

# **Budgeting For Results**

(IL Department of Public Health)

Presented by:  
Stephen J. Konya III  
Chief of Staff, IDPH

# PUBLIC ACT 96-958

## (EXCERPTS)

- “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.**”
- By November 1 of each year, “the **(Budgeting for Results) 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.**”
- “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.**”

# Budgeting for Results (BFR)

- Implementation led by Governor's Office of Management and Budget (GOMB)
- Integrate BFR planning w/ annual budget cycle
- Target/increase state funding to areas with greatest impact
- Reduce/eliminate funding for programs with little to no measurable impact (i.e. agency mandates review)

| Result Area             | # | Outcome   | Statewide Definition  |
|-------------------------|---|---|---|
| Education               | 1 | Improve School Readiness and Student Success for All          | Increase % of Illinoisans equipped with skills and knowledge needed for postsecondary and workforce success.  |
| Economic Development    | 2 | Increase Employment & Attract, Retain and Grow Businesses     | Close the opportunity gap in IL by ensuring the labor force has the skills necessary to meet the needs of employers and maximize earning potential. Increase business investment and entrepreneurship in IL.            |
| Public Safety           | 3 | Create Safer Communities                                      | Reduce incidents of death, violence, injury, exploitation and fraud.  |
|                         | 4 | Improve Infrastructure  | Improve the condition of infrastructure to protect citizens and support commerce.   |
| Human Services          | 5 | Meet the Needs of the Most Vulnerable                         | Ensure all residents—but particularly children, the elderly, and persons with disabilities—are able to experience a quality life by meeting basic living needs, and providing protection from abuse and discrimination. |
|                         | 6 | Increase Individual and Family Stability and Self-Sufficiency | Reduce demand on the human service system by providing services to help individuals and families better support themselves.   |
| Healthcare              | 7 | Improve Overall Health of Illinoisans                         | Lower health care costs by improving the health of Illinoisans.   |
| Environment and Culture | 8 | Strengthen Cultural & Environmental Vitality                  | Strengthen and preserve our natural, historic, and cultural resources to make Illinois a more attractive place for people to visit, live and work.  |
| Government Services     | 9 | Support Basic Functions of Government                         | Improve the basic infrastructure of state government and provide the tools necessary to operate more efficiently and achieve statewide outcomes.  |

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# BFR – Health Strategy Team

