

A Call to Action

Poverty in Knox County, Illinois

A Report from the Galesburg Community Impact Group

Galesburg Area Chamber of Commerce
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December 2008

The Community Impact Study

The Community Impact Study was almost two years in the making. The committee convened monthly and met with representatives from education, social services, the medical community, city and county to gather data on how poverty is affecting our community. The committee consisted of volunteers from different businesses and backgrounds dedicated in learning about poverty in an effort to bring forth recommendations for a better community.

Poverty is a very complex issue and consists of both generational and situational poverty. The intent of this study was only in addressing the impact to the community and to develop recommendations. However, it was only a start. This committee is dedicated to further educating the community on the issue of poverty and has an ongoing mission in trying to minimize the impact of poverty in the future.

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GALESBURG COMMUNITY IMPACT GROUP

Purpose

The Galesburg Community Impact Group was convened through the Galesburg Area Chamber of Commerce in March of 2007 for the purpose of completing a study of the impact of increasing poverty levels on community resources. Specifically, as it relates to individuals and families displaced from larger cities, and situational poverty resulting from economic changes within the local community.

Mission

The mission of the Galesburg Community Impact Group is to determine the impact of local poverty on the demand for services imposed on our local service agencies.

Objectives

1. Determine if this demand has increased over the past decade.
2. Learn if the emphasis for various services has changed over time.
3. Learn how funding decreases have impacted the agencies
4. Learn what services have changed, or been reduced, due to lack of funding.
5. Determine if inflow of displaced individuals from large cities has impacted demand for services; how have agencies responded?
6. Learn how agencies will respond to future demands.

Committee Members

- Larry Cox
Director of Public Works, City of Galesburg
- Joel Estes
Assistant Superintendant of Curriculum, Community Unit School District #205
- Michele Fishburn
Director of Community Health Improvement, Knox County Health Department
- Bonnie Harris
Knox County Regional Superintendant of Schools
- Karen Kistler
Tower IRG and Chair, Human Relations Commission
- Karen Lafferty
5th Ward Alderman, City of Galesburg
- Curt Lipe
Chief Financial Officer, OSF St. Mary Medical Center
- Bob Maus
President, Galesburg Area Chamber of Commerce

- Lindsey May
Captain, Galesburg Police Department
- Judy Radakovich
Leadership Greater Galesburg
- Rick Sundberg, Committee Chair
Bullis and Sundberg Insurance
- Pam Van Kirk
Director, Galesburg Public Library

Course of Action

Phase 1: Assessment: It was decided that the Community Impact Group would hold roundtable discussions with community agency staff on how local poverty levels have affected demand for services offered by their agency. Discussions were held with agency staff from the following service areas:

1. Public Housing;
2. Education;
3. Public Safety;
4. Health Care; and
5. Human Services.

Upon completing these discussions, Group members would collectively compile the gathered information for public use and presentation. The Group determined that its purpose was not to draw conclusions based on the presented information; but, rather to present the resulting data in a collective manner to provide a snapshot of the current status; providing suggestions for improvement.

Reports, data, and graphs from individual roundtable discussion are contained in the appendices of this document.

Phase 2: Dissemination of Information: Upon conclusion of Phase 1, the Group will begin presentation and distribution of the Report to the Community. These efforts will include publication of the Call to Action Report and physical distribution efforts to community organization and agencies. Additionally, presentations of data and suggestions for moving forward will be provided to local groups throughout the Knox County Community.

Copies of the A Call to Action – Poverty in Knox County, Illinois will be available through the Galesburg Area Chamber of Commerce; as well as being posted on its website All agencies and organizations who participated in roundtable discussion were provided a copy of information contained in this publication.

Phase 3: Implementation: After information is disseminated to the community it would be up to the Galesburg Community Impact Group, as well as other agencies and organizations within the community, to take up the call to action and determine what steps should be taken to reduce the impact of poverty on the community and ensure that local demand for services are met. The Galesburg Community Impact Group will continue to meet on an as needed basis to drive established community efforts.

GROUP SYNOPSES

Public Housing Presentation

July 17, 2007

Presenters:

Don Tomlin

Margie Hulick

Knox County Housing Authority

Margie Hulick led discussions regarding federal funding of voucher and Section 8 assistance which was stated as not always beneficial to local housing authorities.

In Chicago, not enough replacement housing was constructed when Cabrini Green and similar rental housing was razed resulting in many families being displaced and unable to locate in that Chicago metro area. (Chicago Housing Authority eliminated 18,000 apartments; constructed 6,000 new units, and issued 4,500 rental assistance vouchers)

It was noted that only 25% of the new assistance housing is occupied by former Cabrini Green and similar housing residents; 60,000 people were not accommodated in Chicago and the waiting list for assistance in Chicago is extensive.

One major concern is the portability of vouchers; vouchers are good everywhere in the Country for both private and public units.

The Knox County Housing Authority owns approximately 190 family units, 51 units in Abingdon, and 190 Senior Units (e.g. Moon Towers); which are subsidized by HUD. Recipients of these vouchers pay 30% of their income and the remaining balance is subsidized.

Knox County Housing Authority has the authority to issue an additional 280 vouchers for rental housing. The Housing Authority operates on a budget-based system for issuing vouchers because some vouchers are more costly to fund (e.g. family leaves the area and resides in a larger city at a higher cost). This draws a larger amount of funds away from Knox County as often costs to rent in larger cities is three times that of Knox County units.

