

DATE: July 7, 2023

## **MEMORANDUM**

TO: The Honorable John F. Curran, Senate Minority Leader  
The Honorable Don Harmon, Senate President  
The Honorable Tony McCombie, House Minority Leader  
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Grace B. Hou *Grace B. Hou*  
Secretary *by K. Branham*  
Illinois Department of Human Services

SUBJECT: Illinois Commission on Poverty Elimination and Economic Security Annual Report  
FY23

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The Illinois Department of Human Services respectfully submits the Illinois Commission on Poverty Elimination and Economic Security Annual Report FY23 in order to fulfill the requirements set forth in Public Act 101-0636.

If you have any questions or comments, please contact Kari Branham, Special Projects Administrator, at 217-720-8662 or [Kari.Branham2@illinois.gov](mailto:Kari.Branham2@illinois.gov).

cc: The Honorable JB Pritzker, Governor  
John W. Hollman, Clerk of the House  
Tim Anderson, Secretary of the Illinois Senate  
Legislative Research Unit  
State Government Report Center

# All In Illinois:

## A Five-Year Strategy to Reduce Deep and Persistent Poverty



## Introduction

The Illinois Commission on Poverty Elimination and Economic Security (the Commission) was created by the [Intergenerational Poverty Act](#) (HB5191) in June 2020 to “end the intergenerational transmission of poverty by addressing root causes of economic insecurity, racial disparities, and other contributing social, economic, and cultural factors.” After consultation with a broad range of individuals, community organizations, policy experts and State led forces and commissions, in March of 2022 the Commission issued a strategic plan for accomplishing the following statutorily outlined goals:

- Reduce Deep Poverty in the State by 50% by 2026
- Eliminate Child Poverty in the State by 2031
- Eliminate All Poverty in the State by 2036

Based on this extensive input, the Commission has developed five action pillars to improve the economic mobility of those living in deep poverty. The pillars and associated strategies emphasize a “multi-generational” approach to poverty, addressing the needs of grandparents, parents, children, and single adults to improve long-term outcomes for all. Pillars include:

- **Pillar 1:** Ensure Illinois is best in nation for raising families
- **Pillar 2:** Stabilize homes and communities
- **Pillar 3:** Ensure just and equitable access to economic security programs
- **Pillar 4:** Address Barriers to paid work, education and advancement
- **Pillar 5:** Support trusted community based providers to serve the needs of those in deep poverty

The Commission recognizes that this strategic plan is not static and will continue to be informed by the efforts of our government partners, community-based organizations, businesses, and philanthropy. To that end, the Commission will continue stakeholder engagement in those regions of the State that are most impacted by deep poverty, to ensure strategies and solutions meet the varied needs of our diverse State. The work of the Commission will also be strengthened by collaborative efforts among other statewide taskforces, committees, and commissions who have contributed to this strategic vision and who are committed to ensuring that the Poverty Commission can meet its bold objectives.

Since releasing the strategic plan of the team’s work in March 2022, the Committee has created five subcommittees that are handling a pillar of the plan and seeking to issue action plans on an annual basis to support the strategies under each pillar.

This report provides an overview of the current state of poverty in Illinois. It also lays out the Commission’s work over the next five years as it strives for the first benchmark outlined in the [Intergenerational Poverty Act](#) (HB5191): reducing deep poverty in the state by 50% by 2026.

## State of Poverty in Illinois

### Defining Deep Poverty

The Federal Poverty Level is the income threshold, determined by the federal government, below which a family and every individual in it, is considered to be in poverty. As shown below poverty is also based on the number of individuals living in the household. **Deep or extreme poverty** is defined as 50% of the Federal Poverty Level (FPL). More than 1.4 million or 11% of Illinois residents are living in poverty, and 630,012 or 5.1% are living in deep poverty. More than 14% of residents are considered low-income (see figure 1 below).

**Figure 1: Number of IL Residents at Various Income Levels <sup>1</sup>**

Household Size	Extreme Poverty	Poverty	Low Income
<i>Threshold</i>	0-49% FPL	0-99% FPL	100 - 199% FPL
<i>Number of People</i>	630,012	1,420,542	1,854,973
One	\$6,650	\$13,300	\$26,600
Two	\$8,598	\$17,196	\$34,392
Three	\$10,168	\$20,335	\$40,670
Four	\$13,086	\$26,172	\$52,344

Recognizing that the FPL alone does not provide a complete picture of poverty across the country, the U.S. Census Bureau began publishing the Supplemental Poverty Measure (SPM) in 2011. The SPM considers not only a family's cash income but other benefits and obligations such as tax payments and credits, public benefits like the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), and stimulus checks. It also updates income thresholds and adjusts for cost of living across geographic areas. According to the latest published three-year average (2018-2020), approximately 1,195,000 Illinoisians were found to be living in poverty according to the SPM, a rate of 9.5%.<sup>2</sup> SPM data also reveal that extent to which government assistance programs such as Social Security, the Earned Income Tax Credit, and SNAP pull millions of families out of poverty.<sup>3</sup>

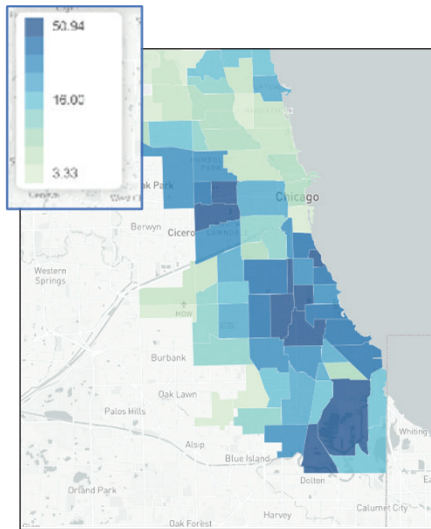
### Geographic Distribution of Poverty

While the *highest number* of households living in deep poverty reside in the Chicago metropolitan area (Cook, DuPage, Lake, and Will Counties) the *highest rates* of poverty exist elsewhere in the State, with significant disparities statewide. As the table below shows, the top ten counties with the highest number of families in deep poverty are all relatively small in population, with Vermillion County (Danville) in eastern Illinois as the largest.

Figure 2: Illinois Counties with the Highest Percentages Experiencing Extreme Poverty<sup>4</sup>

Geography	Total number of families for whom poverty status has been determined, 2019	# of families experiencing extreme poverty (<50% of Federal Poverty Line), 2019	% of families experiencing extreme poverty (<50% of Federal Poverty Line), 2019
Alexander County	1,357	112	8.3%
Saline County	6,654	483	7.3%
Vermilion County	19,415	1,408	7.3%
Pope County	967	66	6.8%
Gallatin County	1,506	100	6.6%
Douglas County	5,061	333	6.6%
Perry County	5,661	356	6.3%
Franklin County	9,861	611	6.2%
Fayette County	5,297	328	6.2%
Macon County	26,102	1,567	6.0%

Figure 3: Percent of Family Households Below Poverty in Chicago Community Areas<sup>5</sup>



Zooming in on the City of Chicago, 17% of residents are in families living in poverty. The highest rates of poverty and extreme poverty are within the community area of Riverdale, with 50% of family households living in poverty and approximately 40% living in deep poverty. As the map below reflects, the five community areas with the highest rates of poverty are in Chicago’s West side (East Garfield Park) and on the South and Southeast sides (Riverdale, Washington Park, and Fuller Park community areas). Poverty rates range from 39.6% - 50.94% in these communities.

Meanwhile, the five community areas with the lowest poverty rates (Forest Glen, North Center, Mount Greenwood, Edison Park and Clearing) range from 3.3% - 4.9% and are located on Chicago’s north, far north, northwest, southwest and far southwest sides.

