

Matthews, Sharron

From: Irving, Toni
To: Matthews, Sharron
Cc:
Subject: FW: Urban Agenda
Attachments:

Sent: Thu 8/12/2010 3:30 PM

Sharron,

Minister's agenda below. Meeting is 3pm at Triedstone Church, 1415 W. 104th Street.

More tomorrow.

Toni Irving, Ph.D
Senior Advisor
Deputy Chief of Staff to Governor Pat Quinn
James R. Thompson Center
100 W. Randolph, Suite 16-100
Chicago, IL 60601
312.814.3967 (o)

312.814.5512 (f)

1. The Governor will declare a State of Emergency for our communities under the siege of gun violence
2. The Governor will convene federal, state, and local elected officials, appropriate state agencies and Clergy to discuss and refine the Urban Agenda
3. The major issues (which may continue a number of sub-issues) to be resolved are housing, jobs, and violence as a health issue
4. Pilot program using the Governor's discretionary budget powers to implement the Urban Agenda in Roseland, Lawndale, Englewood, and Austin (one community at a time)

<https://webmail.illinois.gov/exchange/Sharron.Matthews@Illinois.gov/Inbox/FW:%20Urb...> 8/12/2010

Albert

<https://webmail.illinois.gov/exchange/Sharron.Matthews@Illinois.gov/Inbox/FW:%20Urb...> 8/12/2010

Violence Prevention Conclave
3pm August 13, 2010

AGENDA

1. Discuss Conclave Membership

2. Current Anti-violence work

- Ministers projects
- Community Policing Efforts -- Glen Brooks, CPD
- Review of RFPs already in play at CPS -- Sean Harden, CPS
- Commission hearing August 26th 4-9pm
- Effective Community Organizations

3. Next Steps for Neighborhood Recovery Plan

*What works --research

- Research indicates that in addition to poverty and gang activity the major contributing factors for gun violence are:
 - Alcohol use
 - Mental health problems
 - School failure
- Research also shows that aside from early childhood ie. before 5 years old, the primary point of intervention is middle school age, beginning at 10 years old through about 14 when young people first become exposed to danger and bad influences.
- Increase community policing for minor offenses such as truancy and drinking in public ie. broken window theory In NYC there was a correlation between this and a reduction in homicides

Matthews, Sharron

From: [REDACTED]
Sent: Saturday, August 21, 2010 6:48 AM
To: Matthews, Sharron
Subject: Re: Upcoming planning meeting

Sis. Matthews, this is the information you were looking for, including email addresses.

From: [REDACTED]
To: [REDACTED]
CC: [REDACTED]
Sent: 8/11/2010 3:01:52 P.M. Central Daylight Time
Subj: Urban Agenda

I trust this captures the essence of our discussions:

1. The Governor will declare a State of Emergency for our communities under the siege of gun violence
2. The Governor will convene federal, state, and local elected officials, appropriate state agencies and Clergy to discuss and refine the Urban Agenda
3. The major issues (which may continue a number of sub-issues) to be resolved are housing, jobs, and violence as a health issue
4. Pilot program using the Governor's discretionary budget powers to implement the Urban Agenda in Roseland, Lawndale, Englewood, and Austin (one community at a time)

Albert

In a message dated 8/20/2010 8:28:08 P.M. Central Daylight Time, Sharron.Matthews@Illinois.gov writes:

Hello Bishop Gordon. Hope things are going well. As per our last conversation, I am still looking to get an email from Rev. Tyson providing a list of the members of your ministerial group, a description of the programs/ services/activities each of you are already involved with in the Roseland Community, and what you would want to become involved with in the future. We already agreed to review what state agencies are doing in Roseland, and to discuss the Neighborhood Recovery Plan model more in detail and set some time frames. Please let me know what else we might need to cover. Need before 12 noon on this Monday. Will call you after our internal meeting in the governor's office to see how you want Friday to go. Thanks so much.

Sharron D. Matthews, Assistant Director
Illinois Department of Healthcare and Family Services
401 S. Clinton- 7th Floor
Chicago, Illinois 60607

P:312-793-4296
Fax: 312-793-3127

FIRST DRAFT OF STATE OF ILLINOIS NEIGHBORHOOD RECOVERY PLAN MODEL
(FOR DISCUSSION ONLY –DO NOT DISTRIBUTE- AUGUST 23, 2010)

Sharron D. Matthews

The City of Chicago is the 27th most violent municipality in the United States according to the most recent FBI national annual report on violent crimes in America (2009) which ranked 272 cities throughout the nation. Contributing to such a high ranking is another report which cites the City as being the location of 4 of the 20 most violent neighborhoods in the United States as reported by the Chicago Sun Times (June 23, 2010) (need article). Recently certain Chicago communities have experienced an unprecedented increase in the number of school-aged children being shot and killed in their communities, near their schools and their homes. In these communities, death by violence is at a crisis level and has become the horror of daily life.

Community leaders have reached out to the Office of Governor Patrick Quinn of Illinois for assistance in combating the forces which are propelling this wave of deadly violence in their neighborhoods. Many times when crises occur, citizens look to government for assistance, leadership and resources. However, state government cannot adequately address such complex public policy and services issues alone. To address this crisis of violence against innocent children and youth, the Office of the Governor proposes to work in collaboration and partnership with community leaders and other residents and their families; community and faith based organizations; foundations; city, county and federal offices of government; and state agencies that have the requisite expertise and resources needed to appropriately and most rapidly respond.

In response to requests from and discussions with community leaders, the Office of the Governor proposes to offer a proactive approach and methodology for a "Plan of Neighborhood Recovery" to aid these communities under attack in taking back their front porches and yards, their sidewalks and streets, their schools and parks, and their communities block by block. The Office of the Governor proposes to begin by offering assistance in 4 of the Chicago neighborhoods most impacted by violence in collaboration and partnership with community leadership, and the City of Chicago, Cook County and federal governments. The state's approach to providing assistance and support in this partnership will involve a Neighborhood Recovery Plan (NRP) being designed and built on the strengths and priorities of each of the selected 4 communities. The NRP model is based on 5 key elements: Community Leadership; Safety and Protection; Education; Employment and Business Development; Housing and Community Leadership Development.

Neighborhood Recovery Plan Model

Community Leadership

Community Leadership in each targeted neighborhood will be requested to lead this initiative by: identifying the strengths and assets of their communities; selecting the core problems they feel contribute/promote the violence plaguing their neighborhoods; sharing/developing ideas for addressing these issues; and prioritizing issues and developing plans of action based on an inventory of the collective resources of participating nonprofit /private organizations and governmental entities. This planning process is designed to be community -based and done in collaboration with partnering entities.

Neighborhood Safety

Community residents must take back their neighborhoods. Families must feel protected from the ravages and pains of street violence. The law enforcement agencies and neighborhood safety offices and programs of Chicago, Cook County and the State of Illinois working in collaboration can coordinate to produce a wider blanket of community patrol and crime surveillance on a 24 hour basis. Also engaging residents and volunteer law enforcement personnel as well as the state's Safety Net and Cease Fire programs to supplement law enforcement activities can aid in crime prevention/reduction. This issue must be addressed by each planning group as soon as possible in order to provide the focus and time required for the development and implementation of each Neighborhood Recovery Plan.

Education

The children living in the 4 neighborhoods targeted predominately attend Chicago Public Schools. Many of the students as well as the faculty are doing their best to actively be engaged in the educational process while in the classroom. However, children cannot be engaged if they fear coming and going from school, and/or are terrified of what may happen while they are in the school building or on school grounds. Understandably, in some instances, teachers become preoccupied with the need for safety and protection for the students as well as themselves. In addition to safety, buildings and campuses need to be equipped and operational enough to promote/support a learning environment. Parental involvement is also key. More encouragement and support for parents and other interested adults to participate before, during and after school hours is always warranted. These are issues each Neighborhood Recovery Plan group will address for its area's students and schools.

(School transportation, escorts, after school programs, dollars for scholars, Mid-night Basket Ball, etc.)

Employment

The 4 targeted areas have some of the highest numbers of residents available for employment who are seeking job opportunities and/or training. With the "Put Illinois Back to Work" program and state agencies such as IDES, DCEO, IDOT and Capital Development Board, working with the City and County, employment and training opportunities can be identified and followed up based on individual assessments of each resident's interest, talents, education, skills and potential. It is important that business development is also included as a method for job creation and economic development. Intergenerational job development and placement are also strong components of this model. There are many youth and seniors who have interests, talents, skills, and experience to share with and learn from other community residents. Teen employment will include recreational activity related jobs. A focus on evening shifts as well as day hours can both have an impact on the monetary motivation and physical availability of youth and adults for criminal activities.

(Weatherization and school repair, construction skilled and unskilled labor, community patrols, school escorts, drivers, recreational sports trainers/coaches, foreclosure counselors community planners, case managers, education aides, senior mentors, etc.)

Housing

Home ownership is a major component of community stability. Fortunately, many of the residents in the targeted neighborhoods are homeowners. Some are second and third generations of owners. Unfortunately, like others throughout the country many are also struggling economically to keep their homes from being foreclosed due to the decrease of income from job loss and/or underemployment. Illinois was recently awarded \$166 million to assist community residents who because of job loss are in danger of losing their homes. These funds can be utilized to expand the state's foreclosure counseling program, and also create training and employment for residents who are interested in becoming counselors. IDES will work in collaboration with IHDA to provide employability assessment and job placement or training referral services for participating homeowners.

Community Leadership Development

To insure on-going community stability, new indigenous leadership must be fostered. The building and support of the human infrastructure is more important to a community's future as the mortar and bricks of a neighborhood. Opportunities for maximum participation from new and evolving community leaders are incorporated into the Neighborhood Recovery Plan model design. Each neighborhood planning group can select emerging community leaders to work in tandem with their veteran leadership as assistant community planners.

(Note that 2 versions of the plan will be needed. An internal guide for participating state agencies and one to be shared with public. Additional information/ideas are needed to further develop and complete both versions.)

Governor's Save Our Youth Initiative

Program Components

The following program components would be implemented in each community through a strong lead community organization in collaboration with partner organizations having expertise in the program components. Technical assistance will be provided by MEE and other organizations in support of program development and implementation.

1. Mentoring Plus Jobs (MEE model)	Provides 80 youth in each community with part time jobs, mentoring and social/emotional skills and support. Mentors (16) and coordinators (2-3) would be hired part time.	\$400,000 per community
2. Parent Leadership (MEE model)	Provides 50 parents in each community with leadership, empowerment and self-care skills that enable them to be community leaders, educators and mentors for other parents. Participating parents and 1-2 coordinators would be hired part time.	\$100,000 per community
3. School-Based Counseling	Provides funds for K-12 schools in each community to contract with providers or hire their own clinical staff to provide early intervention and trauma-informed counseling services for students. Providers would be trained in trauma counseling.	\$275,000 per community
4. Safety Net Works (SNW)	Expands Safety Net Works youth violence prevention programming in existing SNW communities and adds the program in communities that do not have it.	\$100,000 11 existing programs \$300,000 9 new programs
5. Reentry Programs	Provides/expands reentry services for youth and young adults returning to the community from correctional facilities.	\$250,000 per community
<u>Lead Community Partners</u>	Lead agency project coordination and management	\$200,000 per community
	TOTAL	\$1,325,000 11 SNW communities \$1,525,000 9 new SNW communities

Estimated Total Jobs	3,500
Estimated Total Youth Served	18,000

ec

Shaw, Barbara

From: Shaw, Barbara
Sent: Friday, November 05, 2010 3:16 PM
Subject: Important NRI Information
Attachments: Partner Application.docx

Importance: High

Greetings, all. I have a few important issues to share with you:

1. Good News – The funds for your first quarter payment have arrived at IVPA! We will immediately begin processing payment for those Lead Agencies whose grant agreements have been signed, executed and filed with the Comptroller’s Office. You should receive your payment within 8-10 days. For those whose contracts are still in process, we will initiate payment as soon as we receive your signed contract and file it with the Comptroller.

2. Partner Provider Applications: The attached, revised Partner Application form will now be required. The Governor’s Office and other State leaders working with us on this Project feel very strongly that there needs to be some formal process by which you gather information from any and all organizations interested in being funded as NRI partners. You don’t have to post this in the community or issue a call for proposals, but any entity that you are considering or that indicated interest through the Suggested Partner Profiles that I distributed to you must complete an application, and you and your Advisory board need to review these applications before selecting your provider subcontractors. These selections need to be based on three things:
 - Whether the program meets the criteria for each component (a list of criteria for most , if not all, components will be given to you on November 12th,
 - Whether the program has the capacity fiscal, management and program capacity to implement the component
 - The goal of extending NRI subcontracts to some qualified, capable entities that may not have traditionally received public funds.

3. Approval of Subcontractors: As stipulated in the General Assurances you signed as part of your application, IVPA must review and provide written approval of your proposed partners and their subcontracts. It is our hope that you will be able to provide us with your recommended partner list, accompanied by their Partner Applications, by December 3rd (earlier if possible). Once we approve your partners, you will then need to submit partner subcontracts (unsigned) for approval. Once approved, you will then sign and execute the subcontracts and send us a copy. If all goes well, subcontracts should be able to be effective on January 1st.

Please be aware that there is a great deal of interest in this initiative and on how and which local partners are selected, and we want to assure a minimum of discontent with the outcomes.

We will talk about these items and more at the November 12th Lead Agency Meeting. I look forward to seeing you there.

Best,
Barbara

Barbara Shaw
Illinois Violence Prevention Authority
100 W. Randolph, Ste. 4-750
Chicago, Illinois 60601



Neighborhood Recovery Initiative

Reentry Committee

Framing the Reentry Component:

- a. **Target population:** Juveniles and young adults up to age 24 returning to community from youth facilities and adult correctional facilities. This pool includes:
- 1) Juveniles currently on aftercare
 - 2) Juveniles reentering during program period
 - 3) 17-24 year olds reentering from DOC (with a subset of those who committed adult crimes as juveniles)
- b. **Required elements:** Funded sites will be required to provide or link youth and young adults with the following range of services, gender-specific where appropriate. For the DOC target population, the asterisked services will be the primary services supported by NRI. Reentry providers will be required to report on client status to the DJJ/DOC after-care teams and /or parole office.
- Intake, referral, consent, screening, information-sharing procedures
 - Case management and Reentry plan
 - Mentoring
 - Family support and parenting skills
 - Mental health/ATOD treatment
 - Educational supports (emphasis on obtaining HS diploma or GED)**
 - Job/vocational training and development
 - Emotional/social/life skills development
 - Recreational support
 - Crisis supports (clothing, food, emergency shelter, bus tokens, etc.)**
- c. **Provider qualifications:** Qualifications need to be as inclusive as possible in order to build the capacity of community support networks)
- Program and fiscal management capacity, including reporting
 - Experience working with system-involved juveniles and young adults
 - Ability to implement expectations for tracking, monitoring and reporting client progress (on-line system will be provided)
 - Medicaid certification optimal, not required

d. Training and T/A needs of community providers

- * Strengths/assets approach
- * Impact of trauma
- * Case management
- * Use of common intake and screening tools
- * Interface with DJJ/DOC and other relevant systems
- * Utilization of existing community services; use of DCFS database
- * Others: _____

e. Integration/coordination with existing systems and programs

- * DJJ and DOC
- * Probation and parole
- * Behavioral health providers
- * Schools,
- * Youth development services
- * CCBYS
- * Law enforcement and courts
- * Victim services,
- * Vocational/job training/development programs
- * Healthcare Providers
- * Others: _____

f. Staffing/Budget Requirements

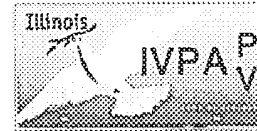
- * Staffing: project management, case management, fiscal
- * Purchase of services (when not available at no cost)
- * Client support costs (transportation, emergency needs, etc.)
- * Basic operational costs
- * Others: _____

g. Evaluation: Need to identify at least two outcome indicators

- * Recidivism
- * Educational/vocational program linkage, retention, completion
- * Pro-social engagement

h. Sustainability

11/12/10



Neighborhood Recovery Initiative

Reentry Committee

Framing the Reentry Component:

- a. **Target population:** Juveniles and young adults up to age 24 returning to community from youth facilities and adult correctional facilities. This pool includes:
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e. Integration/coordination with existing systems and programs

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- * Youth development services
- * CCBYS
- * Law enforcement and courts
- * Victim services,
- * Vocational/job training/development programs
- * Healthcare Providers
- * Others: _____

f. Staffing/Budget Requirements

- * Project Manager
- * Case Manager(s)
- * Purchase of services (when not available at no cost)
- * Client support costs (transportation, emergency needs, etc.)
- * Basic operational costs
- * Others: _____

g. Evaluation: Need to identify at least two outcome indicators

- * Recidivism
- * Educational/vocational program linkage, retention, completion
- * Pro-social engagement

h. Sustainability

11/10/10



GOVERNOR'S NEIGHBORHOOD RECOVERY INITIATIVE

School-Based Counseling Committee

I Principles/Policies:

- Base NRI approach based on Three-Tier Framework
- Build community capacity to provide trauma-informed, asset-based early intervention counseling and support for school-age youth
- Utilize evidence-based/informed interventions
- Utilize group interventions as primary approach, with individual counseling available as needed
- Accept referrals from school, community, and student self-referral
- Complement and collaborate with CPS/District efforts
- Implement training and on-going technical assistance for providers

II Framing the School-Base Counseling Component:

- Target clients:** NRI will focus on public elementary school students in the target communities, as well as public high schools in the target communities that don't have Culture of Calm supports. The age range of youth to be served is 5-21.
- Counseling interventions to be offered:** Tier II interventions: Group (trauma focused (CBITS); anger management and emotional self-regulation (Anger Coping and Think First); Individual (case management; assessment; psycho-educational, skills-building, problem-solving interventions, etc);
- System model:** Relationship of Community Providers to Schools; Referral Process; Interventions; Family Involvement; Information Sharing; Pre/Post Measures; Data Collection
- Provider Selection Criteria and Budget:** Criteria to guide Lead Agencies in selecting provider partners (subcontractors) and developing provider budgets (required staffing pattern or contractual services; number of youth to be served; coordination, cost of required interventions, etc.)
- Training and Technical Assistance Needs:** Required training for providers on trauma, impact of exposure to violence, school-community partnerships, etc.

