefits*. Seattle: Washington State Department of Social and Health Services, Research and Data Analysis Division.



## Remarks to the Budgeting for Results Commission

4 October 2012

Good afternoon. Thank you for the opportunity to share today. The mission of this commission is an important one that is consistent with the values of my organization so I'm excited to be here today.

My name is Meegan Dugan Bassett and I am a Senior Policy Associate at Women Employed. Women Employed is a non-profit public policy organization based here in Illinois. Since 1973, we've worked to improve the economic status of women and remove barriers to economic equity. As women have advanced in the workplace, we've focused our mission on the needs of the millions of women stuck in dead-end, low-wage jobs. We have two main strategies for advancing our mission: advocating for fairer workplaces, and promoting access to high quality education and training. We've gained a reputation as a national leader in strategies to help more low-income adults enter and succeed in higher education. Our strategies are focused on what works for women, but the policies we promote work for everyone.

### **The Impact of Higher Education on Individual Incomes in Illinois**

I'd like to talk to you about measuring the impact of higher education and share a Return on Investment projection tool released earlier this year by the Center for Law and Social Policy that I think may be useful to you.

Funding for higher education can be highly contentious, but I think we can all agree that higher education is fast becoming the main path to family supporting incomes. By 2025, it is estimated that 63 percent of Illinois jobs will require some form of higher education and there are a growing number of jobs that require less than a four-year degree, but more than a high school diploma, in essence a one or two year technical certificate or degree.<sup>1</sup> Illinoisans with some college or an Associate's Degree annually earn 21% more than those with only a high school diploma and 59% more than those with less than a high school diploma<sup>2</sup>. With each level of education income rises and unemployment drops. In Illinois, the 2011 annual unemployment rate for adults with less than a high school diploma was 14.7, for high school graduates it was 11.1, for adults with some college or an Associate's Degree it was 9.2, while for adults with a B.A. degree it was 4.9<sup>3</sup> showing how essential higher education can be to the ability of Illinoisans to support their families independent of government help. In fact, over their lifetime, Illinoisans with a

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<sup>1</sup> Center for Law and Social Policy (CLASP) and NCHEMS. 2011. *The Economic Imperative for More Adults to Complete College: Illinois*. Retrieved June 2012 from [http://www.clasp.org/admin/site/publications\\_states/files/Not-Kid-Stuff-Anymore\\_IL.pdf](http://www.clasp.org/admin/site/publications_states/files/Not-Kid-Stuff-Anymore_IL.pdf).

<sup>2</sup> "Median earnings in the Past 12 Months (in 2011 Inflation-Adjusted Dollars) by Sex by Educational Attainment for the Population 25 Years and Over" 2011 American Community Survey 1-Year Estimates. U.S. Census Bureau

<sup>3</sup> "Table 15: Employment status of the civilian noninstitutional population 25 years and older, by educational attainment" Geographic Profile of Employment and Unemployment. U.S. Department of Labor  
[http://www.bls.gov/opub/gp/pdf/gp11\\_15.pdf](http://www.bls.gov/opub/gp/pdf/gp11_15.pdf)

college degree will earn \$900,880 more than those with a high school diploma, to say nothing of those without their diploma or GED.<sup>4</sup>

## Meeting Illinois' 60x25 Goal Will Increase Annual State Revenue

According to the Center for Law and Social Policy, under current investment levels in higher education, Illinois is set to see a declining state value. State revenue will actually decline by \$140 million in 2025.<sup>5</sup> Higher education can bring in substantially more if we make smart investments to increase the number of Illinoisans with a college certificate or degree by 2025, consistent with Illinois' 60x25 goal.

**If we go all out and match the performance of the top three states in all key measures, we will reach a point where our revenues exceed our costs by \$1.3 billion annually.**<sup>6</sup> As you can see from the power point, these revenues come from a variety of sources including income tax revenues, sales tax revenue, corrections savings, and Medicaid savings.

Meeting the 60x25 goal will increase our state revenues substantially, but it will also require a complete paradigm shift in our thinking. It simply isn't possible to meet our college completion goals with just recent high school graduates. Even if we increase our high school completion rate to 100 percent and increase our college going rate to 95 percent by 2025, we would still come up short of the 60x25 goal. **To bring in this additional state revenue, we have to look at the millions in Illinois' current workforce who don't have a college certificate or degree.** And in fact, just increasing the percentage of adults aged 20-39 enrolled in college by two percentage points gets us very close to our goal with 344,000 additional degrees or certificates.