## Demographics of Deep Poverty

### Age and Poverty

Of those living in extreme poverty, 27% are children under 17 and 9% are older adults, as shown in Figure 4 below. One in ten Illinois residents living in deep poverty is under the age of six years. More than a third of Black children were below the poverty level in 2018, which was 1.75 times that of the next lowest group (Latinx children at 20%).<sup>6</sup>

Living in poverty can negatively impact the health and well-being of children and places children at greater risk of poor academic achievement and dropping out of school. A study conducted by Children’s Hospital of Philadelphia showed that as early as 5 weeks of age, children born into poverty had less grey matter brain volume (i.e., the part of the brain where information is processed) than their middle-income counterparts. In addition,

living in poverty exerts its impact decades later in poorer health outcomes like chronic illness and heart disease.<sup>7</sup> Meanwhile, for older adults, living in poverty is associated with poor health, increased cognitive decline, disability, mortality, and homelessness.<sup>8</sup>

**Figure 4: Number of People Living in Poverty and Deep Poverty in Illinois by Age Group<sup>9</sup>**

Group	Number of People Living In Poverty (<100% FPL)	Number of People Living In Extreme Poverty (<50% FPL)
<b>TOTAL</b>	<b>1,420,542</b>	<b>630,012</b>
Children	436,327	175,016
Working Age	814,173	397,938
Older Adults (Age 65+)	170,042	57,058

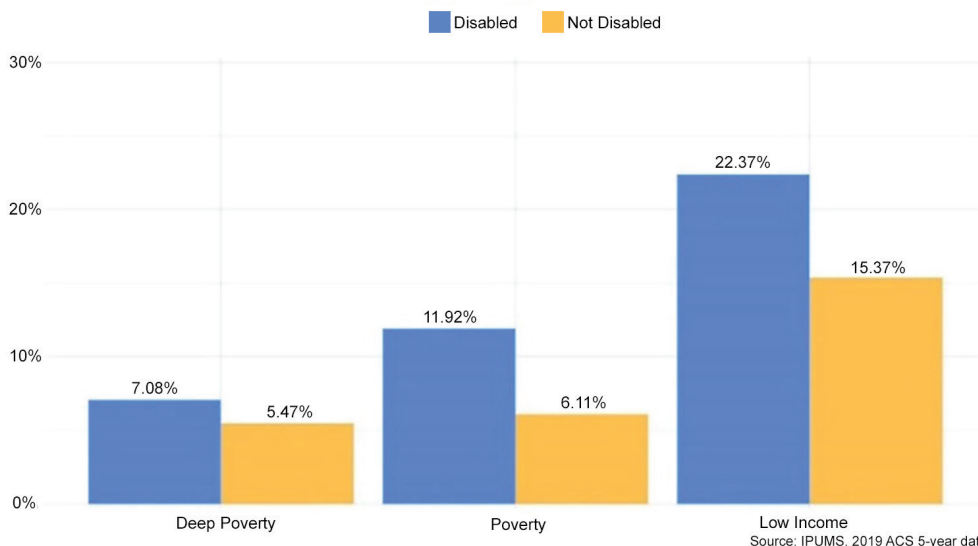
**Gender and Poverty**

Women are substantially more likely than men to be living in extreme poverty in Illinois and nationwide. The percentage of females (of all ages) in extreme poverty in Illinois is 5.6%, 24% higher than the percentage of males in extreme poverty.<sup>10</sup> The drivers of these disparities are interrelated and deeply rooted in the expectations and experiences of women in our society. For example, women are more likely to be caregivers for others,<sup>11</sup> while being unable to find high-quality and affordable care for their own children.<sup>12</sup> They are also more likely to be employed in lower-paying service sector jobs than men<sup>13</sup>. In fact, among workers earning the federal minimum wage, approximately two-thirds are women.<sup>14</sup> Meanwhile, disparities in pay between women and men compound over women’s lifetimes, leaving women with substantially less savings in older age.<sup>15</sup>

**Disability and Poverty**

Illinoisans with disabilities are also more likely to live in poverty and substantially more likely to be low-income than those who are not disabled, as shown in Table 5 below. Of the total population of disabled individuals in Illinois, 41% live in poverty, compared to 27% of the population overall. Meanwhile, 16% of people with disabilities live in extreme poverty.<sup>16</sup> While often requiring more income to achieve the same standard of living, people with disabilities are about half as likely to be employed than those without disabilities and are typically paid lower wages.<sup>17</sup>

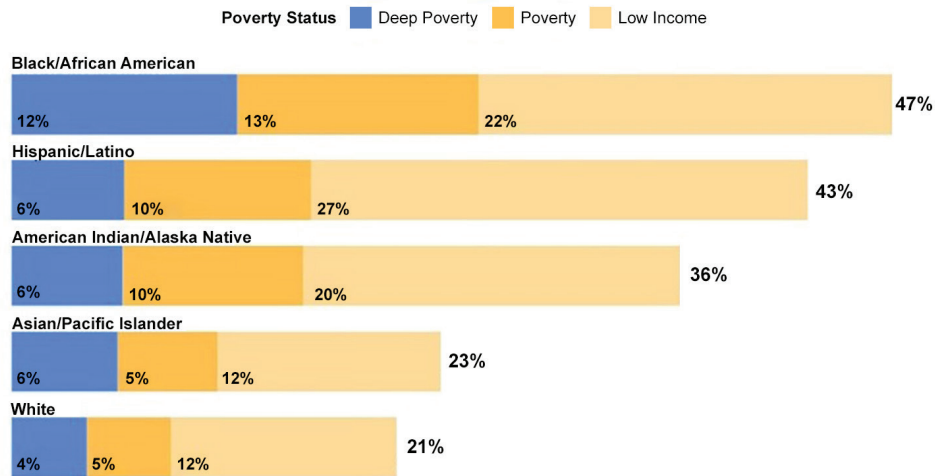
**Figure 5: Poverty and Low Income Among Illinois Residents with Disabilities<sup>18</sup>**



### Race/Ethnicity and Poverty

People of color in Illinois are substantially more likely to live in poverty than White Illinoisans, with 25% of those in poverty being Black/African American and 16% being Hispanic/Latino. This is compared to 9% for White Illinoisans. Meanwhile, one in four Black Illinoisans is living in poverty and close to one in eight is living in deep poverty as shown in Table 6 below.

Figure 6: Poverty by Race/Ethnicity in Illinois<sup>19</sup>



These disparities are evident in Chicago as well. As Figures 7 below shows, the highest concentration of poverty in Chicago is in predominately Black community areas.

Figure 7: Poverty and Race in Chicago Community Areas

	Community Area	% Poverty	% Black	% Hispanic	% White
<b>Highest Rates of Poverty</b>	Riverdale	50.9	95.2	2.9	.4
	Fuller Park	47.8	80.2	13.7	4.1
	Washington Park	47.4	94.2	2.1	1.7
	East Garfield Park	43.9	85.9	4.9	5.6
	Englewood	39.7	91.3	4.8	1.3
<b>Lowest Rates of Poverty</b>	Clearing	5.7	1.9	60.2	36.5
	Edison Park	4.9	.7	12.5	80.8
	Mount Greenwood	4.9	2.5	9.9	82.6
	North Center	4.3	2.3	12.4	73.2
	Forest Glen	3.3	.5	11.6	72.8

These ethnic and racial disparities reflect and are a product of longstanding systems and structures that have excluded Black and Latinx families from meeting basic needs and from acquiring generational wealth and securing economic mobility.<sup>20</sup> For example, decades of unabated hiring discrimination and “sorting” Black and Latinx workers into lower paying jobs have created vast disparities in wages and opportunity.<sup>21</sup> In addition, after decades of discriminatory and predatory lending practices, institutional discrimination, and lower wages, the average wealth of White families is seven times the wealth of Black families and five times the wealth of Latinx families.<sup>22</sup>

## COVID-19 Impact on Poverty

The COVID pandemic has put a spotlight on socio-economic inequalities and has reignited a national conversation about inequality and discriminatory systems that perpetuate the intergenerational cycle of poverty over time. Nationwide, the U.S. saw historic and unprecedented increases in unemployment and associated poverty resulting from the COVID-19 pandemic. More than 400,000 Illinois residents lost their jobs at the onset of the pandemic.<sup>23</sup> Unemployment and other economic indicators have fluctuated since those early months, however deep disparities in pandemic-related employment, income, poverty and health remained. For example, while 45% of all Illinois households overall lost income from employment since the start of the pandemic, more than 50% of Black households lost income, and 60% of Black and Latinx women lost income.<sup>24</sup>

The pandemic disproportionately impacted lower-income Illinois residents. For example, between February and April of 2020, workers in households earning less than \$40,000 were twice as likely than the average worker to lose their jobs and 4 times more likely than those earning more than \$70,000 to lose their jobs.<sup>25</sup> In addition, among those experiencing the most initial job losses and fluctuation were service workers and waitstaff, who are disproportionately women. While unprecedented relief efforts such as cash payments, expanded unemployment coverage, tax credits, and other efforts reduced hardship for many Illinoisans, Black and Latinx communities continue to lag others in recovery.<sup>26</sup>

## Consequences of Poverty

Poverty has a deep and profound impact on individuals, families, and communities that lingers across generations. Childhood poverty has profound health and economic consequences that carry into adulthood and is associated with:

- chronic disease,
- poor mental health,
- unfavorable health behaviors in adulthood,
- higher health care expenditures,
- lower educational achievement,
- lost productivity,
- lower earnings in adulthood, and
- increased risk of poverty later in life.