11/10/10

Moving Beyond Survival Mode

Selection Criteria for Parent Leadership in Action Network Partners



The Lead Agencies will conduct their work under this Initiative using a variety of community partners. In addition to credibility and access, the chart below outlines what Lead Agencies should look for in these Community Partners, who have been broken down into two categories: Coordinating Partners and Provider Partners. The Coordinating Partner, which tends to be a larger organization with more financial and human resources, will manage the implementation of the Parent Leadership Component (PLAN) in addition to playing a "front line" role with the target audience. Provider Partners, which may be smaller CBOs, will also play a "front line" role with the target audience. Coordinating Partners may need to provide program and administrative support to or share access to facilities with Provider Partners.

Coordinating Partner

Parent Leadership in Action Network

History & Mission of the Organization	Community <ul style="list-style-type: none"> - Access to the Audience - Credibility with the Community - History of Collaboration
Administrative Capacity	Fiscal/ Fiduciary Controls Payroll/Accounting Capabilities for 50 Part-Time Employees Administrative Management Capabilities

Provider Partner

Program Capacity	Experience Employing Low-Income, Low Literacy Parents & Spanish Speaking Expertise Providing Prevention Services Track Record Working with Parents Adequate Staff Resources (#'s)
Physical Capacity	Facility & Physical Space To Handle 50-100 Flexible Service Hours (i.e., Until 8-9pm & Weekends) Location/Access to Public Transportation
Other Considerations	ADA Compliance Ex-Offenders as Employees Fiduciary/Infrastructure Capacity to Collect, Verify and Submit Participants Timesheets

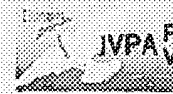
Capacity Building Support May Need To Be Provided By Coordinating Agency:

1. Ability to Assist or Implement Payroll/Accounting
2. Supplement or Donate Accessible Space to Meet with Youth or Parents
3. Ability to Provide TA Around "Other Considerations"



Moving Beyond Survival Mode

Selection Criteria for Mentoring-Plus-Jobs Partners



The Lead Agencies will conduct their work under this Initiative using a variety of community partners. In addition to credibility and access, the chart below outlines what Lead Agencies should look for in these Community Partners, who have been broken down into two categories: Coordinating Partners and Provider Partners. The Coordinating Partner, which tends to be a larger organization with more financial and human resources, will manage the implementation of the Mentoring-Plus-Jobs Component in addition to playing a "front line" role with the target audience. Provider Partners, which may be smaller CBOs, will also play a "front line" role with the target audience. Coordinating Partners may need to provide program and administrative support to or share access to facilities with Provider Partners.

Coordinating Partner

Mentoring-Plus-Jobs Community Action Teams

History & Mission of the Organization	Community <ul style="list-style-type: none"> - Access to the Audience - Credibility with the Community - History of Collaboration
Administrative Capacity	Fiscal/ Fiduciary Controls Payroll/Accounting Capabilities for 125 Part-Time Employees Administrative Management Capabilities

Provider Partner

Program Capacity	Experience Employing Low-income, Low Literacy Urban Audiences Expertise Providing Prevention Services Track Record Working with Youth/Young Adults Adequate Staff Resources (#'s)
Physical Capacity	Facility & Physical Space To Handle 200-250 Flexible Service Hours (i.e., Until 8-9pm & Weekends) Location/Access to Public Transportation
Other Considerations	ADA Compliance Ex-Offenders as Employees Fiduciary/Infrastructure Capacity to Collect, Verify and Submit Participants Timesheets

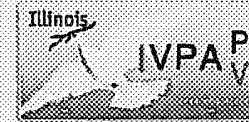
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1. Ability to Assist or Implement Payroll/Accounting
2. Supplement or Donate Accessible Space to Meet with Youth or Parents
3. Ability to Provide TA Around "Other Considerations"

GOVERNOR'S NEIGHBORHOOD RECOVERY INITIATIVE

Timeline

October 15 or 18	Release of Lead Agencies for Twenty Communities
October 18-22	Execution of 20 Lead Agency Contracts (Contract period Oct. 16, 2010 – October 15, 2011)
October 25-27	First Quarterly Payment to 20 Lead Agencies (Dependent on receipt of funds into IVPA Fund 318)
October 22	Proposals due from South Suburban Lead Agencies (3)
October 25-29	Execution of South Suburban Lead Agency Contracts (Contract period Nov 1, 2010 – Oct. 31, 2011)
November 1-3	First Quarterly Payment to South Suburb Lead Agencies (Dependent on receipt of funds into IVPA Fund 318)



NEIGHBORHOOD RECOVERY INITIATIVE

LEAD AGENCY MEETING

November 12, 2010

AGENDA

- I Welcome and Introductions
- II Overarching Project Themes
- Build the Capacity of Communities, Parents and Youth
 - Promote Violence Prevention and Wellness
 - Implement Program Component Models Consistently in All Sites
 - Provide Training and Ongoing Technical Assistance to Ensure Quality and Fidelity to Models
 - Collect Data and Evaluate Outcomes
 - Network and Organize to Promote Sustainability
- II Project Status
- Contracts
 - Payments
 - Staff Hiring, Formation of Advisory Committees
- III Component Criteria and Requirements
- Mentoring Plus Jobs (incl. budget)
 - Parent Leadership (incl. budget)
 - Reentry (budget not yet available-forthcoming soon)
 - School-Based Counseling (criteria and budget not yet available-forthcoming soon)
- IV Required Submissions and Proposed Timelines
- | | |
|---|-------------------------|
| • List of Advisory Committee Members | by Nov. 24th |
| • List of Selected Provider Partners with Applications and List of Provider Partner Applicants (declined) | by Dec. 3rd |
| • Subcontracts* (unsigned) | by Dec. 22th |
| • Subcontracts (signed) | by Jan 15 th |
- * Boilerplates for each component will be provided
- V Other Business
- VI Next Meeting Date: December 3rd

Moving Beyond Survival Mode

Selection Criteria for Mentoring-Plus-Jobs Partners



The Lead Agencies will conduct their work under this Initiative using a variety of community partners. In addition to credibility and access, the chart below outlines what Lead Agencies should look for in these Community Partners, who have been broken down into two categories: Coordinating Partners and Provider Partners. The Coordinating Partner, which tends to be a larger organization with more financial and human resources, will manage the implementation of the Mentoring-Plus-Jobs Component in addition to playing a "front line" role with the target audience. Provider Partners, which may be smaller CEOs, will also play a "front line" role with the target audience. Coordinating Partners may need to provide program and administrative support to or share access to facilities with Provider Partners.

Coordinating Partner

Mentoring-Plus-Jobs Community Action Teams

History & Mission of the Organization	Community - Access to the Audience - Credibility with the Community - History of Collaboration
Administrative Capacity	Fiscal/ Fiduciary Controls Payroll/Accounting Capabilities for 125 Part-Time Employees Administrative Management Capabilities

Provider Partner

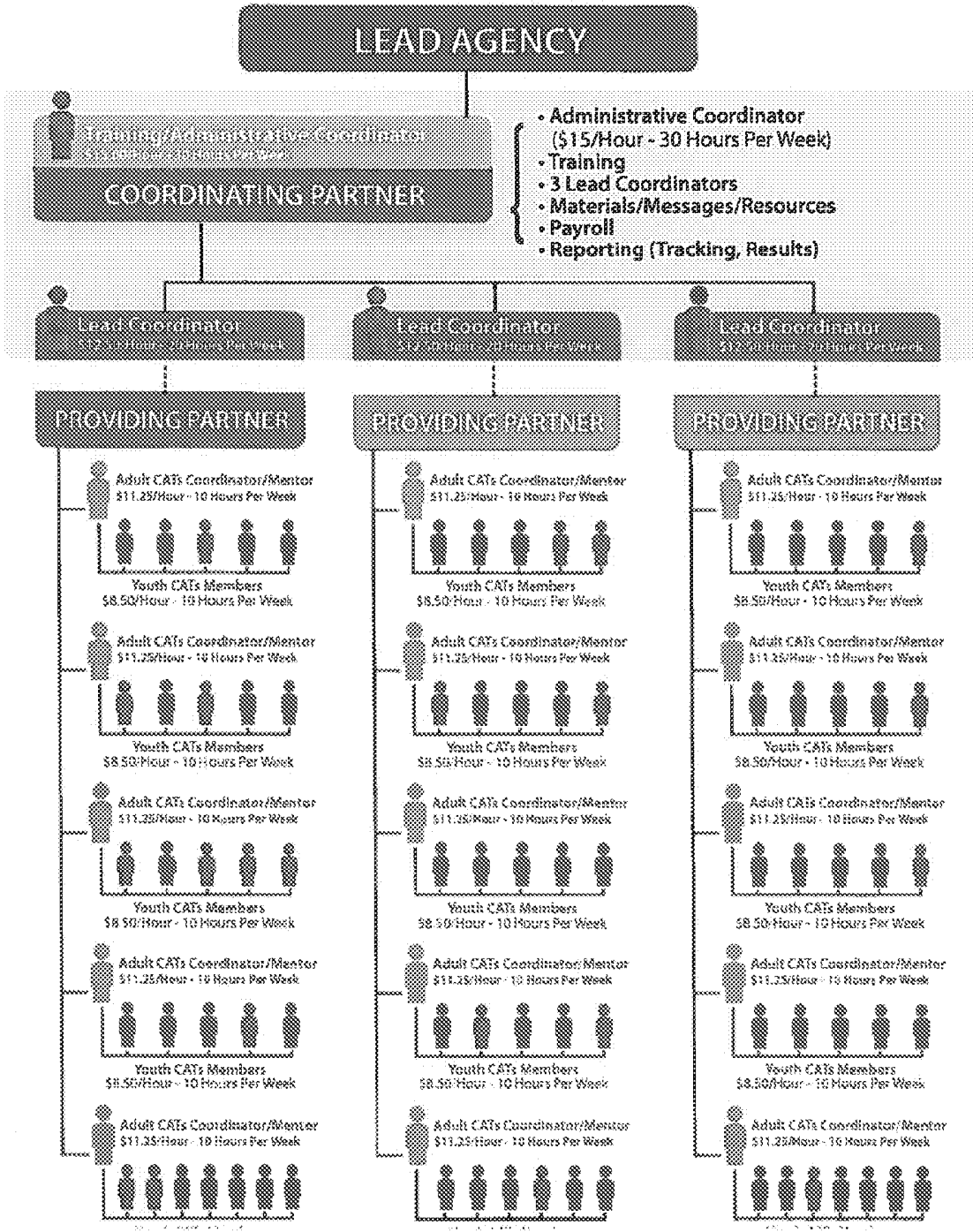
Program Capacity	Experience Employing Low-Income, Low Literacy Urban Audiences Expertise Providing Prevention Services Track Record Working with Youth/Young Adults Adequate Staff Resources (#'s)
Physical Capacity	Facility & Physical Space To Handle 200-250 Flexible Service Hours (i.e., Until 8-9pm & Weekends) Location/Access to Public Transportation
Other Considerations	ADA Compliance Ex-Offenders as Employees Fiduciary/Infrastructure Capacity to Collect, Verify and Submit Participants Timesheets

Capacity Building Support May Need To Be Provided By Coordinating Agency:

1. Ability to Assist or Implement Payroll/Accounting
2. Supplement or Donate Accessible Space to Meet with Youth or Parents
3. Ability to Provide TA Around "Other Considerations"



Mentoring-Plus-Jobs Organizational Breakdown (City)



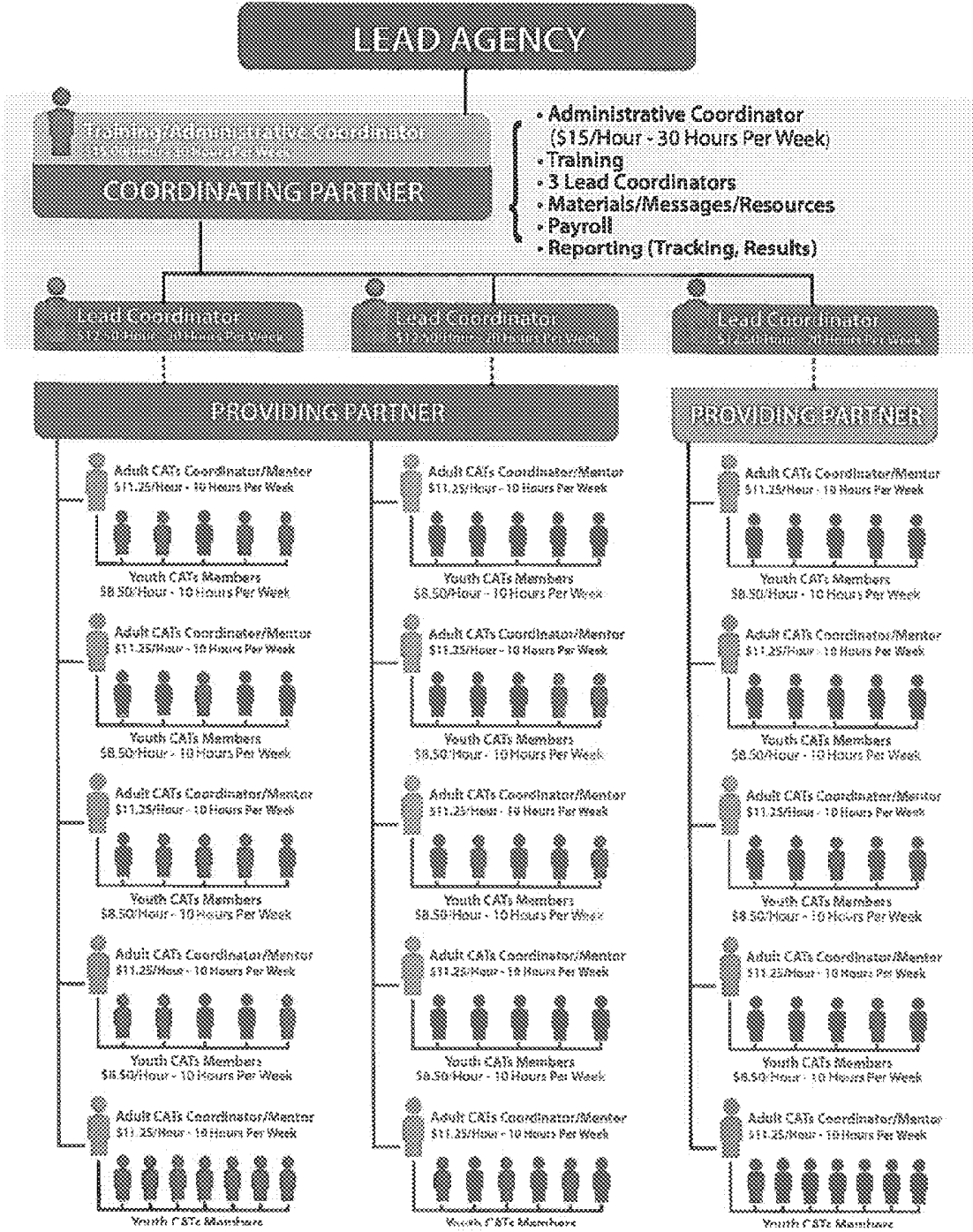
Mentoring, Plus Jobs (CATs) - Community Outreach - CITY OF CHICAGO