## Maximizing the Impact of Higher Education

Focusing some of our attention and resources on the current population of low-income workers also allows us to maximize the impact of our higher education dollars as a state. Low-income workers usually rely on public institutions and financial aid to get through college, so they can support their families without state help in the future. Ensuring these students can complete has multiplier effects well beyond the cost of educating them. **Any performance management measures must track how well different higher education programs impact the college credential completion rate of low-income adults specifically.**

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<sup>4</sup> Derived from National Center for Higher Education Management Systems (NCHEMS). *Illinois State Profile Report: Difference in Median Earnings Between a High School Diploma and a Bachelors Degree, 25 to 64 Year Olds*. (Original source: U.S. Census Bureau, 2008-10 American Community Survey Three-Year Public Use Microdata Sample File). Retrieved June 2012 from <http://www.higheredinfo.org/stateprofile/index.php?step=1&state=17>.

<sup>5</sup> Center for Law and Social Policy. 2012. *Illinois: The Return on Investment to Increasing Postsecondary Credential Attainment*. Retrieved May 2012 from: [http://www.clasp.org/postsecondary/publication?id=1452&list=publications\\_states](http://www.clasp.org/postsecondary/publication?id=1452&list=publications_states).

<sup>6</sup> Ibid.

One of the main challenges in performance management funding will be ensuring that we don't disinvest in the students who most need our help. Very low-income students were often given sub-par preparation, and may have a very difficult time affording college. This means they may need to divide their attention between a full-time job, family, and school—a challenging feat for anyone. Unfortunately, the schools that serve these students are already given the least funding to educate the hardest to serve students—a recipe for poor completion rates and higher poverty rates. As you design the Budgeting for Results system for higher education, please keep in mind that taking away money from the schools serving the students who can benefit the most from higher education may not be the way to improve the effectiveness of our higher education system and will have lasting negative impacts on the economic viability of Illinoisans.

## **Recommendations**

### **Principle 1: Measure Deeper Economic Value**

To truly measure the impact of higher education on Illinois' economy, we have to track how many low-income workers are earning economically valuable credentials. In order to do so, Illinois must have a robust longitudinal data system, so your support for that system will be essential.

- **Measure higher education progress and completion by age, income, full-time/part-time, program of study, and race.**

Each of these measures is essential in order to know how effective our institutions of higher education are at educating the Illinoisans whose standard of living and economic contributions will be most positively impacted by earning a certificate or degree.

- **Re-evaluate the need for credentials that are not economically valuable.**  
While higher education has an intrinsic value, some programs are simply no longer needed. For example, some certificates are not industry recognized or are less than a year of study. Degrees in programs in highly regulated industries that aren't recognized by that industry are another example. Focusing resources on certificate and degree programs that are in demand and economically valuable, as the City Colleges of Chicago is currently doing, provides a more efficient way to increase family incomes.

### **Principle 2: Use Leading Indicators**

Measuring college completion is essential, but it is also a lagging indicator. Illinois can use pipeline studies and proven measures of student progress towards a degree to ensure we are moving closer to our completion goals.

- **Use research-based momentum points to identify which programs are moving students towards completion and identify areas that need additional, focused resources to address problems quickly.**

Momentum points have already been partially integrated into Illinois' performance funding. Two examples include remedial or developmental education student progress and credits earned within a student's first year of study. These are both recognized as key proof of student progress. However, there are a number of other momentum points that have been shown in national studies to predict student graduation.<sup>7</sup> Additional momentum points Illinois should utilize in the budgeting for results evaluation include:

- Percent who show proficiency gains in adult education or developmental education.
- Percent who pass one or more developmental education course(s) in their first year.
- Percent who complete first level math or composition course in their first year.
- Percent who enroll in certificate or degree program of study in first year.

- **Use pipeline studies to identify areas where we are losing students and how could make our system more effective.**

Pipeline studies have been used in several states to show where students are dropping out and to develop solutions to help more students complete. They can be particularly helpful in designing solutions for graduating more adult education and remedial students.<sup>8</sup>

Pipeline studies often use momentum points, such as college math course completion and credits earned, to predict student completion. Illinois could use regular pipeline studies to identify which programs are most effective and where policies or practices need improvement. This will also require a very strong longitudinal data system.

Any pipeline study utilized by the Budgeting for Results Commission in Illinois should include:

- Data from students at all levels of preparation, including ESL, Adult Education, and Remedial/Developmental Education.
- Data on student progress and completion by program of study, in order to identify programs where students drop out of the pipeline.
- Progress and completion data by low-income status, full-time/part-time study, age, and race.