Growing up in poverty is also associated with toxic stress and an accumulation of adverse childhood experiences (ACEs) that can inhibit normal development among children, making them more susceptible to learning and behavior impairments as well as physical and mental illness later in life.<sup>27</sup>

People living in poverty are more likely to experience chronic disease such as heart disease, and diabetes. These disparities are even deeper among Black and Latinx adults. Indeed, adults living in impoverished communities are more likely to experience increased risk of mental illness, depressive disorder, anxiety disorders, and suicide.<sup>28</sup> One landmark study found that the gap in life expectancy between the richest and poorest individuals in the United States is 15 years.<sup>29</sup> This disparity is reflected in Chicago which has a life expectancy gap across its neighborhoods exceeding 30 years, the largest among 500 largest cities in the nation.<sup>30</sup>



## Reducing Poverty: A Comprehensive Approach

As described above, the Commission solicited feedback from a range of stakeholders, particularly those most affected by poverty, as well as consulted relevant research and the work of other entities addressing poverty. Based on this extensive input, the Commission has developed five action pillars to improve the economic mobility of those living in deep poverty. This section will describe each pillar as well as relevant strategies and recommendations under each. Pillars include:

- **Pillar 1:** Ensure Illinois is best in nation for raising families
- **Pillar 2:** Stabilize homes and communities
- **Pillar 3:** Ensure just and equitable access to economic security programs
- **Pillar 4:** Address Barriers to paid work, education and advancement
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### Pillar #1: Illinois is Best in the Nation for Raising Families

#### Strategy 1a: Expand Access to High Quality, Early Childhood Services, Including Early Intervention, Home Visiting, and Affordable Childcare:

Addressing poverty—and its long-term implications—begins in early childhood. Factors correlated to poverty such as (1) low birth-weight and non-genetic prenatal influences on children; (2) inadequate medical, dental, and vision care, often a result of inadequate or no medical insurance; (3) food insecurity; (4) environmental pollutants; (5) family relations and family stress; and (6) neighborhood characteristics impact physical, sociological, and psychological development and lead to disparities in child achievement.<sup>31</sup>

Evidence-based early intervention and home visiting programs are an effective and efficient strategy for improving the life trajectory of children who are at risk for poor health, educational, economic, and social outcomes. Early Intervention provides supports and services for families to help their children meet developmental milestones. Programs like the federal Early Head Start Program, offer services to infants and toddlers that promote the physical, cognitive, social, and emotional development through safe and developmentally enriching caregiving. Home visiting programs like the federal Maternal Infant and Early Childhood Home Visiting (MIECHV) Program and the state of Illinois' Healthy Families Illinois Program, provide a range of services to both parents and children in the first months of life. Home visiting programs are designed to link pregnant women with prenatal care, promote strong parent-child attachment, and coach parents on learning activities that foster their child's development. Home visitors also conduct regular screenings to help parents identify possible health and developmental issues.

While there is a wide array of programs, services, and supports for children 0-5 years old in Illinois, more could be done to raise awareness about the availability of these important programs, both among parents and expectant parents and among early childhood education and health providers. Family participation can also be improved by better coordinating intake, so that families and related providers can more easily access services in their community. In addition, more can be done to modify service delivery approaches and scale innovative models to successfully engage children and families with complex needs, including children experiencing homelessness, those involved in the child welfare system, and who are lead-exposed.

Without subsidized access to these programs, high quality childcare and early education can be completely out of reach for families living in extreme poverty. The average annual childcare cost for an infant in Illinois is approximately \$13,000, ranking Illinois 13th among the least affordable states for childcare.<sup>32</sup> Through the State

Child Care Assistance Program (CCAP), eligible families make payments based on their gross monthly income and family size, with monthly co-pays of \$1 for families at 100% of the federal poverty level.<sup>33</sup>

### **Recommendations**

- The State should increase capacity to serve more families with high-quality infant/toddler care by making providing this care economically viable for providers. This includes allocating a higher percentage of current Child Care Assistance Program and Early Childhood Block Grant funds to infant-toddler care.

## **Strategy 1b: Explore Ways to Replicate the Federal Child Tax Credit for Families Raising Children**

COVID-19 wreaked personal and economic losses for Illinoisans across the state. For policymakers, it also presented an unprecedented opportunity to think creatively and enact bold economic support programs that have proven successful. The best example of this is the expansion of the Child Tax Credit (CTC) under the American Rescue Plan Act (ARPA). While the CTC has existed in some form since 1997, the ARPA expansion greatly increased the impact of the credit by:

- increasing the amount of the credit received;
- expanding the child age eligibility limit from 16 to 17;
- making the tax credit fully refundable and allowing half of the total credit to be paid in monthly payments for the first six months, rather than once per year; and
- allowing non-filers to receive the CTC monthly payment by signing up online.

In practice, this meant that beginning July 2021 most American families were receiving monthly payments of \$250 or \$300 per child. The new policy prevented 3.7 million children nationally from falling into poverty in the first six months.<sup>34</sup> A \$100 net increase in CTC benefits (adjusted for family size) was associated with a 6-percentage point, or roughly 22-percent, decline in food insufficiency for low-income families with children. The expanded CTC was particularly effective at reducing food insufficiency for households with children with 2019 pre-tax incomes below \$25,000.<sup>35</sup>

The success of the expanded federal CTC shows that when families are given direct cash, they use it to meet the basic needs of their family. Unfortunately, after the expiration of the CTC, the monthly child poverty rate increased from 12% in December 2021 to 17% in January 2022, the highest rate since the end of 2020. Latinx and Black children experienced the largest percentage-point increases in poverty (7.1 percentage points and 5.9 percentage points, respectively).<sup>36</sup>

### **Recommendations**

- Explore ways to replicate the Child Tax Credit benefit. For example, Illinois can provide similar support to families by continuing to expand the State's Earned Income Credit (EIC) and creating within it a state Child Tax Credit.
- Consider extending payments monthly throughout the year and determine systems for non-filers to claim a portion of the credit that is fully refundable.

## **Strategy 1c: Expand Access to Free and Reduced School Meals**

Child hunger remains a significant problem in Illinois. Even before COVID-19, 12 percent of children across Illinois were food insecure. Child food insecurity is twice as high among Latinx families (26.1%) and nearly 3 times as high among Black families (35.2%).<sup>37</sup> During the pandemic, child food insecurity skyrocketed. In April 2020, food insecurity doubled for the population overall but tripled among households with children.<sup>38</sup> Food insecurity remains high today, with 14% of Illinois children estimated to be food insecure in 2021.<sup>39</sup>

Operating since 1946 and 1966 respectively, the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) have been instrumental in addressing childhood hunger. One study found that together, school breakfast and lunch make up nearly half of the total calories consumed by low-income students.<sup>40</sup> Providing breakfast alone improves children’s performance on mathematical tasks, vocabulary tests, demanding mental tasks, and reaction to frustration. Further, providing breakfast at school improves child concentration, alertness, comprehension, memory, and learning.<sup>41</sup> Despite this success, however, significant gaps remain. In fact, Illinois is ranked 39th in the nation when it comes to school breakfast participation.<sup>42</sup>

### **Recommendations**

The Illinois Poverty Commission is proud to partner with the Illinois Commission to End Hunger to support their goal of ending hunger in Illinois. The Hunger Commission released an action plan to ensure cross-collaboration among government entities and community partners toward that goal, “From Food Insecurity to Food Equity: A Roadmap to End Hunger in Illinois.” We support their proposed actions to increase the impact of free and reduced-price meal programs, including:

- Encourage and support school districts to set up new innovative programs. This can include providing electronic applications for students to enroll in breakfast and lunch or providing startup funding and technical assistance to help schools implement innovative school meal models.
- Increase the number of afterschool meal program sites, including summer meal programs and afterschool snack or supper programs that operate year-round. Encourage expansion among schools already operating lunch and/or breakfast programs.
- Promote “Breakfast by the Bell,” which offers students breakfast within their classrooms at the start of the school day.