\$399,591 - 26 Week Outreach Program
 1 Coordinating/Providing Partner, 2 Providing Partner(s), 1 Administrative Coordinator; 3 Lead Coordinator(s)
 80 CATs; 16 Adult Coordinators; 10 Hours Per Week; \$8.50 Per Hour

Line Item	Total	Budget
DIRECT COSTS	Rate	Quantity
Mentoring, Plus Jobs (CATs) - Community Outreach		
Administration & Coordination Costs		
COORDINATING/PROVIDING PARTNER - 1 Organization: Additional Overhead Costs (Desk, Phone, Computer, IT, Payroll Processing) Plus Administrative Costs for Serving as Providing Partner	30,000.00	1.00
PROVIDING PARTNER(S) - 2 Organization(s): (Administrative Costs for Recruiting, Meeting Space)	10,000.00	2.00
Development & Training		
ORIENTATION COSTS - (4) Adult and Youth Orientation Sessions (Orientation Manual, Forms, Miscellaneous In-house Printing, Refreshments)	250.00	4.00
TRAINING COSTS - (5) Adult and Youth Training Sessions (Training Manual, Forms, Miscellaneous In-house Printing, Refreshments)	400.00	5.00
ADDITIONAL DEVELOPMENT COSTS - (5) Booster Trainings for Adults and Youth (Fee For Outside Trainer/Expert, Forms, Miscellaneous In-house Printing, Refreshments)	750.00	5.00
Compensation		
ADMINISTRATIVE COORDINATOR - (1 Coordinator(s), \$15.00/Hour, 30 Hours/Week)	450.00	35.00
ADMIN COORDINATOR PAYROLL TAXES - (1 Admin. Coordinator(s); 13.85% for FICA, Medicare, FUTA, & SUTA)	62.33	35.00
LEAD COORDINATORS - (3 Coordinators), \$12.50/Hour, 20 Hours/Week)	750.00	30.00
ADULT CATs COORDINATORS/MENTORS - (16 Coordinators, \$11.25/Hour, 10 Hours/Week)	1,800.00	30.00
OTHER COORDINATOR PAYROLL TAXES - (19 Coordinators, 13.85% for FICA, Medicare, FUTA, & SUTA)	353.18	30.00
YOUTH CATs MEMBERS - (60 CATs, \$8.50/Hour, 10 Hours/Week)	6,800.00	26.00
CATs PAYROLL TAXES - (80 Youth CATs, 13.85% for FICA, Medicare, FUTA, & SUTA)	941.80	26.00
Transportation and Other Costs		
CTA TRAVEL - (\$10.00 Weekly * 96 CATs and Coordinators)	960.00	26.00
UNIFORMS - (T-Shirts, Bags, and Hats with Custom Logo @ \$20.50/Person)	1,968.00	1.00
ADMINISTRATIVE PRINTING - (Human Resources Forms, Outreach Tracking Forms, Miscellaneous In-House Printing)	2,000.00	1.00
OUTREACH PRINT - (Materials Given Out, i.e. Flyers, Postcards, Posters, Giveaways)	5,000.00	1.00
FOOD/REFRESHMENT COSTS - (\$100.00/Week)	100.00	26.00
TOTAL BUDGET	\$	399,591.43



Mentoring-Plus-Jobs Organizational Breakdown (City V2)



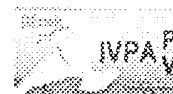
Mentoring, Plus Jobs (CATs) - Community Outreach - CITY OF CHICAGO

\$399,591 - 26 Week Outreach Program
 1 Coordinating/Providing Partner; 1 Providing Partner(s); 1 Administrative Coordinator; 3 Lead Coordinator(s)
 80 CATs; 16 Adult Coordinators; 10 Hours Per Week; \$8.50 Per Hour

Line Item	Rate	Quantity	Total	Budget
DIRECT COSTS				
Mentoring, Plus Jobs (CATs) - Community Outreach				
Administration & Coordination Costs				
COORDINATING/PROVIDING PARTNER - 1 Organization: Additional Overhead Costs (Desk, Phone, Computer, IT, Payroll Processing) Plus Administrative Costs for Serving as Providing Partner	30,000.00	1.00		30,000.00
PROVIDING PARTNER(S) - 1 Organization(s): (Administrative Costs for Recruiting, Meeting Space)	20,000.00	1.00		20,000.00
Development & Training				
ORIENTATION COSTS - (4) Adult and Youth Orientation Sessions (Orientation Manual, Forms, Miscellaneous In-house Printing, Refreshments)	250.00	4.00		1,000.00
TRAINING COSTS - (5) Adult and Youth Training Sessions (Training Manual, Forms, Miscellaneous In-house Printing, Refreshments)	400.00	5.00		2,000.00
ADDITIONAL DEVELOPMENT COSTS - (5) Booster Trainings for Adults and Youth (Fee For Outside Trainer/Expert, Forms, Miscellaneous In-house Printing, Refreshments)	750.00	5.00		3,750.00
Compensation				
ADMINISTRATIVE COORDINATOR - (1 Coordinator(s), \$15.00/Hour, 30 Hours/Week)	450.00	35.00		15,750.00
ADMIN. COORDINATOR PAYROLL TAXES - (1 Admin. Coordinator(s); 13.85% for FICA, Medicare, FUTA, & SUTA)	62.33	35.00		2,181.38
LEAD COORDINATORS - (3 Coordinator(s), \$12.50/Hour, 20 Hours/Week)	750.00	30.00		22,500.00
ADULT CATs COORDINATORS/MENTORS - (16 Coordinators, \$11.25/Hour, 10 Hours/Week)	1,800.00	30.00		54,000.00
OTHER COORDINATOR PAYROLL TAXES - (19 Coordinators; 13.85% for FICA, Medicare, FUTA, & SUTA)	353.18	30.00		10,595.25
YOUTH CATs MEMBERS - (80 CATs, \$9.50/Hour, 10 Hours/Week)	6,800.00	28.00		176,800.00
CATs PAYROLL TAXES - (80 Youth CATs; 13.85% for FICA, Medicare, FUTA, & SUTA)	941.80	28.00		24,488.80
Transportation and Other Costs				
CTA TRAVEL - (\$10.00 Weekly * 86 CATs and Coordinators)	960.00	26.00		24,960.00
UNIFORMS - (T-Shirts, Bags, and Hats with Custom Logo @ \$20.50/Person)	1,968.00	1.00		1,968.00
ADMINISTRATIVE PRINTING - (Human Resources Forms, Outreach Tracking Forms, Miscellaneous In-House Printing)	2,000.00	1.00		2,000.00
OUTREACH PRINT - (Materials Given Out, i.e. Flyers, Postcards, Posters, Giveaways)	5,000.00	1.00		5,000.00
FOOD/REFRESHMENT COSTS - (\$100.00/Week)	100.00	26.00		2,600.00
TOTAL BUDGET			\$	399,591.43

Moving Beyond Survival Mode

Selection Criteria for Parent Leadership in Action Network Partners



The Lead Agencies will conduct their work under this initiative using a variety of community partners. In addition to credibility and access, the chart below outlines what Lead Agencies should look for in these Community Partners, who have been broken down into two categories: Coordinating Partners and Provider Partners. The Coordinating Partner, which tends to be a larger organization with more financial and human resources, will manage the implementation of the Parent Leadership Component (PLAN) in addition to playing a "front line" role with the target audience. Provider Partners, which may be smaller CBOs, will also play a "front line" role with the target audience. Coordinating Partners may need to provide program and administrative support to or share access to facilities with Provider Partners.

Coordinating Partner

Parent Leadership in Action Network

History & Mission of the Organization	Community <ul style="list-style-type: none"> - Access to the Audience - Credibility with the Community - History of Collaboration
Administrative Capacity	Fiscal/ Fiduciary Controls Payroll/Accounting Capabilities for 50 Part-Time Employees Administrative Management Capabilities

Provider Partner

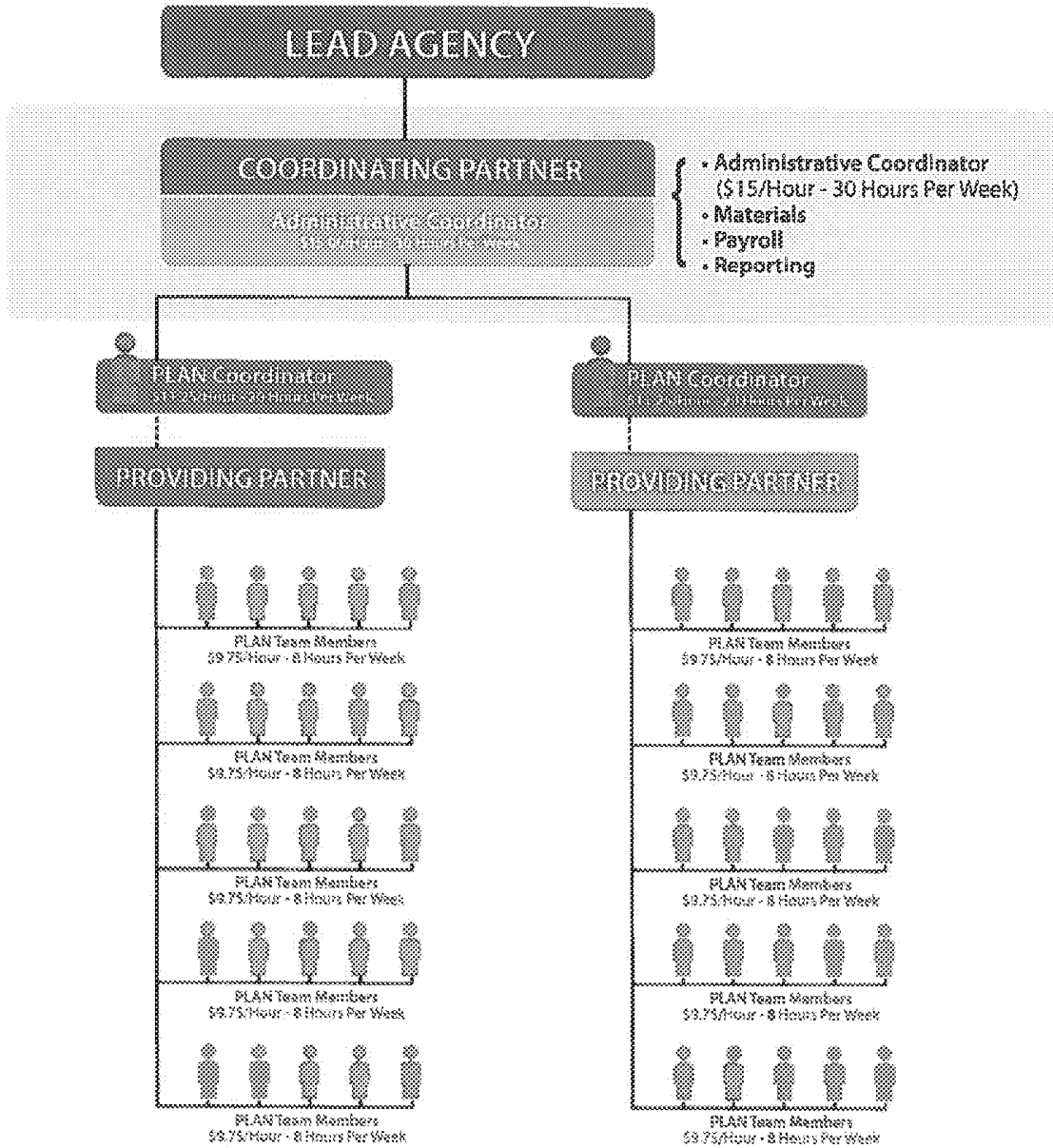
Program Capacity	Experience Employing Low-Income, Low Literacy Parents & Spanish Speaking Expertise Providing Prevention Services Track Record Working with Parents Adequate Staff Resources (#'s)
Physical Capacity	Facility & Physical Space To Handle 50-100 Flexible Service Hours (i.e., Until 8-9pm & Weekends) Location/Access to Public Transportation
Other Considerations	ADA Compliance Ex-Offenders as Employees Fiduciary/Infrastructure Capacity to Collect, Verify and Submit Participants Timesheets

Capacity Building Support May Need To Be Provided By Coordinating Agency:

1. Ability to Assist or Implement Payroll/Accounting
2. Supplement or Donate Accessible Space to Meet with Youth or Parents
3. Ability to Provide TA Around "Other Considerations"



PLAN Organizational Breakdown (City)



Parent Leadership (PLAN) Program - CITY OF CHICAGO

\$99,542 - 12 Week Outreach Program

1 Coordinating Partner; 1 Providing Partner(s); 1 Administrative Coordinator; 2 PLAN Coordinator(s)

50 Parent Leaders; 8 Hours Per Week; \$9.75 Per Hour

Line Item	Rate	Quantity	Budget
DIRECT COSTS			
Parent Leadership & Outreach			
Administration & Coordination Costs			
COORDINATING PARTNER - 1 Organization: Additional Overhead Costs (Desk, Phone, Computer, IT, Payroll Processing) Plus Administrative Costs for Serving as Providing Partner	12,000.00	1.00	12,000.00
PROVIDING PARTNER(S) - 1 Organization(s): (Administrative Costs for Recruiting, Meeting Space)	4,000.00	1.00	4,000.00
Development & Training			
ORIENTATION COSTS - (4) Adult and Youth Orientation Sessions (Orientation Manual, Forms, Miscellaneous in-house Printing, Refreshments)	200.00	4.00	800.00
TRAINING COSTS - (5) Adult and Youth Training Sessions (Training Manual, Forms, Miscellaneous in-house Printing, Refreshments)	250.00	5.00	1,250.00
ADDITIONAL DEVELOPMENT COSTS - (5) Booster Trainings for Adults and Youth (Fee For Outside Trainer/Expert, Forms, Miscellaneous in-house Printing, Refreshments)	750.00	5.00	3,750.00
Compensation			
ADMINISTRATIVE COORDINATOR - (1 Coordinator(s), \$15.00/Hour, 20 Hours/Week)	300.00	18.00	5,400.00
PLAN COORDINATORS - (2 Coordinators), \$11.25/Hour, 20 Hours/Week)	450.00	18.00	8,100.00
COORDINATOR PAYROLL TAXES - (3 Coordinators, 13.85% for FICA, Medicare, FUTA, & SUTA)	103.88	18.00	1,859.75
PLAN TEAM MEMBERS - (50 Parents, \$9.75/Hour, 8 Hours/Week)	3,900.00	12.00	46,800.00
PLAN TEAM PAYROLL TAXES - (50 Parents, 13.85% for FICA, Medicare, FUTA, & SUTA)	540.15	12.00	6,481.80
Transportation and Other Costs			
CTA TRAVEL - (\$10.00 Weekly * 52 Team Members and Coordinators)	520.00	12.00	6,240.00
UNIFORMS - (Bags @ \$7.00/Person)	350.00	1.00	350.00
PRINTING - (Human Resources Forms, Outreach Tracking Forms, Misc. In-House Printing)	500.00	1.00	500.00
OUTREACH PRINT - (Materials Given Out, i.e. Flyers, Postcards, Posters, Giveaways)	2,000.00	1.00	2,000.00
TOTAL BUDGET	\$		\$9,841.55



Neighborhood Recovery Initiative

Reentry Committee

November 22, 2010

AGENDA

- I Welcome/Introductions
- II Review of Framework
- III Budget Requirements
- IV Issues Identified by Lead Agencies
 - Will NRI Reentry staff be able to meet at the youth center or correctional facility before release?
 - Are there special services for sex offenders
- V Data System Development
- VI Training/TA Providers

Needs
 case mgmt
 project mgmt

Additions
 Thornton
 Bloom/Rich
 Bloom/Brimm

Governor's Save Our Youth / Neighborhood Recovery Initiative

(Urban) Neighborhood Recovery Initiative:

The Neighborhood Recovery Initiative is a state government initiative to help protect and rebuild our most vulnerable urban communities from the devastating effects of the economic recession. In order to accomplish this goal, this initiative encourages many different existing agency initiatives to work in combination to achieve the biggest bang for the buck in terms of economic development, OMB metrics and model testing. The information found below breaks down the initiative by three themes: Community Engagement, Youth Engagement and Workforce Revitalization. Under each of these headings is a brief summary of potential initiatives.