There is pending legislation that Congress is considering that will require the receiving authority to absorb transferring voucher costs rather than the issuing authority.

All recipients must meet Federal/Local Poverty Level Income Guidelines; 60-70% of recipients in Knox County fall in the lowest poverty level income categories.

Some allowance is made for locally established preferences; Knox County residents have preference; however, if the unit is not filled outside recipients can move reside in the open units (e.g. Chicago, St. Louis).

Section 8 Housing:

- › Moon Towers (high-rise); Galesburg, IL
- › Bluebell Tower (high-rise); Abingdon, IL
- › Iowa Avenue
- › Iowa Court
- › Michigan
- › E. Knox County Housing Authority
- › West South Street
- › Berrien Street
- › McKnight Street

KCHA owned: not on the low-income program (the properties are not federally subsidized)

- › Prairieland Townhouse Apartments; Galesburg
- › Brentwood Manor Apartments; Galesburg

No rental unit is compelled to accept vouchers; however, renters cannot be turned down because they receive housing assistance (housing discrimination).

Education Presentation

May 9, 2007

Presenters:

Community Unit School District #205

Tom Chiles, Principal, Galesburg High School

Susan Crawford, Director of Special Education

Joel Estes, Assistant Superintendent, Curriculum and Instruction

Carry Jacobson, Principal, Steele Elementary School

Diane VanHootegeem, Director of Human Resources

Paul Woehlke, Assistant Superintendent, Finance

Led by Joel Estes, the District #205 Panel explained the time that is spent to address the needs of children who have moved from school to school. It was noted that more families than ever have arrived from Chicago this year; some have already moved back. Much intervention is required and most of the families have no established community ties. The school system lacks the resources to cover all needs. At the elementary level, Steele, Nielson and King experienced the most impact.

Susan Crawford advised that the special education population has been increasing over the last five years, partially attributed to relocations. Significant medical and legal problems have arisen. Carrie Jacobson reported that mobility has become a huge issue: 47% of the Steele student population has moved in or out of the school this year. This includes moves between Galesburg housing units and moves to and from our community.

Tom Chiles noted that Galesburg High School experiences many of the same problems faced at the elementary level. Many transferees come unprepared to handle standard class work at their grade level. Transfers bring different cultural norms and expectations to the school

environment. PSAT test scores are negatively impacted by transfer students. The graduation rate of low-income students falls below the standards of the No Child Left Behind Act. The free and reduced lunch program is now 56% of the student population.

Diane VanHootegeem advised that the percentage of Silas Willard students living in poverty in 2002 was 19%; today it is 43%.

Paul Woehlke discussed the difficulties the District is experiencing financially. Our state aid formula, however, is trending upward due to our declining average family income figures, which does allow for some additional funds to address these issues.

The panel expressed serious concern with conflicts that exist between bureaucracies which are at odds and directly impact school districts like Galesburg. As an example, the State of Illinois has the least equitable school funding system in the nation. There are suburban Chicago school districts which receive enough revenue to spend more than \$20,000 per pupil to educate the students. There are also school districts in the State that receive only enough to spend roughly \$5,000 per pupil. The State of Illinois average expenditure per pupil is \$9,488. Galesburg receives enough funding to spend \$6,781 per pupil, putting the District at the lower end of the school funding spectrum. While Galesburg has fewer resources, the District is expected to do more. With a low income rate of 54.5% poverty, the District serves the needs of an increasingly disadvantaged student body and community. This situation is exacerbated by the Federal Department of Housing and Urban Development Section 8 Rental Voucher Program. Families from other housing authorities in the State (primarily Chicago) relocate to available public housing here in order to earn a private housing voucher to be used in their original locale. Many of these families transitionally locate here for one or two years availing themselves of local resources. These resources obviously include the local school district. Students in these families typically require additional services when entering Galesburg schools. This creates additional tension on an already strained and under-resourced school budget.

The Panel advised that school safety is an ongoing and growing concern for many schools. While data shows that there has actually been a trend of decreasing violence in schools nationwide, there has also been the perception that school violence is increasing. Well publicized events like Columbine and Virginia Tech have gone a long way toward proving the axiom, *"Perception is reality"*. As a result, financial resources, on national, state, and local levels, are being redirected to address behavior and safety problems in schools.

A variety of preliminary proposals were discussed by the group and included:

- Need to engage legislators
- Further communication with other cities experiencing these problems
- Address Section 8 eligibility requirements
- Advocate equity in school funding
- Increase funding for outreach/truancy workers
- Develop welcome services for relocating families

Supporting data was presented by the Panel and is included in the appendices.

Public Safety Presentation

July 11, 2007

Presenters:

Captain Lindsey May

Galesburg Police Department Officer's Panel

Captain Lindsey May led a panel discussion from five members of the Galesburg Police Department regarding crime statistics and poverty. This was supplemented by a time line of significant economic events affecting the community and a power point presentation on crime statistics over the time line.

Panel members responded to a series of five questions posed prior to the meeting. Following presentations, Study Group members questioned the panel on a variety of topics, including the effect of families moving to our community to occupy public housing.

Officers assigned to patrol public housing believed that most transient families are trying to improve their lives and are not involved in criminal activity. However, the associates they sometimes attract do create problems and commit crimes.