### **Strategy 1d: Increase Participation in WIC by Improving Accessibility for Those Who are Eligible**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded program aimed at promoting the health of qualifying low-income women and young children. WIC provides supplemental foods, breastfeeding support, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women; infants; and children under the age of five at nutritional risk.<sup>43</sup> WIC participation has been shown to have significant positive impacts on nutrition, health, and cognition by:

- Reducing the prevalence of childhood food insecurity by at least 20%<sup>44</sup> as well as the incidence of low birth weight among participants in prenatal WIC.<sup>45</sup>
- Connecting participants to the healthcare system and realizing health cost savings.<sup>46</sup>
- Achieving higher scores on key measurements for assessing cognitive and functioning development in infants and toddlers.<sup>47</sup>

### **Recommendations**

- Make it easier to apply for and stay enrolled in WIC services by using more accessible technology and changing the administrative rules to extend certification periods.
- Leverage web and texting platforms to provide faster options to communicate with clients. This is especially important for families who do not have stable housing and a consistent physical address for mail.

- Improve promotion of WIC services through more robust program outreach, especially among trusted community-based organizations where eligible clients are already seeking services. For example, WIC can collaborate and cross-promote services with Head Start, daycare centers, and other early education programs.
- Explore ways to reduce the time families spend on paperwork, provide services in more flexible ways, and improve participants' experience with buying WIC-approved groceries.
- Explore opportunities to promote adjunctive eligibility between WIC and Medicaid, so that people enrolled in the Medicaid program can more quickly connect with WIC and vice versa.

## **Pillar #2: Stabilize Homes and Communities**

### **Strategy 2a: Reduce Homelessness by Half and Ensure Housing Affordability and Accessibility**

On any given night in Illinois, an estimated 10,431 people are living in shelters and transitional housing programs, in parks and abandoned buildings and in cars. Of those, 2,305 people report being homeless for 12 months or more.<sup>48</sup> According to the Illinois State Board of Education, 47,455 school children were identified as experiencing homelessness in the 2019-2020 school year.

The current rental crisis is putting even more pressure on families struggling to find affordable housing. This issue is particularly challenging in Chicago, which experienced a 5.2% decline in affordable housing units between 2012-2014 and 2017-2019. The proportion of renters facing housing insecurity has also increased during this time.<sup>49</sup>

Illinois needs permanent solutions to ensure that greater housing stability can be achieved by those living in deep poverty, with scarce income and access to employment. Housing is a key social determinant of health and stable, supportive housing can have a significant impact on physical and mental health, as well as our access to well-paying, stable jobs and community resources like parks and stores.

#### **Recommendations**

The Illinois Poverty Commission strongly supports the comprehensive approach of the Illinois Office to Prevent and End Homelessness, the Illinois Interagency Task Force to End Homelessness, and the Illinois Community Advisory Council on Homelessness to ensure no resident in Illinois lives on the street, in a shelter, or in overcrowded housing. The following strategies are reflected in their plan "Home Illinois: Illinois' Plan to Prevent and End Homelessness," and the Poverty Commission will uphold and bolster the implementation of all strategies included in this plan.

- Increase permanent supportive housing stock and access to subsidies: Advocate for additional Federal and State funding toward permanent supportive housing development and continue to provide supportive services including case management, advocacy, counseling, job training and transportation that allow for advancement. Ensure housing subsidies are available for high-risk populations including people experiencing chronic homelessness, persons leaving correctional facilities, youth aging out of foster care, people with disabilities, and those with serious mental health issues and/or substance use disorders.
- Continue to invest in rental assistance and eviction supports: Following historic investment in emergency rental assistance during COVID-19, determine sustainable funding streams for ensuring that those most in need can avoid eviction. This includes long-term investments in direct rental assistance, affordable legal services and supportive court processes, so that people can navigate and prevent eviction without experiencing dire consequences.

- Invest in homelessness prevention and crisis housing: Invest in developing and maintaining additional fixed-site, non-congregate emergency housing and ensure the homeless services sector has the resources it needs to prevent homelessness and support transitional care for those who become homeless.
- Stabilize and improve housing for people with disabilities and older adults: Invest in emergency home repairs and home accessibility grants to secure the ability for seniors and people with disabilities to remain in their homes.

## **Strategy 2b: Invest in High-Quality, Specialized Supports for Persons Experiencing Mental Health and Substance Abuse Related Crises**

Persons with severe mental illness (SMI) and substance use disorder (SUD) are disproportionately likely to experience poverty. The impact is bi-directional: poverty itself can increase the likelihood of the onset of mental illness, while experiencing mental illness may also increase the chances of experiencing poverty.<sup>50</sup> In addition to investing in the tools needed to respond to housing for people in crisis, a crisis intervention model that diverts as many people as possible from jail or emergency room care is crucial to helping people facing chronic or episodic challenges related to mental health or substance use disorder avoid being propelled into deep poverty.

Building a strong and responsive continuum of care for those experiencing crisis has been a strong focus of the Illinois Department of Human Services/Division of Mental Health (IDHS/DMH). This has included a comprehensive crisis continuum that incorporates tools for identifying those in crisis, mobile crisis response, crisis stabilization services, residential crisis services, psychiatric consultation, and warm referrals to home and community-based services. In 2022, the US Department of Health and Human Services made available \$35 million to support mobile crisis response teams across the State to support 988, a national three-digit dialing code for the National Suicide Prevention Lifeline which launched in July.

More can be done to support the providers who are critical to the crisis care continuum. Illinois relies on a network of more than 200 Community Mental Health Centers (CMHCs) to provide the safety net of publicly funded mental health care. Because they are embedded in their communities, CMHCs have unique knowledge and expertise to provide services and supports to individuals with or at risk of SMI or severe emotional disturbance (SED) (those under 18). Because their operations must rely so heavily on the provision of specific Medicaid billable services to Medicaid eligible individuals, agencies cannot afford to send staff out to find individuals who are not engaged in treatment or do not have Medicaid benefits.

For those experiencing substance use disorder, similar coordinated tactics can be used to reach those in crisis. The Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR) has worked to implement mobile medication units to intervene directly with those who are homeless and experiencing opioid use disorder. SUPR has also supported the expansion of recovery homes, including the Oxford Home model, that provides short and long term supportive, sober living environments for individuals recovering from crisis.

### **Recommendations**

- Foster statewide partnership in implementing the continuum of care and crisis management programs described above.
- Pursue innovations through Medicaid and support additional funding streams that will allow providers to sustain street and community outreach targeted at engaging the most difficult to reach populations.
- Support small, community-based providers in communities of color and areas of high-need to engage with people who may have the least trust in the system and may be hardest to reach.
- Support models that employ people with lived experience with substance use disorder in these communities, to provide trusted, grass roots community services.

## Strategy 2c: Invest in Interventions that Address Cycles of Trauma and Violence in our Communities

An ever-growing body of research indicates that children who experience poverty, particularly deep poverty, can grow up to have a host of psychological challenges as adults. According to a 2017 study conducted by Cornell University, impoverished children had more antisocial conduct such as aggression and bullying, and increased feelings of helplessness, than kids from middle-income backgrounds. Kids growing up in poverty also have more chronic physiological stress and more deficits in short-term spatial memory.<sup>51</sup> Families who live in poverty encounter consistent stress and multiple traumas over many years. This chronic, psychological stress contributes to the likelihood that kids who grow up in poverty are likely to stay impoverished as adults.

Illinois is beginning to make meaningful investments youth interventions, particularly to address and prevent an unprecedented increase in violence in our communities. Neighborhoods across Illinois are experiencing gun violence at alarming rates and as a result, the health and wellbeing of nearly everyone living within these neighborhoods is adversely impacted. People who are chronically exposed to this type of violence are substantially more likely to be a victim and/or perpetrator themselves, leading to a perpetual cycle of community violence. In addition, community gun violence further perpetuates cycles of concentrated poverty, structural disadvantage, and health inequity that already exist within these communities. For example, the Chicago community areas with the highest number of homicides (Austin, West Englewood, North Lawndale, Auburn Gresham and South Shore)<sup>52</sup> have among the highest percent of residents living in poverty across the whole city. Meanwhile, the poverty rate in Belleville, the Illinois city with the highest rate of gun deaths is 14.7%, compared to 12.1% statewide.<sup>53</sup>

To combat this, Illinois is making historic investments across city, state, and county governments to address community trauma, historic racism, and violence through targeted, integrated behavioral health services and economic opportunities. Many of these investments have been bolstered by federal American Recovery and Reinvestment Act (ARPA) funding. These investments include, but are not limited to:

- Office on Firearm Violence Prevention (OFVP) at Illinois Department of Human Services: A \$250 million dollar investment in youth development, violence prevention and victim services (including street outreach and intervention), and high-risk youth intervention within targeted communities is being made through the Reimagine Public Safety Act (RPSA).
- Illinois Criminal Justice Information Authority (ICJIA): A \$40 million dollar investment in violence prevention and victim services.
- Cook County: A \$50 million Justice Advisory Council grant program aimed at prevention and support services, victim services, case management, hospital-based services, and street outreach and intervention.
- City of Chicago: A total of \$95 million in funding that will go towards the implementation of the City's violence prevention plan, "Our City, Our Safety."