The Communities that will be targeted are as follows: Albany Park, Auburn Gresham*, Austin*, Brighton Park*, Cicero*(outside of Chicago), East Garfield Park*, Englewood*, Grand Boulevard, Greater Grand Crossing, Humboldt Park*, Logan Square, Maywood (outside of Chicago), North Lawndale, Pilsen-Little Village*, Rogers Park, Roseland*, South Shore*, West Chicago (Gage Park, Chicago Lawn)*, West Garfield Park, Woodlawn. Note: * denotes Safety Net Works Community

Community Revitalization:

Housing:

Since the inception of the foreclosure crisis, lenders and governmental bodies have relied on counseling agencies (Agencies) to assist borrowers in navigating the foreclosure mitigation process. The presence of agencies within communities hardest hit by foreclosure is vital to ensure homeowner access to assistance programs at the state and federal level. IHDA recommends building Agency capacity in two ways as described below:

Housing Counseling New Agency Development Pilot Program:

Provide dollars for technical assistance to create new agencies through small development grants to build agency infrastructure, add staff, and assist in readiness to apply for HUD certification.

- Use funds to foster the development of Agencies in targeted areas
- Agencies would provide much needed foreclosure counseling
- Incentivize Agencies to hire from local work force
- Recommended allocation - \$3 million to \$5 million over two (2) year period
 - Funding would create approximately 35 jobs

Program for Augmentation of Existing Housing Counseling Agency:

Agencies would receive funding to hire additional staff to support current foreclosure counseling initiatives and also ensure additional counseling assets are available to support US Treasury's unemployed citizen mortgage assistance program in Illinois

- Use funds for capacity building throughout the State
- Recommended allocation - \$4 million to \$6 million over one (1) year period
- Expected costs to add one (1) counselor per agency - \$60,000 per year
- Funding would create approximately 75 jobs

Small Businesses Lending:

DCEO:

- The Illinois Capital Access Program (CAP) is designed to encourage financial institutions to make loans to small and new businesses that do not qualify under conventional lending policies. CAP is a form of loan portfolio insurance, which provides additional reserve coverage to the lender on loan default.
- The Illinois IKE-Business Assistance Program (BAP) is a small business loan funding source soon to be launched by Illinois, to support small and micro businesses in 41 eligible Illinois counties. This funding, known as the "IKE" disaster program, is tied to flood disaster that Illinois faced in 2008, for which three federal declarations involving Illinois counties were issued by FEMA. If a small business is located within one of the 41 "IKE"-eligible counties, it can seek loan financing at a CDFI selected to manage the BAP loan funding on behalf of the state. More information, including contact information, where to apply for funding, and program requirements will be available shortly.

DCEO is currently in discussions with three CDFIs with strong small business lending backgrounds to support the BAP, including the Chicago Community Ventures (CCV), ACCION and the IL Ventures for Community Action (IVCA). DCEO is working with all three CDFIs to finalize terms by the early part of the week of 9/13/10. ACCION and CCV have proposed to support up to 9 of the 41 Ike-eligible counties, including Cook, the collar counties and additional counties west and north of the collar counties. IVCA is considering some or all of the remaining IKE eligible counties, clustered in the southeast, west and central parts of Illinois. (See the IKE-program map below with all eligible counties shaded in either pink or orange. Quick summary of the BAP:

- \$5 million of the IKE program funding has been initially set aside for the BAP program.
- Business startups can apply for \$1,000 - \$50,000 based underwriting standards. (DCEO is considering lowering the minimum loan size to \$500, per feedback received from one of the CDFIs.)
- Existing businesses can apply for \$1,000 - \$75,000.
- Funding can support business operating costs, construction, equipment costs and more.
- The BAP will be a revolving fund, with repaid loans returned back to the CDFIs for future loan awards.
- The selected CDFIs will network with each other in referring prospective loan prospects, to boost BAP program coverage.
- New businesses can count the business owner(s) in achieving a minimum one full-time or (FTE) job, important in the current economy.
- Small businesses with high-growth potential can also see funding under BAP.
- Micro-businesses can receive technical assistance under the BAP, although this will vary by each CDFI's capacity- all selected CDFIs will also refer and link micro and small business loan prospects to other resources that can provide technical assistance such as the Illinois SBDC network.
- The program is targeted to start October 1, 2010.

Youth Engagement:

Governor's Save Our Youth Initiative:

The following program components would be implemented in each community by a strong lead

community organization in collaboration with partner organizations containing expertise in the program components. Technical assistance will be provided by Motivational Educational Entertainment (MEE) Productions, inc., and other organizations in support of program development and implementation. For background, MEE is a communications, research and marketing firm that specializes in developing cost-effective and culturally relevant messages for hard-to-reach urban and ethnic audiences based in Philadelphia and Los Angeles.

- **Mentoring Plus Jobs (MEE Model):** Provides 80 youth in each community with part time jobs, mentoring and social/emotional skills and support. Mentors (16) and coordinators (2-3) would be hired part time. \$400,000 per community.
- **Parent Leadership (MEE Model):** Provides 50 parents in each community with leadership, empowerment and self-care skills that enable them to be community leaders, educators and mentors for other parents. Participating parents and 1-2 coordinators would be hired part time. \$100,000 per community.
- **School Based Counseling:** Provides funds for K-12 schools in each community to contract with providers or hire their own clinical staff to provide early intervention and trauma-informed counseling services for students. Providers would be trained in trauma counseling. \$275,000 per Community.
- **Safety Net Works (SNW):** Expands Safety Net Works youth violence prevention programming in existing SNW communities and adds the program in communities that do not have it. \$100,000 to 11 existing programs. \$300,000 to 9 new programs.
- **Reentry Programs:** Provides/expands reentry services for youth and young adults returning to the community from correctional facilities. \$250,000 per community.
- **Lead Community Partners:** Lead agency project coordination and management. \$200,000 per community.
 - **Total Costs:**
 - * \$1,325,000, 11 existing SNW communities
 - * \$1,525,000, 9 new SNW communities
 - **Estimated Total Jobs:**
 - * 3,300
 - **Estimated Total Youth Served:**
 - * 18,000

Workforce Revitalization:

Job Training Economic Development (JTED) Model

The JTED program assists low-wage/low-skill workers to advance in their careers and helps unemployed or disadvantaged people learn skills necessary to secure employment. The program provides grants to not-for-profit community-based organizations (CBOs) that work with small local businesses (employing fewer than 250 workers) in order to develop curricula, train eligible workers, and provide ongoing support.

CBOs can establish a partnership with a local business to provide training to its low-wage workers, thereby expanding workers' skills and advancing their career opportunities.

Program Goals:

- Foster local economic development by linking the needs of the low wage/low skilled employed worker with the workforce needs of local industry. (Category I)
- Foster local economic development by linking the needs of the unemployed disadvantaged individual with the workforce needs of local industry. (Category II)

Pilot Construction Industry Training Program

IDOT, jointly with Chicago-area labor unions, is working to implement a new pilot program to complement existing efforts and test a new model to more effectively improve the number of minority workers in the building trades.

Under the guidelines of the pilot program, the Chicago Laborers' District Council will provide minority community members in the Chicago area with construction trades skill training, union apprenticeship opportunities, and potential employment. Additionally, local community organizations will be selected through a competitive process to screen potential candidates for placement into the training program (drug testing, math skills, and life skills training to enhance participants' employability).

Details of Pilot Project Contract

- The pilot program will be done through a one year agreement beginning in November 2010 to train 660 individuals renewable by six months for a total of 1,000 individuals.
- The training will be conducted over 10 weeks at the Laborers' new training facility on the near west side, with 20 students in each class, and up to 140 students being trained at a time. Trainees will receive a stipend of \$10/hr during the 10-week training period
- A Partnership Oversight Committee will be established with a manager appointed by the Governor and consisting of IDOT, union officials, government and community leaders to oversee the good faith placement efforts of the pilot contracts. The Committee will evaluate efforts of the contractors on an ongoing basis and can recommend termination of the pilot contracts at any time with 30 days notice.
- Initially after training, the placement contract requires placement of a minimum of 100 trainees into USDOL approved apprenticeship and training programs and this minimum shall be increased by the Oversight Committee no later than June 30, 2011 to place or exceed a goal of 250 placements. Milestones will be set for the additional placements, however the commitment is to place up to 25% of the graduates in an apprenticeship program or employment opportunity.
- The pilot training contractor will work to place current minority apprentices and journeymen who have been unemployed for over 30 days onto identified projects in IDOT's District/Region 1 for the duration of the pilot project.
- The pilot contractor will work to place current union apprentices and journeymen from zip codes surrounding certain identified IDOT District/Region 1 projects on those projects.

- Contract payments will be made monthly based on the pilot contractor fulfilling the terms and conditions of the contract.
 - Cost: Program cost is \$5.5M, which includes \$2,396 per individual for training, \$4,000 per individual for stipends, and \$500 per individual for community-based providers.
 - Broken down, the cost per trainee is \$6,896, which is more economical than similar programs IDOT currently sponsors through SIU-E and the Illinois Community College Board. The ICCB program costs the Department \$8,000 per student; and The SIU-E training program is done in cooperation with Southwestern Illinois College at an average cost of \$7,017 per student, and places approximately 15% of the graduates.

DRAFT

State Anti-Violence Plan/ August 11, 2010 -- September 11, 2010/ ti

I. Conclave Membership

- Ministers Group
- Sean Harden, CPS Deputy for Community Relations
- Alexi's office
- Governor's office
- Paul - Glenn Brooks*

II. Inventory of anti-violence work in the state

III. Inventory of anti-violence work being done outside the state

- Ministers projects
- City efforts, The Treasurer
- Review of RFPs already in play at CPS
- Update on the green for grades program

IV. What Works

Research indicates that in addition to poverty and gang activity the major contributing factors for gun violence are:

1. Alcohol use
2. Mental health problems
3. School failure

Research also shows that aside from early childhood i.e. before 5 years old, the primary point of intervention is middle school age, beginning at 10 years old through about 14 when young people first become exposed to danger and bad influences.

V. Illinois Recovery Plan

- A. The focus area identified by the University of Chicago Crime Lab's "Chicago Youth Gun Violence Initiative" not coincidentally replicates the efforts under way by the Department of Juvenile Justice for the aftercare program. "Aftercare" initiatives can be expanded as "precare" to prevent youth from getting involved in the activities that lead them into the Juvenile Justice system in the first place.

How can we expand substance abuse and mental health treatment for middle school youth and base this programming in the schools, particularly since research shows that 8th grade is the tipping point for drop out?

- B. How can we concentrate our efforts around foreclosure prevention? †
1. Could empty lots be converted into community gardens? †
 2. Could a few abandon buildings be re-purposed for year round farmer's markets? (attachment) †
- C. Can we expand the Youth Employment program to 10 hours/week after school work to fill those crucial idle hours until it gets cold? (Violent crime has been shown to decrease w/ youth employment opportunities). †
- D. Increased community policing for minor offenses such as truancy and drinking in public i.e. broken window theory. Research in NYC shows a correlation between this and a reduction in homicides. †

Comment [11]: Test done. As a neighborhood organization work w/ community policing, work with parents/ families who are more effective in decreasing criminal behavior among their children.

Comment [12]: Pilot program to reduce gun violence: Shooting A Man (S.A.M.)—Sports Edition is being implemented and rigorously evaluated, w/ \$1 million in contribution. The program will be provided to several hundred additional boys over the course of the 2009-2010 academic year at 14 Chicago Public Schools.

*HCSA
charter agencies for planning
all community organizations
who are organized*

*Michael Holmes
DHS - old prev*

**Desired Outcomes
of the
2010 Youth Town Hall Meeting**

- 1) Youth Data Report
- 2) Establish a referral source with DJJ to The Safety Net Works sites for youth services.
- 3) Youth organizing mechanism implemented in two pilot IYC facilities.
- 4) Develop effective juvenile re-entry services.
- 5) Create a media literacy journalism training that can help youth produce and develop stories that can be included in the publications/broadcast of the respective panelist companies
- 6) Opportunity for youth to participate in open editorial meetings and provide feedback.
- 7) Air the portrayal of one positive youth editorial a week which showcases youth from lower socioeconomic community in a positive context.
- 8) Create media internships in collaboration with The Safety Net Works

**INTERAGENCY AGREEMENT
BETWEEN
THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

AND
THE ILLINOIS VIOLENCE PREVENTION AUTHORITY
REGARDING
PROVISION OF PROFESSIONAL AND OPERATIONAL SUPPORT**

WHEREAS, both the Illinois Department of Public Health ("Department") and the Illinois Violence Prevention Authority ("IVPA") have duties and responsibilities under the Illinois Violence Prevention Act of 1995, 20 ILCS 4027 ("IVPA Act"); and

WHEREAS, the IVPA Act provides that the Department shall function as a co-chair for the Illinois Violence Prevention Authority, including the appointment of 10 public members to serve on the IVPA in its capacity as a board (20 ILCS 4027/10);

WHEREAS, the IVPA is obligated to develop a state-wide violence prevention plan, to receive public and private funding for purposes of violence prevention and to distribute and implement grants in accordance with its enabling statute;

WHEREAS, in order to fulfill its statutory obligations, IVPA will require professional, operational and pre-litigation support from the Department;

WHEREAS, the Department and the IVPA each desire to formalize their understanding of the provision of support to be provided by the Department to the IVPA, including, but not limited to, the clarification of procedures involved in providing professional and operational support and pre-litigation guidance for purposes of instituting grant funds recovery actions and ethics training and guidance required from time to time;

WHEREAS, the Department and IVPA acknowledge and understand that the former's primary fiduciary duties lie with its agency and its best interests, and that the Department's duties as outlined in this agreement will be performed in accordance with all applicable statutory duties;

NOW, THEREFORE, pursuant to the authority provided under Illinois law, including, but not limited to the Intergovernmental Cooperation Act (5 ILCS 220/1, *et seq.*), the parties agree as follows:

I. Responsibilities of the Parties:

A. Department Responsibilities:

1. Absent a conflict of interest, the Department's Division of Legal Services will provide professional support and any necessary pre-litigation guidance in the event IVPA institutes a grant funds recovery action under the Illinois Grants Fund Recovery Act, 30 ILCS 705 ("GFRA"). Where the Department identifies a situation where a conflict has arisen, either actual or potential, the Department will notify the IVPA of that conflict. At that time, the IVPA and the Department will discuss options, including but not limited to, the IVPA seeking legal counsel from the Illinois Attorney General's Office pertaining to the situation at issue.
2. The Department will provide an administrative law judge for the purposes of any contested grant funds recovery actions pursuant to the GFRA. Contested grant fund recovery actions shall be cases where a request for hearing is made.
3. The Department will administer annual ethics training to IVPA employees and its board members and provide guidance or advice on ethical issues, as necessary, and as pertaining to the State Officials and Employees Ethics Act, 5 ILCS 430. The Department will also collect, review and process Statement of Economic Interests forms for IVPA employees and board members annually and submit such statements to the Secretary of State as required by law.

B. IVPA Responsibilities

1. The IVPA will provide the Department with all requested information relating to any matter where it seeks professional support and pre-litigation guidance to institute GFRA recovery actions, including its grant applications, grant agreements, bidding or posting procedures, record-keeping practices and maintenance, and any other documentation and information necessary for the provision of guidance under this IGA.

2. The IVPA, when requesting the Department to initiate a GFRA proceeding or action, will send a letter to the Division of Legal Services requesting such action, with an outline of the factual basis upon which it seeks recovery. The IVPA should also enclose any relevant documentation to its request including but not limited to any and all associated grant agreement(s), application(s) and quarterly reports. The IVPA will present any additional information as requested by the Department related to the request described in this Section.
3. The IVPA will schedule and request court reporters for purposes of any grant funds recovery actions.
4. The IVPA will be responsible for the cost of court reporter services and any travel and related expenses incurred by Department employees in all grant funds recovery actions.
5. The IVPA will provide all requested information under this IGA in a timely and reasonable manner.

II. Continued Communication and Cooperation

While this IGA details some of the professional and operational support and pre-litigation services to be provided by the Department to IVPA, the parties recognize that additional details, procedures and processes may need to be developed to fully accomplish the mandates of this IGA. The parties pledge their continued communication and cooperation, such approach being essential to the objectives of this IGA. Each party will appoint a liaison to discuss any problems or issues that may arise during the implementation and administration of this IGA or to develop any additional procedures and processes, as they deem necessary. These representatives shall report any unresolved issues to each of parties' directors or agency heads. It is the intent of the parties to comply with all applicable Federal and State laws, rules and regulations.