The officers highlighted significant dates which impacted the Galesburg Area since 1983; including:

- ... 1983: OMC Closure
- ... 1984: Mental Health Center Closure
- ... 1986: Henry C. Hill Correctional Center Opening
- ... 1989: Appearance of crack cocaine
- ... 1995: Meth arrests begin locally
- ... 2002: Appearance of local meth labs; Joe Davis death (8 meth labs in 10 days)
- ... 2004: Maytag Closure
- ... 2005: Butler Closure

The panel provided examples of poverty and crime related issues including domestic concerns, referrals to DCFS and Crisis Intervention, reports of theft, burglaries, and drug arrests. Additionally, they discussed trends recognized by local law enforcement; such as:

- ... Increased drug use
- ... Increased domestic issues
- ... Increase in the number of uninsured vehicles
- ... Increase in thefts
- ... Drug and theft relationship in almost all crimes
- ... Henry Hill Correctional Center influence on drug traffic in Galesburg
- ... Poor neighborhoods often have more crime and drug traffic

Local law enforcement panel also discussed what other issues have influenced crime and poverty at the local level, noting the lack of jobs and good jobs, education, school funding issues, breakdown of the family unit, absentee fathers, and the HUD housing concerns which are displacing families from Chicago.

The panel noted that increased poverty leads to an increase in certain crimes, although not everyone living in poverty commit crimes, some work hard and live with less; however, impoverished neighborhoods can be breeding grounds for criminal activity. Improving the status quo would include providing better opportunities for individuals to help themselves, the creation of new, higher paying jobs, tax incentives to businesses, increased tourism for the community, more educational opportunities, and an expansion of the railroad and transportation infrastructure.

Further study of the time lines and data appeared to reveal that there is no distinct correlation between plant closings, the presence of the Correctional Center, increased poverty and significant increases in crime. Most increases in criminal activity occurred when various types of drugs were introduced to the community. It was also noted that 10% of the population account for 90% of the crime.

Health Care Presentation

Primary and Preventative Health Care Services
October 16, 2007

Presenters:

Curt Lipe, CFO, OSF St. Mary Medical Center
Mary Michalek, CEO, Galesburg Clinic

Led by Curt and Mary, the Study Group discussed the impact of poverty on the area health care system, specifically at OSF and the Clinic. Central to the discussion was the impact of uninsured or under insured users. The group reviewed medical usage at the hospital from FY 2003 through FY 2007 for those individuals covered by Medicaid only, which provides reimbursement at 28% of the billed amount. Emergency room usage is highest among this group, which is the most expensive and least efficient location for non-life threatening services. A significant share of the hospital budget is allocated for charity cases, which attempts to offset uninsured or under insured care; \$1.8 million was provided in charity care in FY 2007, \$2.8 million is projected for FY 2008, and \$3.3 million is budgeted for FY 2009."

It was noted that the level of Medicaid reimbursements and uninsured costs dramatically impact overall medical costs to all. The lack of preventive care among the uninsured is another important cost factor.

The Community Health Clinic also serves uninsured patients.

The Galesburg Clinic has also experienced an increase in public assistance cases, with the trend accelerating following the departure of Maytag and the closing of Butler. Even some employed individuals must select between contributing to an employer health plan and purchasing other living essentials.

There is a shortage of health care providers in our community, coupled with changing expectations of new physicians (e.g., desire for shorter work week, less commitment to facility they serve, etc.)

Further discussion highlighted the following concerns:

- Community Free Clinic is needed for uninsured
- Transients don't have a relationship with a local primary care physician
- Need to expand primary care services
- Affordable medications
- Patient education; e.g., how to properly use the health care system
- Life style choices
- An aging population

Mental Health Service
March, 2008

Presenters:
Bridgeway, Inc.

The Study Group also requested information on the impact of poverty on mental health needs and services as well. Bridgeway, Inc. provided that data in a written report to the Group summarized below; the full report is contained in the Appendices of this document.

The demand for human services has remained fairly constant but the State of Illinois has changed how they fund us making it more difficult to meet the broad human services needs of the citizens in west central Illinois.

The primary emphasis is on serving the sickest and poorest people, those with disabilities, and those who receive Medicaid. This narrowing view has resulted in some individuals not qualifying for services or having to wait very long periods to get services. For persons with mental illness, Bridgeway has made great efforts to build new residences to allow people to move from institutional settings into community settings in our neighborhoods. These are primarily HUD funded facilities and consumers must meet stringent HUD guidelines, thus many individuals in need of supported housing are denied due to economic reasons, criminal backgrounds, substance abuse, etc.

Bridgeway has been greatly impacted by the changes in funding and are currently at jeopardy of losing up to \$185,000 this fiscal year. Illinois is converting away from a grant based system of funding to a fee-for-service system of care. In a grant-funded system, organizations such as Bridgeway get a set amount of money from the state each year for services/programs, such as Residential, Case Management, Psychiatric, Crisis Services, etc. and we get a 1/12 payment each month. Grant funding is reliable money coming to us each month to pay for our staff, buildings, and program costs, all of our expenses. In a fee-for-service (FFS) world, organizations are paid for providing a service, a fee for each service provided. For example, if you see a therapist for a counseling session, a fee is generated for that service and we are paid by DHS, Medicaid, Medicare, insurance, or self pay. In a FFS system, organizations are paid *after* the service is provided. With Medicaid funded services,

Illinois receives matching funds from the federal government. For every dollar that the state of Illinois spends on Medicaid services the federal government will reimburse the state 50 cents, a 50% match.