In addition, since January 2020, ICJIA has been working to implement the R3 (Restore, Reinvest, and Renew Program) as a part of the Cannabis Regulation and Tax Act, which requires tax revenues generated from the sale of cannabis to be reinvested to improve disadvantaged communities. Nearly \$80 million of these funds are being granted to Illinois organizations.

### Recommendations

- Develop and support technical assistance and training for youth service providers, clinicians, and community programs to learn and deploy trauma-informed, culturally competent and family-centered services and care.
- Hold public funders accountable for long-term sustainability when the ARPA dollars are exhausted.

- Ensure that programs are informed and driven by community stakeholders who have experienced violence and that all efforts recognized the role that racism and racialized trauma have played in perpetuating cycles of poverty and violence.

## **Pillar #3: Ensure Just and Equitable Access to Economic Security Programs**

### **Strategy 3a: Create a Single, Accessible Platform for Individuals to Enroll in All State Benefits**

For families experiencing poverty, navigating the public benefits system has traditionally been complex, time-consuming, and full of obstacles. Illinoisans in poverty should not need to jump through hoops to meet their basic needs; they need coordinated information and access to public benefits.

The State recognizes this challenge and has integrated benefits systems in the State of Illinois' Application for Benefits Eligibility (ABE), which helps Illinoisians apply for and manage their benefits online, anytime. However, this system is still hugely complex and requires significant support for individuals to navigate, especially for those whose first language is not English. Moreover, other benefits administered within IDHS as well as benefits administered by other agencies across the State, such as the Low Income Home Energy Assistance Program (LIHEAP).

#### **Recommendations**

- Promote interagency collaboration that will establish an “open door” approach to benefits access where applicants can be assessed for eligibility for multiple benefit programs and be provided with clear direction for exactly how to enroll.
- Cross-promote programs to current participants among state agencies by securely leveraging data that would allow the state to identify people enrolled in one program who are eligible for but not enrolled in another program.
- Assess and test applications to ensure that they are as clear and user friendly as possible.
- Invest in benefits navigation resources both within the State and at community-based organizations to help ensure equitable access and awareness of benefits among those most in need.
- Enhance benefits education to the public through partnerships with private marketing entities with expertise in culturally competent communications.

### **Strategy 3b: Increase Uptake, Access, and Value of Public Benefits for Those in Extreme Poverty**

Research demonstrates that existing economic security programs have been a highly effective method for lifting people out of poverty. According to the Supplemental Poverty Measure (SPM) — a more comprehensive metric than the official poverty measure — poverty in the United States has fallen by nearly half since 1967, due in large part to the existence of programs such as Social Security, food assistance, and tax credits for working families.<sup>54</sup> These programs are also particularly impactful in reducing racial and ethnic inequities. Since 1970, the poverty rate for Black and Latinx people fell by 27 and 24 percent, respectively, compared to 8 percent for white non-Latinx people.<sup>55</sup>

The State of Illinois administers many of these federal antipoverty programs including Medicaid, Unemployment Insurance, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to name a few.

While these programs can provide critical supports for many struggling Illinoisans, many are not being readily used by those experiencing deep poverty. For example, a 2023 report from the Urban Institute found that in 2018, only 13% of eligible families are enrolled in TANF, 42% were enrolled in WIC and 57% were enrolled in SNAP.<sup>56</sup> The administrative burden or confusion about applying, rumors about limited eligibility, or minimal benefits present significant barriers or deterrents to Illinoisans who may need these benefits most.

### **Recommendations**

- Increase uptake by identifying eligible applicants, understanding their barriers to participation, and assisting them with enrollment.
- Increase access by examining what populations are currently ineligible for certain public benefits and supporting efforts at the State level to expand access.
- Increase value by exploring ways the state can increase the value of the benefits that current and future recipients receive from these programs.

### **Strategy 3c: Deploy Direct Cash Assistance Programs to Lift Families Out of Poverty**

While maximizing the potential of existing economic security programs is crucial, these programs alone are inadequate, given the number of Illinoisans living in deep poverty. Restrictions on access, program complexity, and benefit limits make these programs insufficient to stabilize income for many families. To build upon our existing safety net, direct cash assistance programs, also understood as guaranteed income, basic income, or unconditional cash transfer programs, are needed to improve the well-being and economic stability of families.

Due to the economic fallout of COVID-19, the City of Chicago as well as Cook County launched universal basic income pilots in 2022. Together they are distributing monthly payments of \$500 to more than 8,000 households. Both are being evaluated by the University of Chicago's Inclusive Economy Lab to determine how the programs affects participants' financial and overall well-being.<sup>57, 58</sup>

Meanwhile, other universal basic income programs have shown great promise. One early program in Stockton, CA launched prior to COVID-19, provided certain residents \$500 per month for two years with no conditions attached. An independent evaluation of the first year of the program revealed that the cash measurably improved participants' job prospects, financial stability, and overall well-being.<sup>59</sup> Similarly, Magnolia Mothers Trust, a program out of Jackson, Mississippi specifically targeted low-income, black mothers with \$1,000 a month. As a result, the ability of participants to pay their bills on time increased from 27% to 83%, the percentage of participants who had money saved for emergencies increased from 40% to 88%, and participants reported an increase from 64% to 81% in their ability to have enough money for food.<sup>60</sup>

These types of cash assistance programs are designed to immediately meet the needs of those living in deep poverty and are effective in providing support to populations that are otherwise limited in the benefits they can access, including immigrants and recently incarcerated individuals. By providing individuals with cash--no-strings attached--they can make the best decisions about how that money is spent to support their families. For those who face limitations in their ability to work or access work, direct cash assistance provides a ramp by which they can address their health, transportation, childcare, legal expenses, or other circumstances that may have limited their employment opportunities.

### **Recommendations**

- Continue to evaluate Chicago and Cook County cash assistance programs and apply learnings to local and national programs.
- In addition to existing income pilots, Illinois should consider using cash assistance to target youth aging out of the foster care system, people returning from incarceration, or single parents of young children. In doing so, every dollar spent has the potential to not only provide economic stability for individuals and their families, but also reduce the long-term demand on government services.



## Pillar 4: Address Barriers to Paid Work, Education, and Advancement

### Strategy 4a: Address Barriers That Prevent Consistent Work at a Living Wage by Investing in Transportation, Childcare, Paid Leave, Broadband, Legal Aid, Reentry Services, Disability and Rehabilitation Supports, and Immigrant and Refugee Services

As this report had demonstrated, many who are living in deep poverty have significant and meaningful barriers that prevent their ability to work such from age to serious medical conditions. For those who can work, many are unable to find consistent work that pays a living wage due to systemic obstacles and barriers that include gender, age, disability, racial bias, criminal background, immigration status, and other structural barriers. And throughout the state, workers face a number of structural barriers that make finding and keeping work difficult:

**Transportation:** While many in Chicago have access to public transportation through the Chicago Transit Authority (CTA), access becomes substantially more limited in the suburbs. “Transportation deserts” exist broadly in Suburban Cook County, where residents can spend up to four hours and over \$10 per day commuting to better paying jobs in the City.<sup>61</sup> In rural Illinois, the situation is even more dire. Job opportunities may not always be available locally and workers often must travel great distances for work. For those who cannot afford a car or lose access to a car, they can lose their jobs.

**Broadband/Digital Access:** The COVID-19 pandemic exposed the significant stakes of the digital divide, with far too many Illinoisans lacking critical broadband access for remote learning, telehealth, or work from home opportunities. American Community Survey data indicates that over 1.1 million Illinois households do not have at-home access to a desktop or laptop computer. Racial disparities are prevalent, with 42.1% of Black and 36.6% of Latinx households in Illinois without wireline broadband at home (compared to 29.6% of the overall population) and 37.7% of Black and 31% of Latinx households without a desktop or laptop computer (compared to 23% of the overall population). Of the total households unserved by even the lowest speed broad-band connection, 76% of those households reside in rural areas of the State.