III. Confidentiality:

1. No confidential legal advice, data collected, maintained, or used in the course of performance of this IGA shall be disseminated except as authorized by law, as allowed by this IGA, or by other written agreement between the parties. The foregoing obligations shall not apply to confidential data or information lawfully in the receiving party's possession prior to its acquisition from the disclosing party; received in good faith from a third-party not subject to any confidentiality obligation to the disclosing party; now is or later becomes publicly known through no breach of confidentiality obligation by the receiving party; or is independently developed by the receiving party without the use or benefit of the disclosing party's confidential information.
2. If a party receives a request from a third party for confidential information furnished by the other party, or if a party is served with a subpoena, court order, Freedom of Information Act ("FOIA") request, or other process requiring production of confidential information or testimony related thereto, the party shall:
 - a. Immediately notify the other parties that production is being sought, and afford the other parties the opportunity to take whatever action it deems appropriate to protect the confidential nature and/or privileged nature of the confidential information; and
 - b. Cooperate fully in preserving and protecting the full scope of all privileges and claims of confidentiality that may apply to such confidential information.

IV. Notices:

All written notices required under this IGA will be deemed given two (2) business days after being delivered or deposited in the U.S. mail, postage prepaid and addressed to the addresses set forth below (or to such address as the parties may designate in writing), or upon facsimile or hand delivery if receipt is confirmed.

Department: Jason R. Boltz
(Legal Issues) General Counsel

Department: John Abrell
(Hearing Requests) Chief Administrative Law Judge

IVPA: ~~Liaison Name (To Be Inserted)~~
Reshma Desai
Director (Interim)

V. Term:

This IGA shall be effective from November 1, 2012 to November 1, 2013. This IGA may be renewed annually upon mutual written consent of the parties. Either party may terminate this Agreement upon sixty (60) days written notice, provided, however, that such termination shall not affect the continuing rights and obligation of either party with respect to confidential information shared pursuant to this Agreement.

VI. Amendments:

This IGA may be amended upon mutual agreement of the parties. Any amendments shall be subject to interagency discussions and concurrence in writing, thereafter, to be reduced to writing and incorporating this IGA by reference.

VII. Preservation of Existing Statutory Authority and Obligations:

Nothing in this Agreement restricts, enlarges, or otherwise nullifies the respective jurisdiction of the parties. Neither this IGA, nor its termination, shall affect the rights and obligations of either party under applicable statutes or regulations, nor be deemed an interpretation of such statutes or regulations.

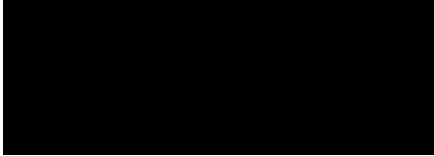
VIII. Entire Agreement:

The parties understand and agree that this IGA constitutes the entire agreement between them and that no promises, terms, or conditions not recited or incorporated within this agreement, including prior or oral discussions not referenced in this

agreement, shall be binding upon any of the parties. This IGA may be executed in multiple counterparts, each of which shall be deemed an original, and all counterparts so executed shall constitute one agreement binding on the parties, notwithstanding that all of the parties are not signatory to the same counterpart.

IN WITNESS WHEREOF, each party has hereunto caused this Agreement to be executed by its duly authorized representative:

Illinois Department of Public Health:



LaMar Hasbrouck, MD, MPH
Director

10/31/2012
Date

Illinois Violence Prevention Authority



Reshma Desai
Name, Executive Director (Interim)

11/1/12
Date

**Youth Town Hall Meeting
Agenda
Draft**

- 11:00 a.m. – 11:45 p.m. Arrival/Registration Package distribution
- 11:50 pm- 12:10 pm Welcome, Introduction and Purpose for Youth Town Hall Meetings, L. Village May Day Announcement (DJ)
- 12:15 p.m. – 1:15 p.m. “Personal Accountability” panel
- Background of incarcerated youth (10 min)
Questions from panel (15 Min)
Answers from incarcerated youth (10 min)
Questions from audience (10 Min)
Answers from incarcerated youth (5 min)
Co-moderator bringing it all together (5 min)
- 1:15 p.m. - 1:25 p.m. Raffle (5 min.)/Performance #1 – The Pope (10 min.)
- 1:30 p.m. - 2:15 p.m. Lunch
- 2:20 p.m. – 3:20 p.m. “Youth In The Media” panel
- Background of panelist (5 min)
Questions from panel (15 Min)
Answers from panelist (15 min)
Questions from audience (10 Min)
Answers from panelists (5 min)
Co-moderator bringing it all together (5 min)
- 3:10 p.m. – 3:40 p.m. Raffle (5minutes)/Performer– Mikkey Halsted (10 minutes)
Cicero Youth Performance (15 minutes)
- 3:40 – 3:55 p.m. Headline Performer
- 3:55 – 4:10 p.m. Closing Remarks

Personal Accountability Panel

- Incarcerated Youth #1 -
- Incarcerated Youth #2 -
- Incarcerated Youth #3 -

Youth In The Media Panel

- Anchor/Personality *
- Editor Newspaper *
- Television executive *

FY'12 Program Reorganization Workgroup 3/15/11 Meeting Materials:

-Agenda

-Meeting notes

-Meeting handouts (5)

Human Services Commission Workgroup:

FY'12 Program Reorganization

Tuesday, March 15 11:00-2:00 p.m.

- I. Welcome and introductions
- II. Purpose and outcome expected for this workgroup
 - a. Produce a report for the April 4th HSC meeting providing recommendations on the reorganization of human services programs in the Governor's FY'12 proposed budget
- III. Review of proposed program reorganization
- IV. Comments received and other ideas
- V. Discussion and recommendations for consideration by HSC
- VI. Next steps

FY'12 Program Reorganization Workgroup 1st Meeting Notes

3/15/11

Attendees:

Jim Lewis, Chicago Community Trust
Tom Layman, Illinois Action for Children
Jack Kapiian, United Way
Grace Hou, DHS
Caronina Grimble, DHS
Sara Sullivan, DOC
Briana Baker-Carvell, DOC
Kathy Ryg, Voices for Illinois Children
Dee Ann Ryan, Vermilion County Mental Health
Lyla Suleiman Gonzalez, DHS
Nancy Shier, Ounce of Prevention

Springfield:

Damon Arnold, DPH
Teresa Garate, DPH
Michelle Saddler, DHS

Phone:

Tony Zipple, Thresholds
Carrie Thomas, Chicago Jobs Council
Eileen Durkin, Neumann Family Services
Soo Ji Min

Support Staff:

Lory Mishra, Governor's Office
Brandon Thorne, Chicago Community Trust

IDHS presented proposed program clusters that they created internally using the following criteria:

- Best interest of clients/communities
- Structure and process influenced by data, program outcomes, and be evidence-based
- Honesty and integrity in discussions
- Respectful of the rights of workers
- Promote efficiency of administration and operations
- Protect the ability to comply with federal rules and regulations

CLUSTERS

- 1) Reproductive Health
- 2) Domestic and Sexual Violence

- 3) Child and Adolescent Health Promotion
- 4) Community Based Prevention
- 5) Family Support Services (super cluster)
 - Family Wellness Cluster
 - Food and Shelter Programs
 - Early Childhood Development
- 6) Positive Youth Development
- 7) Delinquency Prevention

All programs currently offered through IDHS are housed within each of these clusters (see attached sheet, IDHS Proposed Program Clusters). Assigning these programs to the cluster groups was done internally by IDHS.

Comments on the groupings by cluster:

- 1) Reproductive Health
- 2) Domestic and Sexual Violence
- 3) Child and Adolescent Health Promotion
- 4) Community Based Prevention

-Some of these programs may be a better fit in the Positive Youth Development cluster (2 have been switched out)

- 5) Family Support Services (super cluster)
 - Family Wellness Cluster

-PREP and Teen Pregnancy Prevention-Primary may fit better under the Youth Development cluster

- Food and Shelter Programs

-Emergency Food and Shelter, Emergency Food, and Transitional Housing were added to this cluster

- Early Childhood Development

- 6) Positive Youth Development

-Americorps is there because of its emphasis on service

-Substance Abuse Prevention-Comprehensive and Substance Abuse Prevention-Statewide were added to this cluster from the Community Based Prevention cluster

- 7) Delinquency Prevention

-Deals with youth already in the system

Issues for consideration in thinking further on how to reconfigure the clusters:

-How do the clusters line up in terms of setting the state up to receive federal dollars? There may be a way to line it up so that federal funds are going to supporting programmatic needs. The federal government is also looking to fund programs that are not fragmented.

-May be helpful to look at the Office of Adolescent Health to see how they're structured. They might be a model to replicate for grouping some of the programs.

-Capacity of state agencies (structure and support) must be considered when looking at shifting programs to different state agencies. It needs to be determined which shifts can happen, given the abilities of the agencies and in doing so policy needs to be separated from function.

-Need to know the amount of funding human services will receive this year and how this amount is figured.

-It needs to be considered if leadership at the program level can manage effectively.

In determining which, if any, cluster groups should be moved from IDHS to another agency, the following recommendations were made;

-Shift cluster 1) Reproductive Health from IDHS to IDPH. From a policy perspective this shift would be in alignment with the current offerings at IDPH. Many of the programs in this cluster are closely associated with IDPH programs; HIV Testing-infectious Diseases and Male Involvement-Men's Health.

-It was proposed that a shift of cluster 2) Domestic and Sexual Violence from IDHS to IDPH be thought on further and that input from specific individuals be sought.

-It was proposed that cluster 5) Family Support Services, Family Wellness be shifted to IDPH. Part of the reasoning behind this is that IDPH is mandated to do some of the work that currently is associated with some of the programs within this cluster. IDPH may not be equipped to handle such a large transition immediately, but could prepare for such a shift in the long run.

*The idea of bridging across departments using MOU's was proposed as a way to support some of the changes up for consideration.

NEXT STEPS

-A follow up meeting is to be set within the next 2 weeks to finalize recommendations to bring before the HSC on April 4th (Brandon)

-A new table will be created with the agreed upon changes (Carolina)

-A meeting seeking more info from other vested agencies will take place on 3/25 and be reported on at the next meeting (Grace, Kathy, and Sara)

-IDPH will begin evaluating what type of support structure is needed to make some of the proposed transitions (IDPH)

-IDPH and DHS will begin looking at bridging systems (MOU's, etc.)

Summary of Comments on the proposed reorganization of human services programs for FY'12

Combine all homeless programs under the Bureau of Homeless Services and Supportive Housing within the Division of Human Capital Development under DHS, rather than splitting them up among 3 separate agencies; DHS, DCFS, and DCFS

- Move all state-funded homeless programs to the Bureau of Homeless Services and Supportive Housing within the Division of Human Capital Development under the Illinois Department of Human Services. It is time for Illinois to consolidate all of its homeless programs under a single state agency that exhibits the expertise and fluency to deliver critical human services. We are deeply concerned by the proposal to move homeless prevention and emergency and transitional housing to the Illinois Department of Public Health and homeless youth services to the Illinois Department of Children and Family Services. Disbursing homeless services to three separate state agencies is neither efficient nor advantageous: state agencies will be duplicating work and grantees will be struggling within public systems where homelessness is not a priority. Illinois already has an administrative body dedicated to homeless services and supportive housing – and all three of the above-mentioned programs should be housed in that Bureau.

- Dee Ann Ryan, Executive Director
Vermillion County Mental Health

- We share the concern of statewide service providers and advocates in the homeless and supportive housing fields that the State's plan to move programs serving homeless persons into different departments will ultimately undermine the comprehensive nature of services and lead to either needless duplication of, or gaps in, services for this vulnerable population. We endorse the recommendation by providers and advocates that it is time for Illinois to consolidate all of its homeless programs under a single state agency that exhibits the expertise and experience needed to deliver these critical human services. Illinois already has an administrative body dedicated to homeless services and supportive housing, the Bureau of Homeless Services and Supportive Housing within the Division of Human Capital Development under the Illinois Department of Human Services, and all three of the programs scheduled to be moved—homeless prevention, emergency and transitional housing, and homeless youth services—should be housed in this Bureau.

-Mary Ellen Caron, Director
Chicago Department of Family and Support Services

Retain TeenREACH (slated to be moved to IVPA) in DHS

- We believe that the plan to move TeenREACH out of the Department of Human Services and into the Illinois Violence Prevention Authority (IVPA) is both limiting and misguided for three reasons:

1. In 2010, Governor Quinn signed legislation (PA96-1302) that established a state framework for coordinating and strengthening afterschool services in Illinois. The Act specifically calls for IDHS to (1) lead a new Illinois Youth Development Council, and (2) create a three-year demonstration program to evaluate the impact, outcomes and cost of quality afterschool programs. Since the responsibility for the oversight, coordination, and evaluation of youth programming throughout the state has been statutorily given by the legislature to IDHS, it is counterproductive to move the state's only remaining structured afterschool program for youth out of the department.
2. IDHS is better equipped to develop afterschool programs from a comprehensive youth development framework that emphasizes strength-based programming. While violence prevention is, of course, a critical priority, we are concerned that broader youth development goals will be undermined or lost by a reframing of teen programming under the rubric of "preventing violence."
3. The Governor's proposed FY12 budget would cut TeenREACH funding by over 85% (\$16.2M in FY11, \$2M in FY12). At this significantly reduced appropriation level, it is not evident that IVPA will have the staff, administrative capacity or infrastructure for program delivery, data collection and monitoring.

-Mary Ellen Caron, Director

Chicago Department of Family and Support Services

- We recommend that the program be shifted to the Division of Human Capital Development rather than IVPA if it must move. This is a better match for the scope of the program.

The IVPA's focus and scope do not match those of the Teen REACH program. Teen REACH is meant to provide comprehensive supports for youth in an after-school setting, addressing not just violence but academic performance, social and emotional learning, career preparation and mentoring. It's not clear that IVPA has the resources and positioning needed to run the programs and ensure that this critical comprehensive characteristic is not lost.

PA 96-1302, the Afterschool Youth Development Project Act, calls for the creation of a Youth Development Council and a Youth Advisory Group to be housed in DHS. This is the appropriate location for the scope of the Council's work.

Teen REACH programs ultimately need to be placed in the same division as Gear UP. Again, VPA is not logical home for Gear Ups academic and youth development work.

-Gaylord Gleseke, Vice President

Voices for Illinois Children

Keep the Healthy Families Illinois program, which is proposed to be moved to the IDPH, housed with the Parents Too Soon program in DHS

- Parents Too Soon and Healthy Families have participated jointly in leading the coordinated work in Illinois on home visiting. They have participated in planning and coordinating the distribution of new resources in site locations and program model development. The community-based staff in the over 50 programs across the state, in both models, is jointly trained by the Illinois Birth to Three Institute.

With the new Federal Home Visiting funding that was a part of the Patient Protection and Affordable Care Act, Illinois has an opportunity to compete for significant new federal funding. Illinois' initial application stressed an integrated approach and was funded. This is not a time to be moving similar programs away from each other, but instead a time to be planning with the Illinois Early Learning Council for a better integrated system that will continue Illinois' national leadership in this area.

- Nancy Shier, Director

Ounce of Prevention Fund

- This makes no sense given many of the Parents Too Soon programs are using the Healthy Families model. These two initiatives serve the same purpose and in many instances a similar target audience. For almost twenty years the state and its collaborators from the private sector have worked together to build an integrated process for delivering home visiting services to at-risk families.

Another concern is the proposal to separate HFI from other important early childhood programs such as WIC, Family Case Management, Early Intervention Part C and Child Care. The goal of the new federal home visiting grant is to spur the state on towards further integration of these kinds of family supports, not further separate them. What makes much more sense to us is to take this opportunity to create an early childhood presence in the agency brings all these programs together.

-Gaylord Gieseke, Vice President

Voices for Illinois Children

Human Services Commission
Reorg Workgroup Takeaways
March 16, 2011

In attendance:

Ounce of Prevention, Voices for Illinois Children, Action for Children, United Way, CCT, Illinois Department of Corrections, Illinois Department of Human Services, Illinois Department of Public Health, Governor's Office

1. There was preliminary agreement that Reproductive Health and Domestic Violence/Sexual Violence Clusters would be best transitioned to IDPH. DHS would reach out to Maria Pesqueira from Mujeres and the Illinois Coalition Against Domestic Violence to solicit feedback.
2. Nancy from the Ounce would reach out to the Coalition for School Based Health Centers to solicit their input regarding the placement for the Child and Adolescent Health Promotion Cluster.
3. There was preliminary agreement that the clusters as presented provided the best coordination of services, with the exception of the Community-Based Prevention, Positive Youth Development, and Delinquency Prevention.
4. The Community Based Prevention, Positive Youth Development, Delinquency Prevention Clusters will be discussed at focused workgroup meeting on March 25 at 11 a.m. at DHS' Chicago office, 401 S. Clinton. DHS distributed fact sheets on the contemplated programs to aid in discussion.
5. Positive youth development programs should not be seen as "prevention" programs.
6. The Family Support Services Super Cluster programs should remain together and should remain at DHS. There should be aggressive efforts to increase positive outcomes via shared services, MOUs, IGAs, etc. The focus should be on increased synergy.
7. Healthy People 2020 and the State Health Improvement Plan should be reviewed with an eye towards aligning with those tenets.
8. The Human Services Commission should ensure that other provider advocacy voices are included for feedback, as there are other organizations who may want particular programs within the clusters moved out of DHS.