Bridgeway has seen reductions in Outpatient Therapy services, vocational services for our more severely impaired mentally ill consumers, elimination of Assertive Community Treatment (ACT) Services, a best practice model of care for persons with serious mental illness. A positive change is that we are now able to provide long term supportive vocational services for persons with mental illness who have achieved competitive employment or have community employment as a goal.

Another significant change that has occurred in recent years is an increase in external oversight of our services. Almost every week we have some external body auditing/surveying our many services to ensure that standards are being met, services are being billed properly, consumers are being treated properly, etc. The standards we must now comply with are much more stringent requiring precise and often extensive documentation and staff must be properly credentialed for most of our behavioral health services. Administrative costs have increased as staff turnover is higher, and staff require more training, quality assurance reviews are much more extensive to ensure that documentation requirements and outcomes are met. Staff feel the increased pressure of meeting performance standards and feel a sense of loss that human services work is not as rewarding with an ever growing emphasis on "meeting the numbers."

Human Services Presentation

Knox County Human Service Council
November 13, 2007

Presenters:

Rhonda Brady, Knox County Area Project
Sue Cunningham, Big Brothers-Big Sisters
Sue Schurke, Representative Phil Hare's Office
Pamela Williams, Department of Human Services

The demand for services has increased over the past decade with more uninsured and/or underinsured families since the departure of Maytag and Butler's and the downsizing of Gates Manufacturing.

The emphasis for various services changed over time and the emphasis on health care is moving to outpatient care. Additionally, there is a greater use of the emergency room as the first point of contact for medical care instead of through a primary care physician.

Funding decreases have impacted the agencies, OSF provided \$1.8 million in charity care in FY 2007, \$2.8 million is projected for FY 2008, and \$3.3 million is budgeted for FY 09. The hospitals are receiving \$0.28 on the dollar payment for Medicaid claims, with a wait period of 6-9 months before payment is received.

Services have changed or been reduced due to lack of funding; there is a growing shortage of health care providers in our community. Additionally, the expectations of the new physicians have changed. They desire shorter work weeks and have less commitment to the facility they serve.

It is unknown if the inflow of displaced individuals from large cities have impacted demand for services since it is difficult for the hospitals to determine who is from the local area and who is coming from other areas. However, in order to provide services for the uninsured, often a PA will see the patients when a doctor is unavailable.

Agencies will respond to future demands as needed, a free clinic would relieve some of the burden. As transients don't have a relationship with a primary caregiver, expanding the availability of primary care could be beneficial.

Additionally;

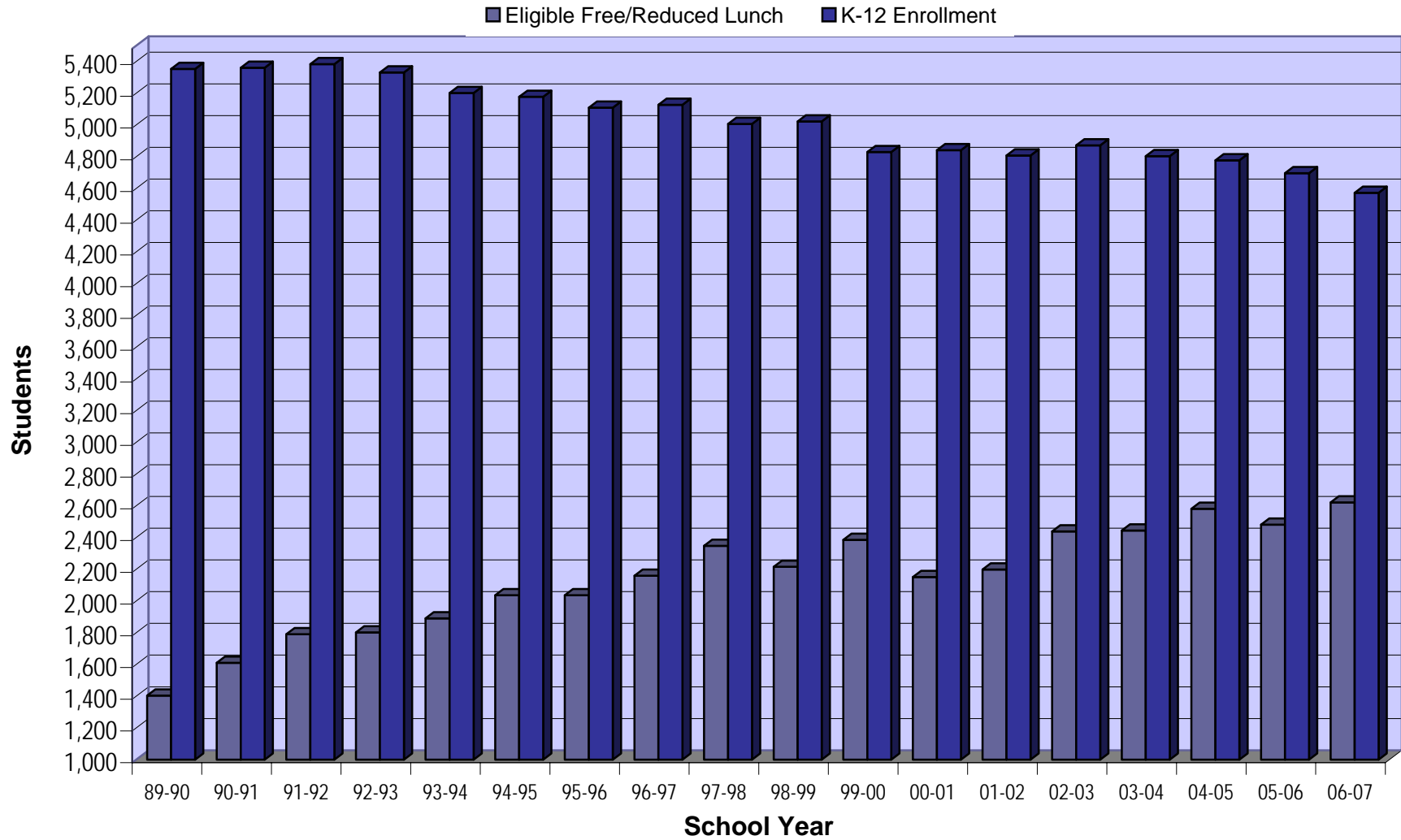
- Human Services providers are seeing some transients causing problems.
- Gaps in service needs include therapists, financial assistance, parenting aid, follow-up services and mental health.
- Part of the solution is individuals knowing the agencies and services are available.
- There are a growing number of uninsured/underinsured users of the health care system which has a very negative impact on the facilities providing the services.
- There is a definite lack of preventive care among the uninsured. This has caused a dramatic increase in emergency room visits.
- The level of Medicaid reimbursements and uninsured costs are significant factors in the overall medical costs to all individuals.
- Transients do not have a relationship with a primary care physician.
- The Community Health Clinic, at the Knox County Health Department, serves uninsured patients.
- Patient education is needed, not only in how to appropriately care for ones self, but how to properly use the health care system.