**Childcare Access:** Regardless of community, access to affordable and accessible childcare serves is a significant barrier to employment. In our “24-hour economy,” many job opportunities require working hours outside of the typical 9-5 Monday-Friday schedule. Few childcare options, however, match those working hours or provide the flexible hours needed to manage schedule changes or take advantage of overtime. The cost of childcare is also grossly prohibitive for most families living in deep poverty.

**Paid Family Leave:** Paid family and medical leave is critical to reducing and preventing poverty and economic insecurity for families who experience an emergency or a health crisis. In the US, 93% of low-wage workers have no paid family leave.<sup>62</sup> When a situation that requires family care arises, individuals face losing their job or putting their health—or that of their family—at risk.

Other systemic barriers require Illinois to carefully examine legal and justice-system-related policies, practices, and procedures that unfairly perpetuate or exacerbate the harmful effects of poverty and the ability of individuals to engage in meaningful employment. Among the legal barriers to employment are: immigration status, criminal or arrest records, poor or inaccurate credit reports, child support arrears, suspended drivers’ licenses, prior homelessness or lack of stable housing, and other issues that are unrelated to an individual’s ability to do the job.

Many infractions, including child-support arrears, can be the result of loss of employment and when a driver’s license is revoked as a result, it can make an individual ineligible for employment—further deepening the debt that is owed.

## Recommendations

- Examine transportation barriers regionally and explore the use of transportation subsidies or reimbursement programs.
- Invest in broadband access in addition to helping individuals adopt and use technology through digital navigator programming. The Poverty Commission applauds Illinois' current "Connect Illinois" strategic plan which includes each of these elements and an investment of over \$400 million to advance digital equity and inclusion in the State.<sup>63</sup>
- Support and incentivize childcare providers to meet the flexible needs of our modern workforce.
- Pass the "The Illinois Family and Medical Leave Insurance Act" to provide employees with up to 12 weeks of partially paid leave for Family and Medical Leave Act reasons.
- Strengthen civil legal aid across the state to: help overcome problems associated with arrest or conviction records; secure protection or resolve problems associated with child custody disputes and child support; and recover unpaid wages and remedy other forms of workplace mistreatment.
- Invest in immigrant and refugee employment services that combine English language instruction, employment services and industry skills training, and supportive services coordination.
- Ensure adequate funding for the vocational rehabilitation system so that all eligible individuals can access vocational rehabilitation services when they need them.
- Increase the capacity of community providers to provide supportive employment opportunities such as "Individual Placement and Support," an evidence-based, effective approach to help people with severe mental illness (SMI) achieve competitive employment.
- Explore strategies to reduce and remedy employment discrimination and abusive employment practices that deprive residents of wages due them.

## Strategy 4b: Invest in Apprenticeship, Work-Based Learning, and Barrier-Reduction Programs So Individuals Can Learn and Train While Supporting Their Family

In addition to addressing employment access, it is critical to ensure individuals have the option to pursue education and training programs that can improve their income potential. Individuals experiencing deep poverty do not have the option to put earning on hold to advance their skill set.

According to a Statewide survey of apprenticeship and work-based learning programs published in May 2020, nearly 25,000 individuals are currently participating in Illinois programs. Based on an analysis of employment patterns and demographics, as well as current practices in apprenticeship and work-based learning, the study found potential for improvement in the following areas: 1) expanding apprenticeship activities to areas of the State with low levels of apprenticeship; 2) expand apprenticeship beyond the construction and manufacturing to new industries; and 3) increase their gender and racial diversity within programs. Numerous recent initiatives increased investment and respond to these findings including the Illinois Works Initiative, which includes a \$10 million investment in pre-apprenticeship training, and \$40 million in workforce recovery grants to boost access to education, training, and supportive services for vulnerable residents to re-enter and advance within the work force.<sup>64</sup> The Poverty Commission applauds these efforts and encourages the State to sustain programming that proves successful.

Illinois has also been a leader in advancing barrier reduction models. Illinois Department of Human Services launched a Barrier Reduction Fund Pilot Program, which dedicated \$2 million from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to cover emergency needs of job seekers. The pilot began in fiscal year 2021 and will continue in 2022. Additionally, a \$50 million ARPA investment through DCEO will provide resources for another new barrier reduction fund. This Barrier Reduction Fund is part of the revived state-

funded job training grant program called the Job Training and Economic Development Grant program (JTED). Again, the Poverty Commission is grateful for these investments and encourages State and local partners to sustain these services over time.

### **Recommendations**

- Evaluate and sustain successful existing investments such as the Illinois Works Initiative and the Job Training and Economic Development Grant.
- Expand work-based learning and apprenticeship programming that provides a living wage and training.
- Create additional barrier reduction funds and supportive services that can mitigate expenses like transportation or childcare that can make it harder for people to get job training.

## **Strategy 4c: Expand Access to Legal Counsel for Illinoisans and Ensure Equitable Access to Court and Legal Processes**

Eighty percent of the civil legal needs of those living in poverty go unmet.<sup>65</sup> But the consequences of civil court litigation can mean the loss of one's home, wage garnishment, or the loss of custody of one's child. Having an attorney can change the trajectory of someone's life. Court fees, administrative costs, and fines that are levied in civil and criminal courts also further perpetuate a cycle of poverty and involvement with the legal system, with over 90 distinct fines and fees on the books in Illinois alone.<sup>66</sup> Once again, this justice gap has the greatest impact on people of color, women, immigrants, people with disabilities, and those living in poverty.

Several states have found that for every \$1 invested in legal aid, \$10 in benefits are generated for the recipients of that aid.<sup>67</sup> The Poverty Commission applauds the efforts of programs like the Illinois Equal Justice Foundation and "Illinois Access to Justice," as well as the progress that has been made as a result of the 2014 Illinois Access to Justice Act as well as the 2021 Illinois SAFE-T Act. These interventions are just the tip of the iceberg, however, and more significant investments are required to ensure every Illinoisan can navigate the court system, not just the privileged.

### **Recommendations**

Ensure significant and sustained investment in the following legal supports:

- **Accessibility:** Increase accessibility of legal information and simplify court systems and processes. This includes ensuring resources for those with limited English proficiency and providing an array of accessible cost-free legal navigation services in underserved communities.
- **Representation:** Increase the availability of high-quality, accessible, free legal services to ensure representation for litigants experiencing poverty.
- **Affordability:** Study and consider further action to cap discretionary fines, expand access to fee waiver programs, and provide access to payment alternatives.

## **Pillar 5: Support Trusted Community-Based Providers to Serve the Needs of Those Living in Deep Poverty**

### **Strategy 5a: Support our Caregiving Workforce by Ensuring Equitable Wages and Develop Meaningful Supports for Unpaid Caregivers**

The essential work of caring for people who are young, aging, or disabled, both paid and unpaid, has historically been undervalued and inseparable from racial and gender dynamics. Women make up the majority of caregivers, especially involving childcare, nursing, and domestic work. Women of color face a history of oppression rooted

in forced caregiving as a part of enslavement and continued exploitation due to lack of labor protections for domestic work. Currently, the Economic Policy Institute estimates that 1 in 3 domestic workers are foreign-born and are less likely to be naturalized US citizens than foreign born workers in other occupations. This leaves many excluded from federal labor protections and employment laws.<sup>68</sup> In addition, most unpaid caregivers are women (60%) and 49 years of age, on average.<sup>69</sup> Many paid and unpaid caretakers live in deep poverty or are on the brink of falling into deep poverty due to insufficient wages, limited labor protections, or loss of income and employment due to family caretaking.

**Paid Caregiving:** Childcare workers are overwhelmingly women (94%) and disproportionately Black (15.6%, compared with 12.1% in the overall workforce) and Hispanic (23.6%, compared with 17.5% in the overall workforce). Similarly, most home health care workers are women (88.6%) and are disproportionately Black (23.9%) and Hispanic (21.8%).<sup>70</sup> Paid caregiving, including childcare and home healthcare, are drastically underpaid and rarely include benefits like health insurance, retirement, or paid leave. The average wage for early childhood workers and home health care workers is \$13.51 and \$13.81, respectively—less than \$30,000 a year for a full-time worker.<sup>71</sup> This is not a living wage. Indeed, the wage is so low that these workers often cannot afford the type of services they provide, like childcare, for themselves. Investing in this vital workforce sector will not only keep many Illinoisans from poverty, but provide better prepare Illinois to care for our aging population and to ensure the success of future generations.