This document reflects the conclusions reached at a Human Services Commission Workgroup meeting (including members of the HSC, IDPH, and DHS) regarding the FY12 Program Reorganization. Consensus was reached on the content of each cluster; placement of some of the clusters is still under consideration.

IDHS PROPOSED PROGRAM CLUSTERS

1. REPRODUCTIVE HEALTH - IDPH	2. DOMESTIC AND SEXUAL VIOLENCE - IDPH*	3. CHILD AND ADOLESCENT HEALTH PROMOTION**	4. COMMUNITY BASED PREVENTION***
<ul style="list-style-type: none"> Family Planning HIV Testing Male Involvement 	<ul style="list-style-type: none"> DV Victim Services DV Partner Abuse Intervention Sexual Assault Prevention and Response Sexual Assault-Disability 	<ul style="list-style-type: none"> School Based Health Centers Childhood Asthma Coordinated School Health 	<ul style="list-style-type: none"> Substance Abuse Prevention-Comprehensive Substance Abuse Prevention - Statewide Partners for Success Enforcing Underage Drinking Laws Community Youth Services
5. FAMILY SUPPORT SERVICES (SUPER CLUSTER) - IDHS****			
FAMILY WELLNESS (CLUSTER)	FOOD AND SHELTER PROGRAMS (CLUSTER)	EARLY CHILDHOOD DEVELOPMENT (CLUSTER)	6. POSITIVE YOUTH DEVELOPMENT***
<ul style="list-style-type: none"> Family Case Management Chicago DRH MCH Chicago Healthy Start Fetal and Infant Mortality Perinatal Depression High Risk Infant Follow-Up Health Behaviors for Women U of I DSCC Targeted Intensive Prenatal Case Management WIC Breastfeeding Peer Counselor Farmer's Market Nutrition Program Fetal Alcohol Spectrum Disorder 	<ul style="list-style-type: none"> Homeless Prevention Homeless Youth Commodity Supplemental Food Program Emergency Food and Shelter Emergency Food (TEAP) Transitional Housing 	<ul style="list-style-type: none"> Child Care Assistance Early Intervention All Our Kids Project Launch Early Childhood and Comprehensive Systems Health Child Care Illinois Health Families Illinois Doula Parents Care and Share Strong Foundations Maternal, Infant, and Early Childhood ACA Home Visiting Illinois Subsequent Pregnancy Program Teen Parent Services Parents Too Soon ARRA 	<ul style="list-style-type: none"> Gear Up Teen REACH AmeriCorps PREP Teen Pregnancy Prevention-Primary
7. DELINQUENCY PREVENTION***			
			<ul style="list-style-type: none"> Comprehensive Community Based Youth Services Communities for Youth Delinquency Prevention Redevelop Illinois Release Upon Request Fed. JJ System Improvements Transportation Unified Delinquency Intervention Services Second Chance Mentoring Children of Prisoners Domestic Battery

**2: Sarah(?) is checking with HSC member Maria Pesqueira for comments/input regarding the DV and SA cluster shift

**3: Nancy S. is checking in with the Coalition of School Based Health Centers for comments

***4, 5, 7: Reviewing the structure of these clusters; IDHS will recommend a structure to the workgroup for further consideration

****5: Preliminary agreement was reached on the placement of this Super Cluster at IDHS, with enhanced interagency collaboration

DRAFT: HUMAN SERVICES COMMISSION – DISCUSSED RECOMMENDATIONS

This document reflects the conclusions reached at a Human Services Commission Workgroup meeting (including members of the HSC, IDPH, and DHS) regarding the FY12 Program Reorganization. Consensus was reached on the content of each cluster of programs; placement of some of the clusters is still under consideration.

DRAFT: IDHS Proposed Program Realignment and Corresponding Rationale

The Illinois Department of Human Services is committed to providing streamlined access to integrated services. Our mission is to assist our customers to achieve maximum self-sufficiency, independence, and health through the provision of seamless, integrated services for individuals, families, and communities.

In developing this document, IDHS sought to align programs in such a way as to minimize the disruption of the people we serve and to provide them with the best structure for service delivery.

Our process for developing the structure presented here was driven by the following principles:

- The focus is on the best interest of the clients and communities;
- The structure and process must be influenced by and incorporate data, program outcomes, and be evidence-based;
- Discussions should be conducted with integrity and honesty;
- The process must respect the rights of the workers;
- This should promote efficiency of administration and operations;
- The structure should protect the ability to comply with federal rules and regulations.

The commitment of IDHS staff to providing quality services was evident throughout this process, and is reflected in the thoughtful presentation of program clusters below. In the interest of DHS customers, the recommendations presented represent, in our estimation, the best and most responsible way to serve our clients.

1. Reproductive Health

IDPH

This cluster of programs reflects a lot of the work currently being done at the Illinois Department of Public Health. The Family Planning program, HIV Testing, and Male Involvement are all components of the federal Title X grant. DHS receives one grant with these three areas of service delivery. The Family Planning program works in conjunction with the IDPH Sexually Transmitted Infections Division on testing and treatment of some STIs. HIV Testing is a good fit with this work, as well as the other HIV programs at IDPH. Male involvement projects aim to increase the number of males who have comprehensive health exams, including assessment of reproductive health issues and STIs. These programs could complement the current IDHP projects involving STIs, HIV, and male testing and treatment. Additionally, many of the women receiving Family Planning services are referred to the Illinois Breast and Cervical Cancer Project for diagnosis and treatment/follow-up of abnormal Pap testing and breast exams. The Illinois Breast and Cervical Cancer Project complements what the Title X grant cannot cover: mammography, advanced cytology, and treatment of abnormal breast or cervical lesions.

Programs	Proposed Agency	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Family Planning	IDPH	\$9,037.9	\$8,356.8
HIV Testing	IDPH	\$421.7	\$421.7
Male Involvement	IDPH	\$437.3	\$437.3

2. Domestic and Sexual Violence

IDPH

The primary work-focus is to address violence against women. This includes intervention as the primary goal and prevention as the secondary methodology. We believe the best practices show that a coordinated community response addressing the full scope of violence against women can help strengthen identification and response.

Evaluating this cluster offers an opportunity to address domestic violence as a public health issue, as recommended by the Centers for Disease Control (CDC). The State has an established Violence Prevention Section which currently provides funding to the Sexual Assault program through the CDC and the Office of Women's Health with the focus on improving the health of woman and girls throughout their lifespan. Most DHS intervention services follow a medical model, i.e. substance abuse and mental health; the framework for DPH aligns closely with the domestic and sexual violence service delivery system.

Current domestic and sexual violence services are offered to all victims regardless of their economic status with no defined income eligibility guidelines. The same systems at the community level are involved in intervention for both sexual assault and domestic violence. Many agencies offer a full scope of services, i.e. rape crisis centers and domestic violence victim and abuser services.

Opportunities for Connection & Intervention:

- Of the women who are physically assaulted or raped by an intimate partner, one in three is injured and requires medical treatment.
- One in seven women going to the doctor's office has a history of partner abuse.
- One in four women seeking care in the emergency department for any reason is a domestic-violence survivor.
- Some 2-5% of women who are treated in a hospital's emergency department are there for an injury from domestic violence.
- One in six pregnant women is abused during pregnancy.
- Domestic violence during pregnancy is the #1 cause of maternal mortality
- Health problems: STDs, pelvic pain, gastrointestinal illnesses, etc.
- Based on national emergency department data, sexual assaults represented 10% of all assault-related injury visits to the ER by females in 2006.
- Among sexual violence victims raped since their 18th birthday, 31.5% of women and 16.1% men reported a physical injury as a result of a rape.
- 36.2% of injured female victims received medical treatment.
- Increased health care expenditures: According to the Centers for Disease Control and Prevention (CDC), the health-related costs of rape, physical assault, stalking, and homicide by intimate partners exceed \$5.8 billion each year.

The alarming statistics demonstrate the great opportunity to impact and intervene in domestic and sexual violence cases is when there is a partnership between social services and public health. Many victims may not seek assistance for healthcare needs due to a controlling partner. Services to those victims can be expanded through a coordinated effort under one common Department. Currently there are several partnerships between domestic violence and local health departments. Working with local health departments to address the needs of victims and coordinating services through shelters has been viewed nationwide as a valuable mechanism in addressing the health and well-being of all women.

- A consolidated effort would facilitate the expansion of partnerships to include health departments whereby nurses and victim services coordinators

- work together to ensure victims and their children receive healthcare services.
- One option is to include home visits through domestic violence shelters for those who may be fearful of leaving the safety of a secure shelter.
- Victim service coordinators can also provide on-site counseling and legal services to those victims who may be afraid to be seen entering a domestic violence office. Services can be provided during regularly scheduled visits at the health department ensuring victim safety. This has been established in the State but never formalized as a best practice.
- RADAR screening by health professionals (CDC screening tool for violence against women)

The public health model is inclusive of many of the ideals on which the violence against women movement was founded. It seeks to involve the whole community in seeking solutions. It is multidisciplinary and encompasses a wide range of interventions, from treatment to prevention strategies.

Programs	Proposed Agency	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Domestic Violence Victim Services	IDPH	\$20,477.0	\$12,377.0
DV Partner Abuse Intervention	IDPH	\$838.5	\$419.5
Sexual Assault Prevention and Response	IDPH	\$4,236.1	\$2,118.1
Sexual Assault-Disability	IDPH	\$30.0	\$30.0

3. Child and Adolescent Health Promotion Cluster

Not Yet Determined

The School Based Health Centers, Coordinated School Health, and Childhood Asthma programs all target a very specific population: Illinois school children. Grouping these programs together allows for coordinated and comprehensive planning and delivery of public awareness, prevention and intervention services to school children.

These programs are governed by IDPH regulations, and IDPH programs and staff are integral partners in providing technical assistance and support to school health centers and school nurses. Also, the IDPH Illinois Project for the Local Assessment of Needs, (iPLAN), is a guiding force for the Coordinated School Health activities. Additionally:

1. Both Coordinated School Health grantees and School Based Health Centers currently engage in educational programs in an effort to help children and families reduce asthma triggers in their environment, and to help manage and control the disease.
2. Appropriate response to asthma in the school setting is a topic that is dealt with frequently with the School Based Health Centers staff and with school nurses. All have been trained using the American Lung Association curriculum.
3. Resources developed by the Childhood Asthma project could be utilized by the Coordinated School Health and School Based Health Centers projects to reach children and families in schools not currently served by the Childhood Asthma project.

The opportunities to create synergies among these programs across the state would be best realized if they were all housed in one agency, and all part of the same program cluster. For example, School Based Health Centers across the state have Youth Advisory Councils which participate in peer education projects. These councils could become involve in programs designed to teach school age children regarding prevention and management of childhood asthma.

Programs	Proposed Agency	FY11 Grant Amounts	FY12 Proposed Grant Amounts
School Based Health Centers	IDPH	\$4,237.4	\$4,237.4
Childhood Asthma	IDPH	\$240.0	\$240.0
Coordinated School Health	IDPH	\$324.0	\$324.0

4. Community Based Prevention Cluster

Not Yet Determined

Substance Abuse Prevention Programs are a logical fit to be administered with other programs that share the mission of reducing addiction and substance abuse. The primary federal funding source for both treatment and prevention is the Federal Substance Abuse Prevention and Treatment Block Grant administered by the federal Substance Abuse Mental Health Services Administration (SAMHSA); the DHS Division of Substance and Alcohol Abuse is responsible for monitoring the prevention dollars spent under the Block Grant (for purposes of the Maintenance Of Effort), for the development and submission of the annual Block grant application, and the Division responds to the federal Core Review Panel/site visits. The Single State Authority (SSA), Division of Alcoholism and Substance Abuse (DASA), is responsible for oversight of substance abuse prevention and is expected to provide leadership in this area. Both Substance Abuse and Prevention are operated through contacts with community-based providers. Many of the service providers are common to both prevention and treatment. DHS has the appropriately and effectively provided administrative and fiscal support to manage all of the grant programs.

Programs	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Substance Abuse Prevention -- Comp	\$14,817.4	\$12,133.4
Substance Abuse Prevention -- Statewide	\$1,246.6	\$1,246.6
Partners for Success	\$1,952.5	\$1,952.5
Enforcing Underage Drinking Laws	\$549.0	\$549.0
Community Youth Services	\$4,578.8	\$0.0

5. Family Support Services (Super Cluster)

IDHS -- After preliminary discussion with the group (HSC, IDPH, and DHS), it was agreed that it is important to preserve the integrity of the services provided in this cluster, and to maintain the established synergies inherent in the proposed clustering. Additionally, to produce strong outcomes and to ensure that programs are streamlined and cohesive, the Super Cluster would be housed at DHS, with an emphasis on:

- Strengthening the lines of communication between DHS and IDPH.
- Developing more robust MOU's between agencies.
- Utilizing shared services when necessary. and
- Working more collaboratively across agencies.

This "Super Cluster" and the clusters within it form a compelling and complete continuum of care for families. Family Wellness, Early Childhood Development, and Food and Shelter are undoubtedly primary components of the foundation for strong, well-adjusted, self-sufficient families.

The services and programs outlined below help to build that foundation by providing a set of quality and comprehensive services to parents, babies, and young children. It incorporates the most basic needs of families, and presents a comprehensive approach to meeting those needs. Access to food, nutrition education, housing, quality child care, prenatal care, supportive services for at-risk babies are all necessary as we seek to move families to self-sufficiency. Additionally, many of these programs serve the same populations, and this continuum provides seamless access to services. This comprehensive array of services represents the States' best effort to present and provide streamlined wellness services to individuals and families, and illustrates a commitment to:

- Invest in the development and wellness of children;
- Invest in the well-being of parents, including wellness, education, supportive services, and housing;
- Improving the prospects for families in the areas of nutrition, income independence, and self-sufficiency;
- Providing seamless and comprehensive supports for families facing multiple needs;
- Providing strong and unified leadership of the delivery of quality services.

The complexity of the needs of these families is represented in the interconnectedness of the services outlined below. The maintenance of the smaller clusters within the larger cluster is an elemental part of forming the solid continuum of care for parents, babies, and young children, and may be the most effective and efficient means to move them to self-sufficiency.

Family Support Services (Super Cluster)

5a. Family Wellness (Cluster)

This cluster of programs is perhaps the most intricately linked, as the services are population-based and focused on the individual health, wellness, and nutrition needs of adults and children. Serving the most vulnerable populations, these programs provide a solid system of support that addresses the needs of at-risk babies, high-risk pregnancies, and nutritionally challenged families. Teen pregnancy prevention programs are also well-situated in this cluster, addressing the pregnancy prevention component of adolescent wellness (pregnancy prevention, and wellness before, during, and after pregnancy). These

services all provide families and individuals with the tools to make healthy choices regarding their wellness, and also with the practical assistance of food, prenatal counseling, targeted case management, and other types of health education.

The continued success of programs operated within systems that intentionally facilitate integrated, coordinated services is seen in the coordination of WIC and Family Case Management. Data collection and analysis made possible through the use of DHS data systems demonstrate a significant and consistent reduction in infant mortality associated with the dual participation of clients in both WIC and Family Case Management.

WIC, WIC/Senior Farmer's Market Nutrition Program (FMNP), and WIC Breastfeeding Peer Counselor are well aligned with the DHS mission of assisting individuals to achieve maximum self-sufficiency, independence, health and wellness. All are nutrition focused programs, providing nutrition education and food, and all fit well in addressing family wellness and complement the other programs outlined in the cluster. These programs are also all funded by the USDA, which also funds the Supplemental Nutrition Assistance Program (SNAP) and the Emergency Food Program.