RECOMMENDATIONS

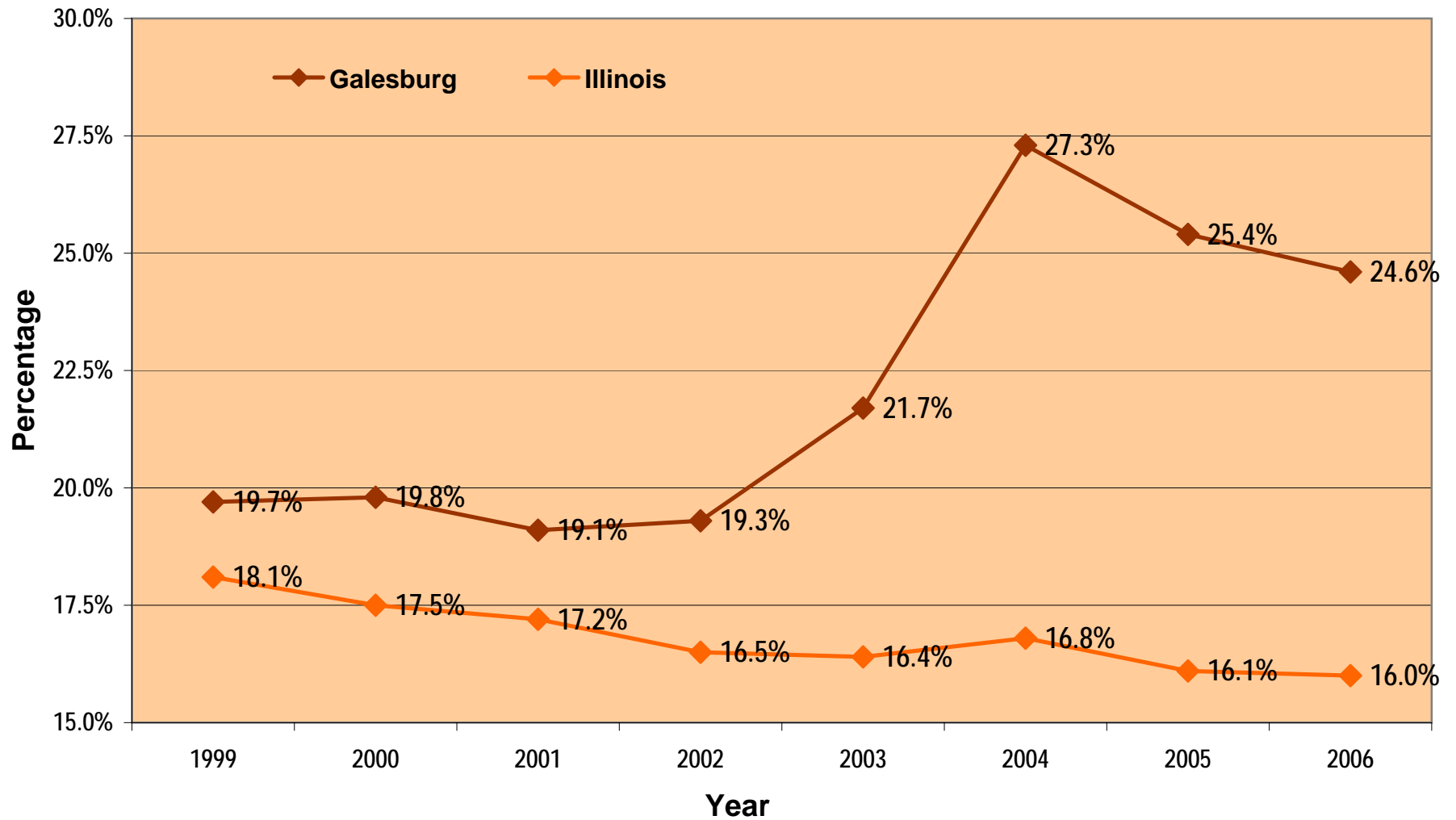
1. Establish a moratorium on zoning for new multi-family housing within the City of Galesburg.
2. Apply for Federally Qualified Health Center (FQHC) status for the Knox County Community Health Clinic as a mean to reduce health care costs by increasing the availability of primary and preventative health care and reducing the inappropriate use of hospital Emergency Departments.
3. Develop rules and regulations monitoring and governing the status of multi-family housing units in the City of Galesburg.
4. Address with local State of Illinois legislators equitable state and federal funding to schools throughout the State of Illinois.
5. Revert current zoning status of multi-family housing to single family housing; grandfathering in existing units/homes.
6. Review the advantages of establishing an ordinance mandating the maintenance of multi-family housing units.