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<sup>7</sup> Several of the most well-known studies can be found on the Center for Community College Research website. See <http://ccrc.tc.columbia.edu/Publication.asp?uid=600> and <http://ccrc.tc.columbia.edu/Publication.asp?uid=570> for two examples.

<sup>8</sup> For one example, see *Toward College Success for Working Adults* <http://www.cows.org/data/documents/991.pdf>.

### **Principle 3: Invest in Student Success**

Up until now, Illinois has been providing the least funding to the institutions with the most students, and the students with the most barriers to college completion. Investing the least in the hardest to serve students is not an effective strategy.

- **Invest in student services and curricular innovations for the students who need it most.**

Many of low-income students have been ill-served by poor schools, and may be juggling family, unpredictable work schedules, and variable school schedules. These students need tutoring, learning communities, child care assistance, intensive advising, and help with paying for books and transportation. **Services and effective innovations must be considered essential operating costs.**

- **Invest in expanding pilots that have been shown to work.**

Illinois often has innovative pilots that show potential, but rarely brings those pilots up to scale. Ensure that effective innovations in higher education are fully supported.

The Budgeting for Results Commission has an important mission and we hope that you will take seriously your role as spokespeople for all Illinoisans. Thank you for the chance to participate in this process. I'll take questions now, or you can contact me using the contact information on the power point.



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **YMCA of Metropolitan Chicago**

### **Budgeting for Results Recommendations**

Budgeting for Results represent a tectonic shift in the way state grants will be awarded to human service agencies like the YMCA. The move towards accountability of impact is one that is welcomed by the YMCA but we believe there are a few crucial practicalities regarding the transfer of data that the State should consider.

#### **Recommendation 1: Enable APIs (Application Programming Interfaces) with Grantee systems**

The YMCA staff spends a significant amount of resources to comply with government reporting standards. Additionally, the YMCA works to track data internally in order to improve programs and operational efficiency. Since the system used to track data internally and the system used to report it externally are unable to speak to one another, this often results in manual duplicative data entry by program staff whose time is better spent on serving our constituents.

As the State looks to implement Budgeting for Results, the YMCA recommends an API that would allow the YMCA and other human service agencies to build a system such that data could be entered once and pushed to the appropriate reporting systems. This would greatly reduce the reporting burden on organizations and allow them to use and learn from data more extensively internally, leading to a more efficient social sector.

#### **Recommendation 2: Provide Reporting Back to Grantees**

Data is increasingly critical to the operational efficiency and success of human service organizations. One of the great difficulties facing nonprofits in this regard is that what little effort is devoted to data analysis is spent inputting information into mandated reporting systems that provide nothing back to the provider.

The Budgeting For Results system could easily provide automated reports back to nonprofits and providers benchmarking their performance against state and local averages as well as the performance of their peers. That kind of system would go a long way in creating market pressure on nonprofits to improve their performance in light of their peers, thus supporting the end goal of BFR.





**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

### **Recommendation 3: Provide (Linked) Data Back to Nonprofits**

Much of the robustness of Budgeting for Results will come from the State's ability to connect the programmatic data from human service providers to other data sources the State has access to; i.e. public school information, criminal data, economic data, health data etc. Many nonprofits desire to have access to this data in order to evaluate their impact on these outcomes but do not have the ability to receive it, even de-identified.

The State could provide this linked data back to nonprofits, de-identified, for them to use in their own analysis. The recommended process would start with providers providing the State with identifiable information regarding program participants and the State linking that information to the multiple data sources they have access to, then providing that data back to nonprofits with identifiers removed. This would again allow for the sector to improve internally as well as through the external pressure exerted by the State through BFR.

The State has a great opportunity to use the data provided by Budgeting for Results for the benefit of the entire sector IF they build their systems in such a way as to foster collaboration between grantees and the state as grantor.

*ABOUT THE YMCA OF METROPOLITAN CHICAGO: The Y is Chicagoland's leading nonprofit strengthening communities through youth development, healthy living and social responsibility. Through its 24 member centers, five camps and hundreds of extension sites, the Y of Metro Chicago helps children learn and grow, teaches young people to lead, brings families closer, and encourages individual health and wellbeing. As one of the largest and oldest/most established cause-driven organizations/nonprofits in Chicago, YMCA programs impact hundreds of thousands of lives annually, helping to strengthen neighborhoods and respond to unique community needs across Chicagoland.*

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