*“To create a healthy Illinois population free  
of health disparities.”*

# A Healthy Population:

## *Four Primary Factors*

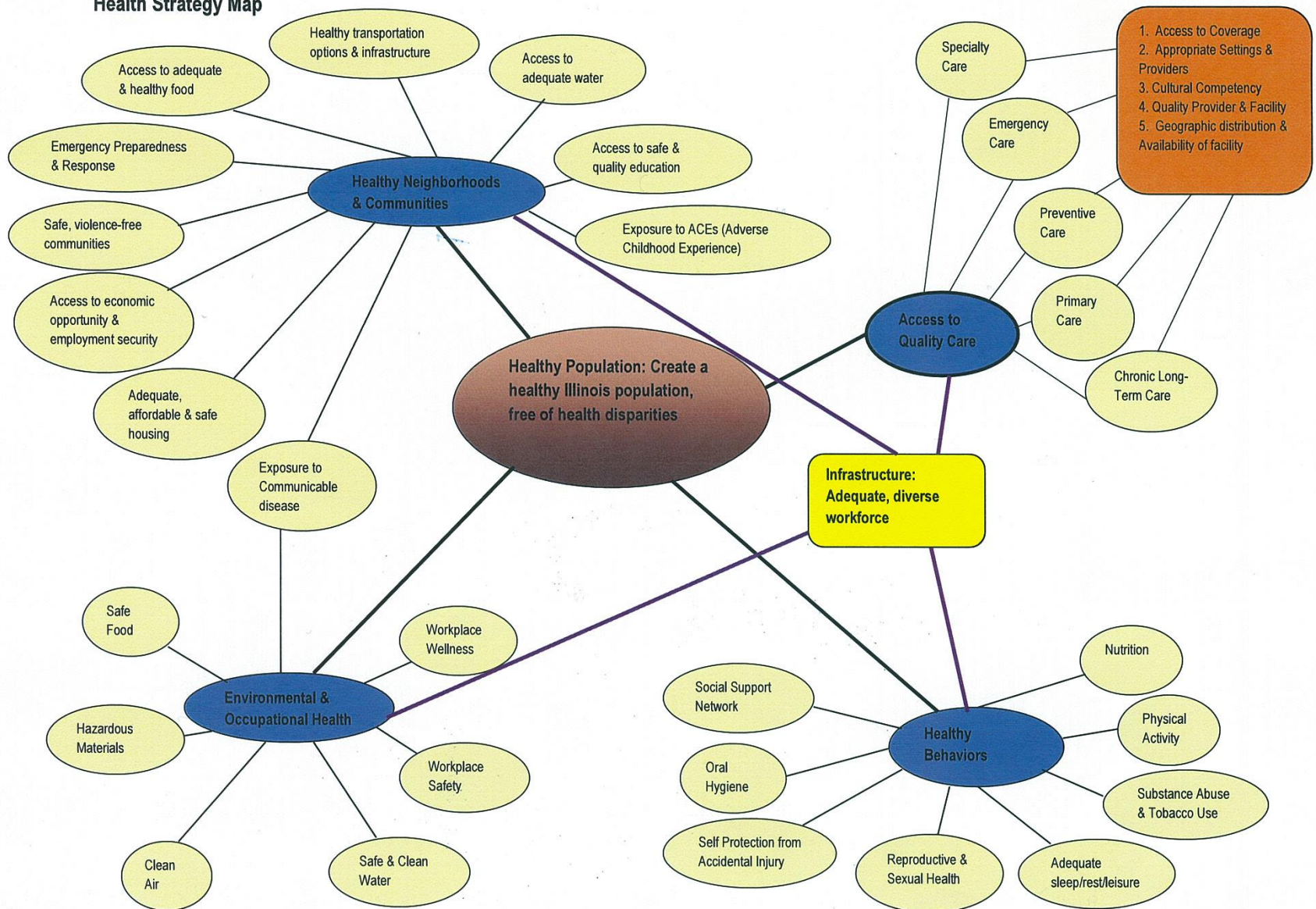
- 1) Healthy neighborhoods and communities
- 2) Environmental and occupational health
- 3) Healthy behaviors
- 4) Access to quality healthcare and services

### Underlying influences:

- Quality infrastructure
- Adequate and diverse workforce



## Budgeting For Results Health Strategy Map





# Top 5 Recommended Strategies

- 1) Invest in quality education
- 2) Invest in preventive physical, mental, oral, and vision health services
- 3) Develop programs and policies that support healthy behaviors in communities
- 4) Develop and invest in an effective infrastructure for improving population health
- 5) Invest in the physical infrastructure, partnerships, and policies needed to allow for care in the most appropriate setting by the most appropriate providers

# Additional Recommended Strategies

- 6) Invest in programs and public, private, and non-profit partnerships that improve the social environment
- 7) Develop performance standards and financial incentives for integrated / coordinated care programs, health insurance companies participating in the health insurance exchange, and providers
- 8) Invest in physical environments that impact health
- 9) Increase information access and education about healthy behaviors
- 10) Provide financial incentives for individuals and providers to promote healthy behaviors

# Illinois Department of Public Health

Annual Budget: **\$500M** (approx)

Total Staff: **1,200** (approx)

Agency Programs: **300** (approx)

Grant Programs: **100+** (approx)

Population served: **12.4M** (all IL residents)

# Public health keeps kids healthy and communities strong

## Public health and prevention programs in your community:



## We all benefit

# Currently Reported Measures

# Office of Women's Health and Family Services

- 1) # of encounters/visits to IBCCP services.
- 2) # of women in Breast and Cervical Cancer Program (BCCP) with a breast screening that results in a diagnosis of "in situ breast cancer" per quarter.
- 3) # of women in Breast and Cervical Cancer Program with a screening that results in a diagnosis of "in situ cervical cancer" or a "pre-cancerous cervical condition" per quarter.
- 4) % of breast cancer screenings performed that were provided to minority women. (African American women)
- 5) % of breast cancer screenings performed that were provided to minority women. (Asian women)
- 6) % of breast cancer screenings performed that were provided to minority women. (Hispanic women)
- 7) % of cervical cancer screenings performed that were provided to minority women. (African American women)
- 8) % of cervical cancer screenings performed that were provided to minority women. (Asian women)
- 9) % of cervical cancer screenings performed that were provided to minority women. (Hispanic women)
- 10) % of IBCCP women who receive a final diagnosis date within 60 days of an abnormal screening result. (Scale 0-100%)
- 11) % of women in Breast and Cervical Cancer Programs (BCCP) with abnormal screening results who receive diagnostic follow-up. (Scale 0-100%)