Appendices

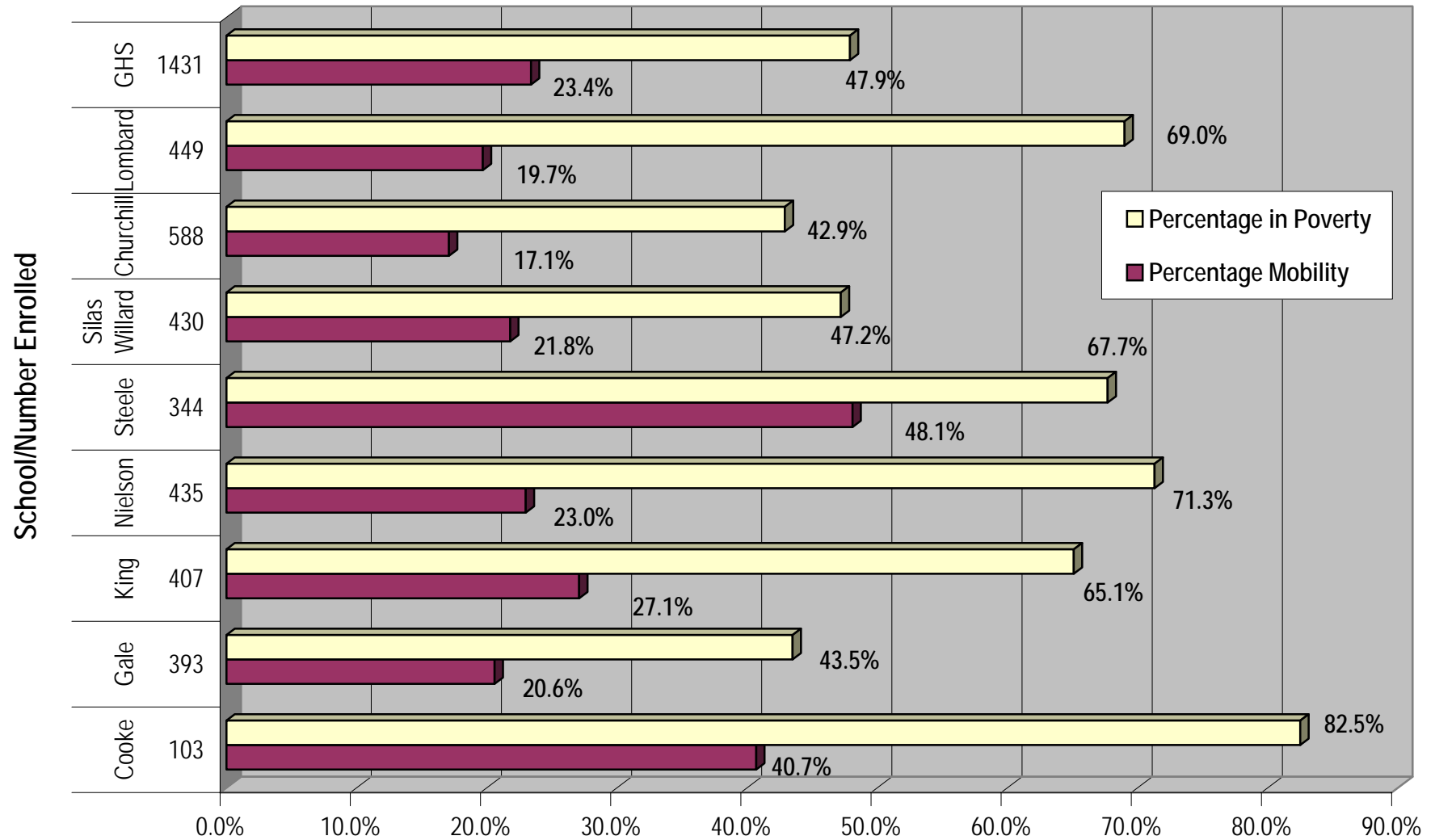
District 205 Free/Reduced Lunch as a Percentage of Enrollment