**Unpaid Family Caregiving:** Families living in deep poverty do not have the option to hire or bring in help when their child, relative with a disability, aging parent, or sick family member needs care. In Illinois over \$18 billion in unpaid care is provided yearly. Six in ten caregiving adults report working full-time and must balance both personal and work responsibilities. For those that do work, nearly 70% report unplanned absenteeism, decreased hours or wages, disruptions to workforce productivity, or the need to take an unpaid leave.<sup>72</sup>

There are additional costs to unpaid caretaking as well. According to a study conducted by the AARP, 75% of family caregivers surveyed reported spending an average of \$7,242 annually on out-of-pocket costs related to caregiving in addition to lost income or wages.<sup>73</sup> And these costs and unpaid wages add up: single females caring for their elderly parents are 2.5 times more likely than non-caregivers to live in poverty in old age.<sup>74</sup>

### **Recommendations**

- For paid workers, support and invest in minimum wage increases, paid leave, benefits, and training that links to advancement opportunities.
- Further bolster the Illinois Family Caregiver Support Program. As a partnership between the Illinois Department on Aging, Illinois Department of Human Services, Area Agencies on Aging, and local community-service providers, this program provides information and assistance to gain access to caregiving services; support and training for caregivers; connections to respite care; and access to other supplemental benefits and services as needed.
- Expand access and eligibility for respite care services, which provides short-term relief for primary caregivers.

### **Strategy 5b: Provide Community-Based Providers with Consistent and Equitable Access to State Funding that Adequately Keeps Pace with Rising Costs**

Community-based providers provide critical services that help prevent Illinoisans experiencing poverty from falling through the cracks. These providers are often best positioned to understand the needs of those in deep poverty and provide culturally relevant, affirming services that can transform lives. Employees in human services often reflect the communities they serve, with 77 percent identifying as female and 52 percent Black, Indigenous, Latinx, and people of color. Black and Latinx people are disproportionately represented among lower-wage, frontline staff.<sup>75</sup>

Unfortunately, the human services workforce has long been under-resourced, and the COVID-19 pandemic only worsened their financial challenges. Meanwhile, the need for services has dramatically increased. In addition, during COVID, employment in the human service sector became more demanding, and in many cases, risky, for those working on the front lines. 77 percent of health and human service employees were essential frontline workers. On top of this, complex and time-consuming state and federal administrative requirements have left employees overburdened by responsibilities outside of direct care.

Health and human service providers depend heavily on state contracts, federal grants, and reimbursement programs like Medicaid to care for clients. When those funds are stagnant, providers have little flexibility to increase wages to compete in a competitive market. In addition, federal, state, and municipal contracts and grants are unattainable for many smaller community providers because of the complicated application and reporting requirements for those funds. Therefore, small providers have not been able to benefit from COVID-19 relief funding at the same level as larger institutions.

As a result of the above challenges, our workforce is unable to meet Illinoisans critical challenges. For example, at this time, Kaiser Family Foundation estimates that Illinois' behavioral health workforce can support just 23% of residents' mental health needs. Fewer treatment professionals means that waitlists for services have surged across the State while anxiety, depression, and suicides have increased two-fold since the start of the pandemic. Black and Latinx Illinoisans are disproportionately impacted by the workforce shortage: More than two-thirds of Black and Latinx individuals can't get care. Already scarce treatment options are evaporating in communities of color as the workforce crisis deepens.<sup>76</sup>

Meanwhile, the funding system has been built around larger, traditionally White-led organizations rather than smaller organizations, often led by people of color. In a study of non-profit organizations focused on improving the life outcomes of Black men and boys in the US, the revenues of Black-led organizations were 45 % smaller than those of White-led organizations, and the unrestricted net assets of Black-led organizations were a whopping 91 % smaller than White-led organizations—despite focusing on the same work.<sup>77</sup>

Many of these smaller community-based providers have difficulty accessing funding because the bureaucratic management needed for funding requires additional staff and complex fiscal and administrative management systems. In this way, those providers most representative of the communities they serve are often kept out of the very programs established to strengthen those communities.

### **Recommendations**

- Explore ways to increase funding flexibility within contracts to allow for greater coverage of administrative expenses and make it easier for providers to move money across budgeted line items.
- Provide a cohesive, consistent, and equitable funding methodology for the human services sector that keeps pace with the cost of living and doing business among private and non-profit competitors.
- Where federal and statutory flexibility allow, work to reduce the rigidity and complexity of administrative requirements that serve to exclude small and minority-led organizations. Specifically, continue to strengthen efforts to increase the number of organizations eligible to respond successfully to competitive State funding solicitations by helping organizations navigate Grant Accountability and Transparency Act (GATA) requirements.
- Reduce the frequency, redundancy, and complexity of reporting requirements that necessitate significant manpower and infrastructure to manage.
- Support the goals of the current GATA Equity Initiative led by Illinois Department of Human Services, including:

- ✓ Identify emerging and diverse organizations that want to navigate and comply with GATA
- ✓ Improve internal systems and policies that serve as unnecessary barriers to GATA compliance
- ✓ Develop simplified, easy-to-use, web-based resources to train on grants compliance requirements
- ✓ Incorporate an equity lens into grantmaking processes and decision-making; and
- ✓ Actively reach out to organizations and connect them to resources.

## Conclusion

This report is intended to establish the Commission's baseline and collaborative framework. We recognize that the scope and scale of poverty in Illinois requires thoughtful and strategic partnership among stakeholders across the State of Illinois. This "All In" approach will require State policymakers, legislators, county and municipal government, community-based agencies, business leaders, and philanthropy to all see themselves in this effort and take on the work. Making progress will require innovative and novel approaches. Historically, government intervention has focused on individualized solutions to poverty and ignored the long-standing structural barriers that work to keep people of color in poverty: racism, segregation, xenophobia. Without direct policies to change these structural barriers and rethink the *systems* that undergird poverty, people of color will continue to be excluded from opportunity and the racial wealth divide will continue to widen.

The Commission aims to work differently. This strategic plan is meant to address the systematic ways that Black and Brown Illinoisans have been excluded from traditional ways of generating wealth. Within a racial equity framework, we are engaging those most impacted as experts and decision-makers, building local capacity, and promoting multi-sector collaboration to achieve long-term results.

Committed to an anti-racist, restorative approach, we are also identifying, acknowledging, and addressing all the past and present ways racism has impacted our systems, structures, families, and communities. We are grateful to all who provided input into this plan and continue to do the essential work of reducing poverty.

## Appendix A: Measuring our Success

To further pinpoint the impact of particular strategies included in the plan, the Poverty Commission has also established a set of measures based on readily available data that are highly associated with standard of living and the experience of poverty. Each year we will evaluate the State's performance against these metrics to pinpoint where we are excelling, holding steady, or falling behind.

Metric	Dashboard Measure	Source
Income Poverty	Reduce % of Illinoisians living in deep poverty (<50% FPL) and poverty (<100% FPL) as a measure of the Federal Poverty Level	ACS Data
	Reduce % of Illinoisians living in deep poverty (<50% FPL) and poverty (<100% FPL) as a measure of the Federal Poverty Level	US Census Bureau
Child Poverty	Reduce % of Illinoisians living in deep poverty (<50% FPL) and poverty (<100% FPL) who are children as a measure of the Federal Poverty Level	ACS Data
Food Insecurity	Reduce % of households in Illinois who consider themselves food insecure (uncertain of having, or unable to acquire, enough food to meet the needs of all their household members because they had insufficient money or other resources for food).	US Census Bureau
Educational Attainment	Increase % of Illinois population age 25 and older that have completed high school.	US Census Bureau
Areas of Concentrated Poverty	Reduce % of Illinoisians living in deep poverty (<50% FPL) and poverty (<100% FPL) as a measure of the Federal Poverty Level for the following areas: Southern Illinois (Alexander, Saline, Pope, Gallatin, Massac, Pulaski, Jackson, Franklin, Perry, and Jefferson Counties); East St. Louis (St Clair County); Central/Eastern (Vermillion, Champaign, Douglas, Edgar and Macon Counties); Central Western (Peoria, Fulton, Knox, and McDonough Counties); Rock Island (Rock Island County); and Cook County.	ACS Data
Access to Healthcare	Reduce % of uninsured Illinoisians below 100% FPL.	ACS Data
Household Wealth/ Household Banked	Reduce the % of unbanked Illinois households with incomes below \$15,000 annually.	FDIC Survey of Household Use of Banking and Financial Services
Teen Birth Rate (Rate of births for mothers age 15-19)	Reduce the rate of teen births per 1,000 female teens aged 15-19 years.	Centers for Disease Control and Prevention
Adverse Childhood Experiences	Reduce % of Illinois children ages 0-17 who experienced two or more of the following: parental divorce or separation; living with someone who had an alcohol or a drug problem; neighborhood violence victim or witness; living with someone who was mentally ill, suicidal or severely depressed; witnessed domestic violence; parent served jail time; treated or judged unfairly due to race/ethnicity; or death of a parent (2-year estimate).	U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