Infant mortality reduction programs (Family Case Management, Targeted Intensive Prenatal Case Management, and Healthy Start) provide case-management services aimed at improving birth outcomes. It is imperative that these programs remain connected, as they form a continuum of care for women experiencing high-risk pregnancies (women are referred back and forth based on identified needs in risk assessments). Also, the Fetal and Infant Mortality Review is a federal requirement of Healthy Start, and must stay grouped with it (and the Best Practices in Women's Health is a case-management program for Fetal and Infant Mortality Review participants). Once the infant is born, Targeted Intensive Prenatal Case Management clients are referred to Family Case Management, as Targeted Intensive Prenatal Case Management only covers through 6 weeks postpartum. The other support services, including High Risk Infant Follow-up are natural components to this continuum of care, as are Perinatal Depression services (which provide services to mothers based on assessed need). Together with the nutrition education and food programs, this cluster comprehensively supports the health and nutrition and wellness of families.

Central to Family Wellness services is the Title V Maternal and Child Health Block Grant. The purpose of the MCH Block Grant is to help States address gaps in the development and delivery of direct health services (e.g. postpartum depression, teen pregnancy prevention), access-related services (e.g. case-management, WIC), population-based services (e.g., adolescent health) and infrastructure building such as training and systems development. Taken out of the context of family wellness, the MCH Block Grant directly supports relatively few programs. In fact, only one program—Coordinated School Health—is funded solely by the block grant. Although it promotes flexibility, the block grant obligates states to fundamental funding requirements including the "30 – 30" Set Aside and a significant state to federal maintenance of effort ratio. Regardless of the administering agency, 30% of the Block Grant must be obligated to Children with Special Health Care Needs and to Children and Adolescent Services and must demonstrate a 3:4 Maintenance Of Effort. Separating the MCH Block Grant funds from the related family wellness programs that are used for match and to demonstrate maintenance of effort will remove the flexibility inherent in the block grant and reduce the effectiveness of state and federal funding.

The successful operation and coordination of programs included in the Office of Family Wellness, specifically the Maternal and Child Health Block Grant, is dependent on a robust infrastructure (currently managed and maintained by DHS) including Information Management Systems, Accounting and Cost Allocation Systems, Administration, Technical Assistance, and Program Monitoring. Deconstructing this program cluster would adversely affect the management of these programs and the delivery of services.

The Family Wellness programs are funded from twelve separate GRF and Federal funding sources, and many contribute to the MOE requirement of the MCH Block Grant. The appropriate allocation of both direct service delivery costs, and the costs of the administrative oversight of the programs requires the combined efforts of administrative units within DHS, including Management Information Services, Federal Accounting, and Central Accounting Cost Allocation. Each of these units have demonstrated capacity to effectively and efficiently perform required functions and support the successful operation of these programs.

The interrelatedness of these programs is very clearly defined, and supports maintaining the proposed clustering.

Programs	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Family Case Management	\$39,936.0	\$37,450.6
Chicago DPH MCH	\$5,017.4	\$5,017.4
Chicago Healthy Start	\$1,444.0	\$1,444.0
Fetal and Infant Mortality	\$180.0	\$180.0
Perinatal Depression	\$200.0	\$200.0
High Risk Infant Follow-up	\$187.4	\$187.4
PREP	\$2,381.8	\$2,381.8
Healthy Behaviors for Women	\$97.0	\$97.0
U of I DSCC	\$6,500.0	\$6,500.0
Teen Pregnancy Prevent-Primary	\$2,234.1	\$2,234.1
Targeted Intensive Prenatal CM	\$3,761.8	\$3,761.8
WIC Community Grants	\$41,242.9	\$42,000.0
Breastfeeding Peer Counselor	\$2,227.8	\$2,228.0
Farmers' Market Nutrition Program	\$35.0	\$35.0
Fetal Alcohol Spectrum Disorder	\$150.0	\$150.0

Family Support Services (Super Cluster)

Sb. Food and Shelter Programs (Cluster)

Rounding out the services for Family Supports is the Office of Food and Shelter Programs. Of the 42,068 homeless persons served annually, 12,351 are children accompanied by their parents. In addition to immediate food and shelter, the primary focus of the program is to enroll individuals in IDHS benefit programs including SNAP, TANF, Medical care, employment, and child care. Additionally, counseling, case management and advocacy are mandatory program components. The ability to effectively and efficiently coordinate DHS resources within the Department is key to overcoming the cycle of homelessness for many of these children and their parents.

In addition to the very clear link associated with Family Wellness and Early Childhood Development, the following conditions were identified from DHS homeless data:

- 7,289 adults and 122 children were identified with substance abuse issues;
- 6,679 adults and 45 children were identified with alcohol issues
- 5,304 adults and 144 children were identified with mental health issues
- 19,111 adults were reported with no income at entry into the shelter
- 6,258 participants were identified as potential SSDI recipients.

The data supports the need to retain the Emergency and Transitional Housing Program within the Department of Human Services. It is imperative that homeless persons have access to and coordination across DHS's various Divisional resources to meet the often chronic needs of homeless adults and children. The program also coordinates with DHS food banks and food assistance partners to address the emergency food needs of homeless persons.

Upon transition from the shelters, many participants and families are offered placement into DHS supportive housing projects. The transition from the DHS shelter system into the DHS Supportive Housing program is necessary due to the continued need for supportive services (mental health, substance abuse, alcohol abuse, and disability services). The services enable the individuals and families to successfully reside in the community.

The Emergency and Transitional Housing Program also serves as a TANF Maintenance of Effort (MOE) mechanism. 22% of the \$9.1 million program (\$2 million) is used to support the TANF claim. Transferring the program outside of DHS may significantly impact the ability of DHS to support the TANF claiming process.

The Commodity Supplemental Food Program (CSFP) which is funded by USDA should be included in the Office of Food and Shelter Programs, as it addresses another fundamental need of low-income populations. CSFP works to improve the health of low-income new mothers no longer eligible for WIC, up to one year postpartum, children age five to six, and elderly people at least 60 years of age by supplementing their diets with nutritious USDA commodity foods. Food and administrative funds are provided to States to supplement the diets of these groups. CSFP goals and mission fit closely with those of the other Emergency Feeding Programs housed in this office. USDA categorizes this program under "Food Distribution" programs such as TEFAP.

Public Act 85-1337 created the Emergency and Transitional Housing Program. The intent of the legislation was to coordinate a continuum of services for homeless persons that maximize resources and minimize the length of stay within the emergency shelter system. The Illinois Department of Human Services

is the designated human services agency charged with managing the delivery of supportive services. By contrast, the Illinois Department of Public Health does not coordinate nor provide significant resources to the shelter community.

The Homeless Prevention program provides cost-effective prevention activities that help families avoid foreclosure, eviction and utility shut-off. Participants are eligible to receive assistance that are at imminent danger of eviction, foreclosure or homelessness and have a temporary crisis beyond their control. The household must be able to meet its financial obligations once the assistance has been granted. In FY'11 the program received \$2.4 million in GRF and is expected to serve approximately 7,000 people.

In FFY 2010 the U.S. Department of Housing and Urban Development enacted the Homeless Prevention and Rapid Re-housing Program (HPRP). DCEO was designated by HUD to administer HPRP and receives approximately \$20 million. Many of the components of HPRP are similar to the Illinois Homeless Prevention Program, as a result significant enhancements can be realized by uniting the programs. For instance, the IDHS Homeless Prevention Program funds mortgage assistance, the DCEO program does not.

Since the DCEO HPRP service delivery system was based upon the IDHS Homeless Prevention program, IDHS staff recommends the transition of the Illinois Homeless Prevention program to DCEO's HPRP. This transition will enhance the amount and variety of prevention services offered to Illinois citizens. DCEO could then provide a one-stop shop for a full range of homeless prevention services. IDHS staff would assist with the transition to ensure that community partners and potential recipients receive a seamless system of homeless prevention activities in FY'13.

Programs	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Homelessness Prevention	IDHS	
Homeless Youth	\$3,259.8	\$3,259.8
Commodity Supplemental Food Program	\$1,058.6	\$1,058.6
Emergency Food and Shelter	IDHS	
TEFAP	IDHS	
Transitional Housing	IDHS	

Family Support Services (Super Cluster)

5c. Early Childhood Development (Cluster)

The foundational support of quality affordable child care links well with the supports included in this cluster, reflecting an optimal continuum of Early Childhood services heretofore unprecedented in Illinois.

The programs clustered here provide a wide range of human services for young children and their parents. The Bureau of Child Care and Development works hand-in-hand with local communities throughout Illinois to provide low-income, working families with access to quality. This affordable child care allows parents to continue working, and contributes to the healthy, emotional and social development of the child. These same low-income families access the services included here that promote the health and well-being of children. Parent education, nutrition education, home visiting, structured services to children and parents are all combined here in a synergistic way that reflects this comprehensive array of services. In addition to supporting parents, Child Care is an intricate part of child health and development, and is a natural companion program to Early Childhood programs.

All Our Kids (AOK), Project Launch, and Early Childhood and Comprehensive Systems (ECCS) are interrelated at both the federal level and the state level. All are focused on building integrated systems of care, increasing parental involvement and parent leadership capacity. Healthy Child Care Illinois is jointly funded by two programs within DHS, including the Bureau of Child Care. Much of this work is also performed in daycare centers. The goal is to improve the health of children and improve readiness for school. This fits with goals of the national home visiting project and the home visiting programs, which were also included in this cluster.

Many of these programs use the strategy of intensive home visitation to promote the health and well-being of children, parents and caregivers, and should be imbedded in a comprehensive early childhood system that promotes maternal, infant and early childhood health, safety, and development, as well as strong parent-child relationships. Additionally, the programs that focus on the unique needs of adolescent parents are well-suited to this cluster, as they also promote maternal, infant and early childhood health, safety and development, as well as strong parent-child relationships.

The Early Childhood Development programs are funded from thirteen separate GRF and Federal funding sources. The appropriate allocation of both direct service delivery costs, and costs of the administrative oversight of the programs requires the combined efforts of administrative units within the Division, such as the Bureau of Fiscal Support Services, but also the efforts of DHS administrative units outside of the Division including Management Information Services, Federal Accounting, and Central Accounting Cost Allocation.

Early Intervention, and integral part of this continuum, serves children under three years of age who are experiencing developmental delays in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, and self-help skills. This program supports families in promoting their child's optimal development and facilitates the child's participation in family and community activities. This family support dovetails nicely with the other supportive programs in this cluster, as well as with the supportive services within this proposed division, increasing the likelihood that families will have access to other support services. Additional benefits include support from the DHA Family and Community Resource Centers (including child find, verification of birth data, and sharing knowledge about community resources for referrals), shared fiscal planning and contracting, and policy development support.

A driving integrative force of these programs is The Early Learning Council. The Council captures the goals and objectives of these programs in its charge to

meet the early learning needs of children and their families by establishing a high-quality, comprehensive, statewide learning system. The Council guides efforts to coordinate, improve, and expand existing early childhood programs and services, reflective of the goals and expected outcomes of the synergies established with the grouping of these programs. This continuum, bolstered by the support and resources of the Council, strengthens the service delivery system for young children and their families across Illinois.

DHS uses the Maternal and Child Health Data System, Cornerstone, to support operation of coordinated Maternal and Child Health Services. The same intricate funding and administrative structure outlined for the Family Wellness cluster also applies to this cluster of services. Deconstruction would adversely effect the administration of these services.

Programs	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Child Care Assistance	IDHS	
Early Intervention CFCs	IDHS	\$30,489.0
All Our Kids	IDHS	\$890.7
Project Launch	IDHS	\$850.0
Healthy Child Care Illinois	IDHS	\$950.0
Healthy Families Illinois	IDHS	\$8,426.0
Doula	IDHS	\$342.9
Parents Care and Share	IDHS	\$100.0
Strong Foundations	IDHS	\$150.0
MIEC ACA Home Visiting	IDHS	\$3,290.0
Illinois Subsequent Pregnancy Program	IDHS	\$909.4
Teen Parent Services	IDHS	\$1,432.0
Parents Too Soon	IDHS	\$8,837.3

6. Positive Youth Development

Not Yet Determined

With an emphasis on prevention, the focus of Youth Services is on positive youth development. There are a large number of programs directed at youth that are engaged with the legal system; positive youth development programs like GEAR UP and Teen REACH are best managed in this cluster.

GEAR UP is designed to increase the number of low-income students who are academically prepared and ready to succeed in post-secondary education. The program provides services to youth at middle schools and high schools in high-need areas across the State. Teen REACH supports the purposes of GEAR UP; core services include activities to support improving academic performance, providing life skills education to prevent a range of risky behaviors, encouraging parental involvement, recreation, sports, cultural, and artistic activities to promote protective factor skill development. Both programs are supportive programs, in that they promote positive youth development and investment in the academic success of youth not engaged with any part of the criminal justice system.

AmeriCorps Members are engaged in services that strengthen individuals and communities and address an array of issues such as education and the environment. Many of the current AmeriCorps grant programs are engaged in the delivery of positive youth development activities, tutoring and mentoring services that target youth in school and community-based settings. These grant programs have a primary prevention focus, and they target youth, families and communities that suffer from these identified risks. The services are community-based, require establishing working relationships with various institutions within a community (e.g. schools, faith-based organizations, business, law enforcement, etc.). These grant programs also engage volunteers and these volunteers assist with the delivery of services.

The AmeriCorps Programs require a tremendous amount of fiscal, data, and federal grant monitoring to successfully implement. AmeriCorps has a 1:1 state match requirement for the Administration grant that supports personnel and other costs associated with the Serve Illinois Commission. Unsuccessful fiscal and administrative oversight could result in the loss of federal dollars for the state.

This cluster represents the totality of positive youth development programs, underscoring the importance of maintaining the integrity and continuity of services.

Programs	Proposed Agency	FY11 Grant Amounts	FY12 Proposed Grant Amounts
GEAR UP		\$982.0	\$164.0
Teen REACH		\$13,857.3	\$2,000.0
AmeriCorps		\$9,959.6	\$9,959.6

7. Delinquency Prevention

Not Yet Determined

The Delinquency Prevention programs/services represent a continuum of service provision for youth identified as at risk of involvement or further involvement in the juvenile justice and/or child welfare systems. These programs share common methods of service delivery and program outcomes. Many are tied to the implementation of statutory requirements, federal and state, and should remain clustered together. It would be appropriate for this cluster of programs be joined with like-programs to facilitate a seamless service delivery system for juvenile delinquency; however, the agency that houses this program should have the structural capacity to functionally administer these programs appropriately, and should:

- Have grant making authority;
- Have a federal grants accounting unit;
- Have the ability and capacity to apply for and receive federal grant funding for juvenile justice programming;
- Possess grant writing capabilities, and the personnel to support the monitoring functions of the programs.

The Delinquency Prevention programs require a tremendous amount of fiscal, data, and federal grant monitoring to successfully implement, and while the DJJ currently has a shared-services agreement with the Department of Corrections to fulfill their fiscal, data, and personnel requirements, the juvenile population at DJJ is not a primary responsibility/concern. The absence of capacity is a major cause for concern as discussions proceed on the shifting of these sensitive programs.

Additionally, many of the Delinquency Prevention programs have a state match requirement and do not have administrative lines in their budgets. The agency must be able to meet the match requirements or provide the administrative support needed to support the program without using the funding that is currently providing direct services to youth. The Redeploy Illinois Oversight Board and the Illinois Juvenile Justice Commission have statutorily defined support from DHS for this very purpose (currently that is managed by DHS/CHP). Unsuccessful implementation of some of these programs could result in the loss of federal dollars for the state.

Any agency housing this cluster must be sufficiently resourced with appropriate administrative support.

Programs	Proposed Agency	FY11 Grant Amounts	FY12 Proposed Grant Amounts
Comprehensive Community-Based Youth Services		\$7,909.8	\$11,059.0
Communities for Youth		\$2,356.7	\$0.0
Delinquency Prevention		\$792.5	\$0.0
Redeploy Illinois		\$2,097.5	\$2,097.5
Release Upon Request		\$252.7	\$252.7
Fed JJ System Improvements		\$815.6	\$815.6
Transportation		\$177.4	\$177.4
UDIS Unified Delinquency		\$2,167.4	\$2,167.4

Second Chance	\$748.8	\$748.8
Mentoring Children of Prisoners	\$266.7	\$266.7
Domestic Battery	\$150.0	\$150.0

OTHER STRUCTURAL CONSIDERATIONS

In addition to the rationale described above, other areas of impact will include Labor Relations, Human Resources, and Fiscal Management. Many of the processes outlined below cannot begin nor be determined until final decisions have been made regarding program shifts.

Labor Relations

Any kind of restructuring will require at least sixty days; it is likely that more time will be required to ensure Impact Bargaining conversations and processes are completed, and personnel processes/transactions are completed.