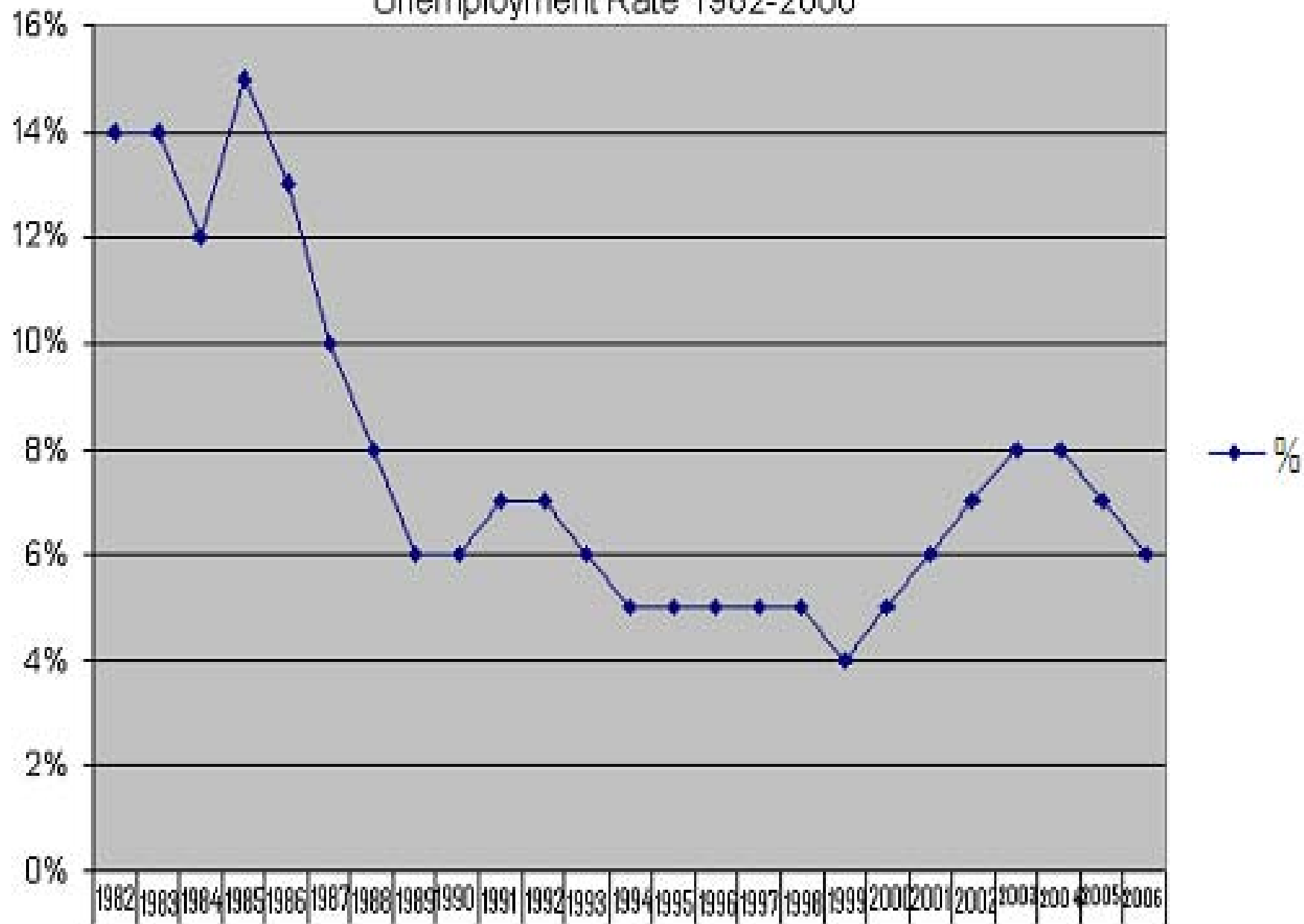
District 205 Student Mobility Vs. State of Illinois