Metric	Dashboard Measure	Source
Housing Metrics	Reduce the number of Illinoisians experiencing homelessness.	United States Interagency Council on Homelessness.
	Reduce the number of Illinoisians who are housing cost-burdened (that spend 30% or more of their incomes on housing costs).	ACS Data
Childcare Affordability	Reduce the average % of household income spent on childcare by age group and by County or Chicago Community Area.	IDHS Market Rate Survey of Licensed Child Care Programs in Illinois/ACS Data (Average Household Income)
Reliable Internet Access	Increase %of Illinois households with income less than \$25,000 annually who have a broadband subscription.	ACS Data
	Increase % of Illinois households with income less than \$25,000 annually who have access to any computer type.	ACS Data

## Appendix B: Implementation Requirements

Along the way, several key tactics will need to be employed to ensure that progress is made. Historically, government intervention has focused on individualized solutions to poverty and have ignored the long-standing structural barriers that work to keep people of color in poverty: racism, segregation, xenophobia. Without direct policies to change these structural barriers and rethink the *systems* that undergird poverty, people of color will continue to be excluded from opportunity and the racial wealth divide will continue to widen.

**Equity and Justice:** Because racism, gender discrimination, and mistreatment of individuals with mental illness and physical disabilities are all root causes of poverty, every policy developed or action taken by the Commission must be examined through a lens of equity, racial justice, diversity, and inclusion. Advancing equity requires the Commission to look critically at current systems that perpetuate racist and discriminatory practices. Moreover, it demands that poverty solutions be designed to account for a history of institutionalized discrimination. Therefore, the Commission urges everyone engaged in this work to pursue an antiracist, restorative approach to equity and racial justice that reflects the diversity of the people of Illinois.

**Impactful and Sustainable Financial Investment:** The recommendations included in this report require meaningful and intentional investment of funding by State and local government, private sector businesses and non-profits, and philanthropy. Policymakers must study the impact of successful anti-poverty approaches nationwide and fund policy solutions that reflect best practices. While some short-term investment can be helpful, it is critical that investments made to transform systems are sustainable in the long term. It is also important that investments be coordinated across government and the private sector to ensure that every dollar spent to end poverty has the greatest impact possible.



**Data Sharing and Integration:** State programs that impact the poor span over nearly every State agency and touch on multiple social structures from education, to finance, to homeownership, to employment, to food and healthcare access. In Illinois, there is a desire to track the impact of programs over time to better understand what policy decisions impact economic mobility. Effective evaluation of program impact will require working across government agencies to ensure data is aligned and can be collected in a way that supports a comprehensive view of the experience of poverty over time and in a way that supports the dignity and privacy of those experiencing poverty.

**Research:** There is much we don't know about those who live in deep poverty in Illinois and what systems and circumstances may perpetuate their economic condition. The Poverty Commission must lean on the State's leading research institutions to offer their best understanding of poverty in Illinois, identify knowledge gaps, and pursue areas of research that will lead to more impactful policy.

**Intergovernmental Partnership:** To successfully achieve the ambitious goal of ending poverty in Illinois, no one entity can operate alone. We must work to break down silos among agencies within State government and across the State and local government. In addition, the State must work hand in hand with policymakers in the Illinois General Assembly to design legislative proposals that reflect the needs of those in deep poverty. Government leaders from across the State must work together to keep each other informed and engaged in policies that impact shared constituencies.

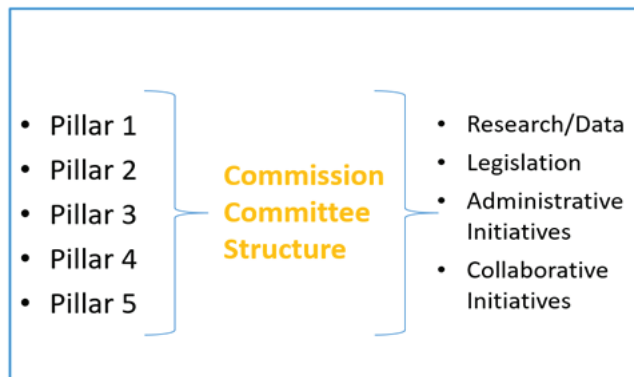
**Support Community Providers:** The Poverty Commission recognizes that the fabric of our safety-net lies in the community providers who reach the residents who utilize services every day. We understand that they can provide essential insights into the needs of the community and are often best equipped to reach those in need. Therefore, the Commission will work with community-based organizations to both design and implement the policy solutions we deploy.

**Community and Philanthropic Support:** The Poverty Commission understands the power that partnering with philanthropy and the private sector can have in advancing innovation and increasing impact. Philanthropy is engaged in deploying thoughtful, well researched solutions to social problems across the State; wisdom and insight that should be used as a guide for State policymakers. Conversely, philanthropy can amplify State investments to ensure even greater financial investment across the state and fund innovative programs that could be scaled with State resources. Further, public-private partnerships have the potential to create win-win opportunities to both support the workforce and increase economic growth if designed appropriately. As we continue this work, we will embrace new technologies, innovative approaches, and funding solutions that are made possible through partnerships between the philanthropic, public, and private sectors.

**Stakeholder Engagement:** The State must ensure that feedback from those who experience poverty in Illinois remains at the center of each recommendation we pursue. Therefore, continued stakeholder engagement across the State is crucial to designing solutions that can truly impact the lives of those in poverty. Because of the diverse experiences of poverty across Illinois, consistent, long-term engagement with residents across the state can help identify barriers, solutions, and effective programming. The Commission will continue the stakeholder engagement used to inform this plan as we move to implement our approach.

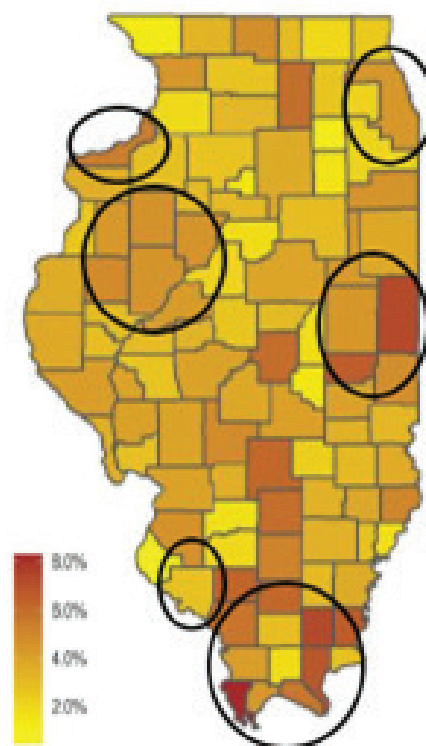
## Commission Implementation Structure

To accomplish this, members of the Commission on Poverty Elimination and Economic Security will break into five subcommittees focused on each of the strategic pillars included in this plan. These committees will work across state government and alongside community-based organizations, businesses, and philanthropy to define the most effective tactics for pursuing poverty reduction under each pillar. They will conduct necessary research to understand systematic barriers and impactful solutions then devise administrative recommendations, legislative proposals, and collaborative initiatives to help achieve each strategy.



## Regional Approach to Stakeholder Engagement

These strategies will be further informed by the establishment of regional advisory committees under the Commission, that can ensure strategies are informed directly by people with lived experience in the variety of areas in Illinois experiencing the greatest impact of extreme poverty. These committees will serve as an extension of the stakeholder conversations that were launched in 2021 through the Poverty Commission listening sessions. These regional advisory committees will be administered by IDHS and provide annual recommendations for the Commission’s consideration.



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