There are parallel processes to consider relating to Labor Relations; programs staying in DHS and shifting to other Divisions, and programs shifting out of DHS to other state agencies. The timing of this process is wholly dependent on the date which formal notification of any restructuring is provided.

- A minimum of sixty (60) days is necessary to provide notice to the Unions regarding the structural shifts;
- A minimum of thirty (30) days is necessary to engage in Impact Bargaining regarding the structural shifts;
- in order for Impact Bargaining to occur, the following information is required (this list is not exhaustive):
 - What the programs shifts are
 - Which staff will be affected
 - Which staff will be moved
 - What staff roles will be changed
 - Who staff will report to
 - What new parking situations will be
 - Whether flex-time situations will be honored
 - Whether previously scheduled vacation requests will be honored
- Receiving facilities must be identified
- The physical capacity of receiving facilities must be ascertained (and adjusted if necessary)

Human Resources

The role of Human Resources will be an important one in the transition process, in that personnel issues will need to be addressed. The role of Personnel will depend largely on what type of transaction takes place. The type of transfer will determine the role of DHS' Human Resources and the role of CMS in the process.

- Personnel transactions will have to occur
- Personnel files must be transferred
- Benefits and Payroll will also need to transfer

Fiscal Management

For federal reporting purposes, it would be most beneficial for any transition to occur at the start of a quarter. Assuming that this is the case, DHS fiscal staff would require notice of the actual grants and specific staff being transferred/shifted a minimum of sixty (60) days prior to the start of the new quarter, in order for both DHS and the federal agencies to have sufficient time to process the changes required to transfer the grants.

It is requested that notice be provided for a transfer/shift at the beginning of a quarter primarily to address federal approval processes (mainly due to the need to receive federal approval for the public assistance cost allocation plan (PACAP) amendments. PACAP amendments are normally approved with the effective date being the beginning of a quarter and must be submitted prior to the change. This would also allow for each agency (sending and receiving agencies) to submit federal reporting for a full quarter, eliminating the need to file reports for partial quarters.

From a purely technical/practical standpoint, DHS would require at least sixty days to complete a fiscal shift process; a receiving agency would likely require more time. In the case of the programs outlined above, significantly more time and effort would be required for such a shift to occur, due to the ways in which the programs are fiscally intertwined.

Due to the complexities associated with the fiscal management of many of these programs, it is almost impossible to illustrate the impact these program shifts will have on fiscal processes. As mentioned previously, many programs are currently connected by funding stream; many are tied to MOE for Block Grant match; many are federally mandated to engage similar populations; many share administration costs, etc., etc., etc.

Please see attached for more information regarding federal expenditure accounting considerations.

Information Technology/Management Information Systems

There are a number of programs that have been proposed to transfer to other state agencies that are a part of one or two much larger DHS applications. It would require substantial cost and effort to split these programs out of the large applications.

Developing and implementing new fiscal structures require an inordinate amount of time and effort, particularly those that must incorporate federal granting and auditing into their structure.

03/16/2011 *The grouping of these programs was done for the 1st Human Services Commission Report

Agency	TaxonomyLevel2	Program name	FY2010Budget
IDPH	Public Education	Stroke Task Force	\$0
IDPH	Public Education	Blindness Prevention Grants	\$0
IDPH	Preparedness	Vector Control/Arbovirus Surveillance	\$4,022,000
IDPH	Preparedness	Communicable Disease Control	\$1,983,697
IDPH	Preparedness	Behavioral Risk Factor Surveillance	\$997,005
IDPH	Public Education	Rural Community Development	\$147,700
IDPH	Preparedness	ChemPack	\$48,000
IDPH	Preparedness	Physical Fitness Facility Medical Emergency Preparedness	\$139,600
FOOD			
DOA		Home Delivered Meals	\$2,000,000
DOA		HDM and Mobile Food Equipment	\$7,969,600
DOA		National Lunch Program	\$1,500,000
DOA		Child/Adult Food Care	\$200,000
DOA		Title III Nutrition	\$24,475,800
DOA		Nutrition Services Incentive program	\$8,500,000
DOA		ARRA Nutrition Services	\$5,000,000
DHS-CHP		Commodity Supplemental Food Program	\$910,000
DHS-CHP		Farmer's Market Nutrition Program	\$0
DHS-CHP		WIC Women, Infants Children	\$299,670,000
DHS-HCD		Emergency Food Program (TEFAP)	\$4,041,987
DHS-HCD		SNAP Outreach	\$482,263
DHS-HCD		The Emergency Food Assistance Program ARRA	\$1,060,048
HOUSING/SHELTER			
DCFS		INDEPENDENT LIVING INITIATIVE	\$10,300,000
DHS-HCD		Emergency & Transitional Housing Program (formerly EF&S)	\$9,765,039
DHS-HCD		Homeless Prevention	\$10,912,548
DHS-HCD		Supportive Housing	\$9,410,328
DHS-CHP		Homeless Youth	\$3,622,000
CRIMINAL CORRECTIONAL SYSTEM			

ISBE	Individuals with Disabilities Education Act - Deaf and Blind	\$450,000
ISBE	Individuals with Disabilities Education Act - Model Outreach	\$400,000
ISBE	Individuals with Disabilities Education Act - Preschool	\$25,000,000
ISBE	Individuals with Disabilities Education Act - Preschool - ARRA	\$18,311,491
ISBE	Individuals with Disabilities Education Act - State Improvement	\$3,200,000
ISBE	NCLB - Title X - Homeless Education	\$3,250,000
ISBE	NCLB - Title X - Homeless Education - ARRA	\$2,581,569
DHS-CHP	Gear Up Illinois Steps Ahead	\$1,029,500
DHS-CHP	School Health	\$324,000
DHS-CHP	School Health Centers	\$4,244,400
PUBLIC HEALTH		
IDPH	Laboratory Services	\$22,357,500
IDPH	Nurse Aides Training	\$180,400
IDPH	Nursing Home Licensure	\$17,563,400
IDPH	State Correctional Facilities	\$0
IDPH	Supportive Residences Licensing (AIDS Residences)	\$0
IDPH	Alternative Health Care Delivery - Regulation (Children's Community-Based Health Care Center)	\$18,700
IDPH	Alternative Health Care Delivery - Regulation (Comm Based Residential Rehabilitation Center)	\$18,800
IDPH	Alternative Health Care Delivery - Regulation (Post surgical Recovery Care)	\$18,700
IDPH	Alternative Health Care Delivery - Regulation (Subacute Care)	\$18,800
IDPH	Ambulatory Surgery Center Certification	\$206,400
IDPH	Ambulatory Surgical Treatment Center Licensure	\$264,500
IDPH	Clinical Laboratory Certification	\$506,900
IDPH	Comprehensive Outpatient Rehabilitative Facilities	\$13,800
IDPH	End Stage Renal Disease Facilities Certification	\$594,800
IDPH	End Stage Renal Disease Facilities Licensure	\$385,000
IDPH	Freestanding Emergency Center	\$0
IDPH	Health Maintenance Organizations	\$18,900
IDPH	Home Health Certification	\$1,135,300
IDPH	Home Health, Home Services, and Home Nursing Agency Licensing	\$953,500
IDPH	Hospice Certification	\$68,800
IDPH	Hospice Licensure	\$151,200

IDPH	Mobile Home Parks (Manufactured Home Communities)	\$475,000
IDPH	Mobile Home Tiedown Act	\$0
IDPH	Non-Community Public Water Supply	\$720,800
IDPH	Plumbing and Lawn Irrigation Registration	\$2,197,500
IDPH	Private Sewage Disposal	\$350,000
IDPH	Private Water Supplies	\$214,000
IDPH	(Water Well Construction, Drillers and Pump Installers)	\$599,200
IDPH	Structural Pest Control	\$1,140,000
IDPH	Swimming Facilities	\$57,000
IDPH	Youth Camps	\$3,216,000
IDPH	Dairy Farm, Milk Transportation and Processing Plant Sanitation	\$1,092,000
IDPH	Food Processing	\$603,000
IDPH	Food Service Sanitation Manager Certification	\$0
IDPH	Illinois Poison Prevention Packaging Act	\$160,000
IDPH	Retail Food (Food Service and Food Store)	\$25,000
IDPH	Safe Bottled Water	\$25,000
IDPH	Salvage Stores and Warehouses	\$252,000
IDPH	Tanning Facilities	\$38,000
IDPH	USDA Summer Food	\$0
IDPH	Guidelines for Needle Disposal	\$20,400
IDPH	Adult Blood Lead Registry	\$554,700
IDPH	Adverse Pregnancy Outcomes Reporting System	\$185,000
IDPH	Census of Fatal Occupational Injuries	\$423,400
IDPH	Epidemiologic Research	\$0
IDPH	MRSA Screening and Reporting Act	\$246,100
IDPH	Ambulance Licensure	\$122,500
IDPH	Automated External Defibrillator	\$195,000
IDPH	EMS Professional Licensure (EMTs, TNSs, First Responders, et al.)	\$1,423,000
IDPH	EMS Professional Licensure Education and Testing	\$5,500,000
IDPH	Ticket For The Cure	\$2,201,500
IDPH	Poison Control Centers	\$138,000
IDPH	Trauma Centers	\$692,800
IDPH	EMS Systems	\$900,000
IDPH	Penny Searns Breast, Cervical, and Ovarian Cancer Research Fund	

IDPH	Trauma Center Grants	\$5,400,000
IDPH	Breast and Cervical Cancer Program	\$18,000,000
IDPH	WISEWOMAN	\$855,700
DHS-CHP	Chicago MCH Services	\$5,017,400
DHS-CHP	Childhood Asthma	\$240,000
DHS-CHP	Diabetes Prevention and Control	\$335,300
DHS-CHP	Doula	\$343,000
DHS-CHP	Family Case Management	\$42,670,900
DHS-CHP	Fetal Alcohol Spectrum Disorder	\$327,260
DHS-CHP	Folic Acid Education	\$50,000
DHS-CHP	Healthworks Illinois	\$1,714,800
DHS-CHP	Healthy Births for Healthy Communities	\$552,700
DHS-CHP	Healthy Child Care Illinois	\$1,560,000
DHS-CHP	Healthy Families Illinois	\$8,519,100
DHS-CHP	Healthy Start	\$1,440,000
DHS-CHP	Sexual Assault Prevention and Response	\$4,736,800
DHS-CHP	Targeted Intensive Prenatal Case Management	\$4,284,700
DCFS	HEALTH CARE NETWORK	\$4,072,500
DHS-CHP	Domestic Violence Partner Abuse Intervention	\$886,400
DHS-CHP	Domestic Violence Prevention and Intervention	\$22,277,000
DHS-DR	Client Assessment Unit	\$2,236,500
DHS-DR	Disability Determination Services	\$83,908,925

**HEALTH
SUPPORTIVE
SERVICES**

DOA	Community Care Program	\$553,006,400
DOA	Ombudsman Program	\$351,900
DOA	Title VII LTC Ombudsman	\$1,000,000
DHFS	Illinois Medical Assistance Program	\$14,875,155,200
IDPH	Brothers and Sisters United Against HIV/AIDS (BASUAH)	\$1,994,000
IDPH	Culturally Competent Healthcare Demonstration Program	\$0
IDPH	Illinois Breast and Cervical Cancer Communities of Color Initiative	\$4,000,000
IDPH	Illinois HIV/AIDS Communities of Color Initiative	\$5,055,000
IDPH	Minority Health Development	\$78,000

IDPH	Sexually Transmitted Diseases	\$2,716,300
IDPH	Clinical Trials Information	\$0
IDPH	Consumer-oriented Patient Safety Reporting	\$70,489
IDPH	Choke Saving Poster	\$0
IDPH	EMS Public Education	\$0
IDPH	Women's Health Promotional Services	\$1,367,000
DHS-HCD	Children's Place	\$752,700

**HUMAN
REPRODUCTION**

DHS-CHP	Teen Pregnancy Prevention Primary	\$2,339,900
DHS-CHP	Family Planning	\$12,154,300
DHS-CHP	Family Planning Male Involvement	\$333,200
DHS-CHP	Illinois Subsequent Pregnancy Prevention	\$909,400
DHS-CHP	Responsible Parenting	\$153,000
DHS-CHP	Breastfeeding Peer Counselor	\$445,500
DHS-CHP	Parents Too Soon	\$8,836,900
DHS-CHP	Teen Parent Services	\$4,968,500
DHS-CHP	Teen Parent Family Centers	\$365,000

**REHABILITATION/
HABILITATIVE
SERVICES**

DHS-DD	State-Operated Dev Ctr	\$291,903,700
DHS-DD	State-Op Day Programs	\$13,910,000
DHS-DD	ICFDD (Residential only)	\$327,547,300
DHS-DD	ICFDD - Day Program	\$50,078,700
DHS-DD	CILA - Model Rate (res only)	\$312,201,300
DHS-DD	CILA - FFS (res only)	\$10,509,400
DHS-DD	Day FFS Programs	\$127,167,400
DHS-DD	Adult - Home Based	\$53,075,800
DHS-DD	Child - Home Based	\$13,353,900
DHS-DD	Family Asst. Program	\$3,111,500
DHS-DD	Child Res. School	\$16,099,400
DHS-DD	Child Group Home	\$16,919,000
DHS-DD	Comm Liv Fac (res only)	\$8,976,600

DHS-CHP	Perinatal Depression	\$296,000
DHS-DMH	Capacity grants	\$125,000,000
DHS-DMH	Medicaid billable services	\$178,922,643
DHS-DMH	Non-Medicaid	\$56,111,315
DHS-DMH	Individual Care Grants	\$27,550,500
DCFS	PRE ADMISSION/POST DISCHARGE PSYCH SCREENING	\$3,200,200
DCFS	PSYCHOLOGICAL ASSESSMENTS	\$3,273,600
EMPLOYMENT		
DHS-HCD	SNAP Employment and Training	\$16,942,200
DOA	Senior Employment	\$237,900
DOA	Title V Employment	\$4,500,000
DOA	Additional Title V Employment	#NULLI
DOA	ARRA Employment Title V	\$950,000
DOC	Job Preparation	\$5,785,600
DOC	Transitional Jobs	\$1,771,000
DOC	Delancey Street Program	\$760,000
DOA	RSVP	\$703,800
DHS-CHP	AmeriCorps	\$10,254,980
DHS-DR	Supported Employment	\$1,044,348
DHS-DR	Extended Services	\$1,054,600
DHS-DR	Small Business Enterprise Program	\$3,627,300
PUBLIC ASSISTANCE PROGRAMS		
DOA	Circuit Breaker/Pharmaceutical Assistance	\$30,686,900
DOA	SHAP Grants	\$1,600,000
DHFS	Child Support Enforcement	\$194,758,900
DHS-HCD	TANF	\$98,115,000
DHS-HCD	State Transitional Assistance (GA)	\$11,000,000
DHS-HCD	State Family & Child Assistance	\$1,339,000
DHS-HCD	Refugee Income Assistance	\$1,575,700
DHS-HCD	TANF ARRA	#NULLI
DHS-HCD	Aid to Aged, Blind and Disabled	\$28,000,000

DCFS	SERVICES ASSOC WITH FOSTER CARE INITIATIVE	\$8,289,300
DCFS	TARGETED CASE MANAGEMENT OPER AND COMM	\$9,307,700
DCFS	REIMBURSING COUNTIES	\$338,500
DCFS	PROTECTIVE/FAMILY MAINT DAY CARE	\$25,928,500
DCFS	COOK COUNTY REFERRAL SUPPORT SYSTEM	\$247,200
DCFS	CHILDREN'S PERSONAL AND PHYSICAL MAINTENANCE	\$2,856,100
DCFS	PURCHASE OF CHILDREN'S SERVICES	\$1,314,600
DCFS	FAMILY PRESERVATION PROGRAM	\$18,047,400
DCFS	FAMILY CENTERED SERVICES INITIATIVE	\$16,489,700
DCFS	FOSTER CARE AND ADOPTION CARE TRAINING	\$14,608,500
DCFS	PRIVATE FUNDS FOR CHILD WELFARE IMPROVEMENT	\$344,000
DCFS	CHILD ABUSE PREVENTION	\$500,000
DHS-HCD	Child Care	\$778,903,000
DHS-HCD	Migrant Head Start	\$2,744,353
DHS-HCD	Crisis Nurseries	\$487,100
DHS-HCD	Donated Funds Initiative	\$21,576,970
DHS-HCD	Refugee & Immigrant Services	\$12,074,032
DHS-HCD	Child Care ARRA	\$73,772,628
DHS-HCD	Migrant Head Start ARRA	\$0
DOA	Foster Grandparent	\$307,900