# Office of Health Care Regulation

- 1) # of "A" violations issued to Illinois Nursing Homes
- 2) # of Licensed Long-Term Care Beds
- 3) # of Licensed Long-Term Care Facilities
- 4) # of Long-Term Care Complaints Received
- 5) # of Long-Term Care Survey Activities Performed

# Office of Health Promotion

- 1) # of individuals identified and treated for metabolic disorders
- 2) # of infants tested for genetic or metabolic disorders
- 3) # of newborn screening tests that are abnormal and require follow-up testing or referral to a specialist
- 4) # of newborns diagnosed with a disorder identified through newborn screening

# Other Notable Reported Measures

- 1) # of flu vaccinations distributed
- 2) # of awards issued through the Nursing Education Scholarship Program (NESP)
- 3) # of repayment awards awarded to healthcare providers serving Healthcare Provider Shortage Areas (HPSAs)
- 4) # of contacts made to the Poison Control Center
- 5) # of birth certificates issued through Vital Records

A Need to “Operationalize”

# PHAB Accreditation

## 1) NPHII Grant (National Public Health Improvement Initiative)

- CDC funded
- \$1.9M through Year 4
- Project Period is 2010 – 2015

### ➤Objective 1: Accreditation Readiness

1. Agency Strategic Plan
2. Strategic Plan Implementation
3. Quality Improvement Plan
4. Performance Metrics Assessment

## 2) RWJF Grant

- \$228k in funding awarded
- May 1, 2013 - November 30, 2014
- Key Deliverable: “Developing and implementing a performance-management system”

# Office of Performance Management

## Comprised of three Divisions

### 1. Grants Management Unit

1. Centralized oversight of grants management processes for entire agency
2. TA support to agency programs for **eGrAMS**
3. Centralized grants monitoring unit

### 2. Quality Improvement

1. Evaluates program performance across entire agency
2. Manages internal electronic performance management system (pending)
3. Coordinates agency strategic plan and quality improvement plan activities

### 3. Sustainability

1. Seeks external funding opportunities (federal and foundation grants, etc.)



# eGrAMS

([www.IDPHGrants.com](http://www.IDPHGrants.com))

- Full grant life cycle management
- Cloud based
- Custom reporting capability
- Full audit trail capability
- To integrate with Data.illinois.gov



The screenshot displays the 'IDPH Grants' eGrAMS Login Screen. The header features the 'IDPH Online' logo on the left, the 'IDPH Grants' title in the center, and the 'ILLINOIS GOV' logo on the right. Below the header, a navigation menu on the left lists various options: Home, About EGrAMS, EGrAMS Login, Validate Workstation, Register your Agency, Create User Profile, Register as a Review Volunteer, Grant Opportunity Notification, Training Webinars, Search Grants, Current Grants (with a sub-menu for Health Insurance Marketplace and Health Protection - HIV/AIDS), and a section for Current Grants. The main content area is titled 'Login Screen' and includes a 'Required field' indicator. It features a 'Login' form with fields for '\*User Name:' and '\*Password:', an 'OK' button, and links for 'Change Password' and 'Forgot Password'. Below the form, instructions state: 'Enter User Name and Password. Note: Password is case sensitive.'

# Performance Management System

(example: Maryland StateStat)



# Nicole Griffith, Deputy Director

- 10 years experience in health care program operational development and quality improvement.
- Manager of Quality Improvement Program Development and Special Projects at Advocate Health Care, for Advocate Physician Partners
- Program Manager over the Medication Assistance Program at Advocate Illinois Masonic Medical
- Managed the strategic development of quality process improvement initiatives specific to population health and accountable care clinical integration
- Coordinated metrics to improve patient and provider satisfaction and health outcomes.
- Experience in nonprofit social service delivery including early intervention, child welfare, and community based behavioral health services.
- Bachelor's degree in Psychology from the University of Illinois Urbana-Champaign
- Masters degree in Health Administration from Ohio University.
- Masters of Jurisprudence degree in Health Law and Policy at Loyola University Chicago School of Law
- Certificate in Lean Healthcare process improvement from EMS Consulting Group Inc.

# Contact Info

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