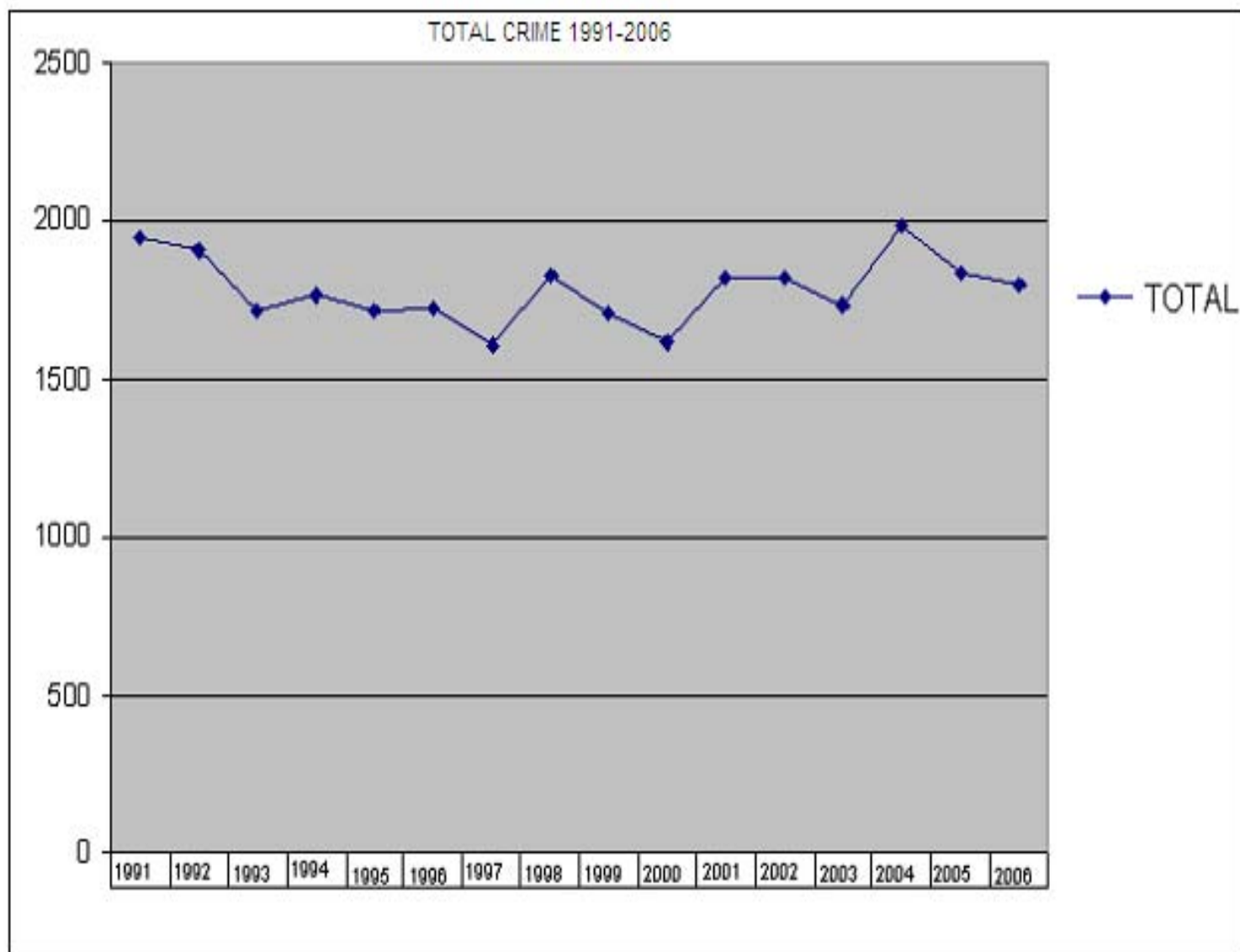


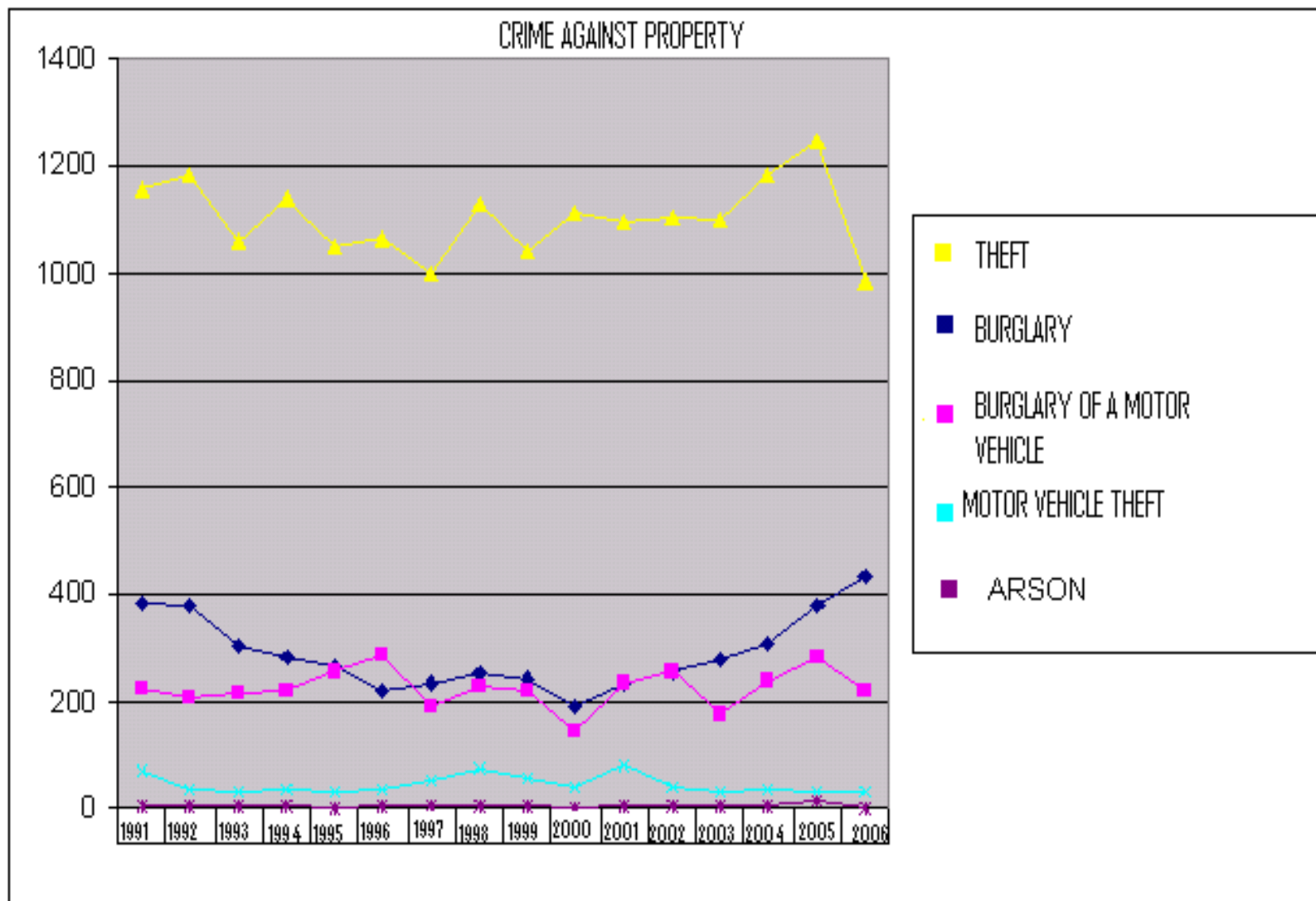
District 205 2007 Mobility/Poverty Percentages



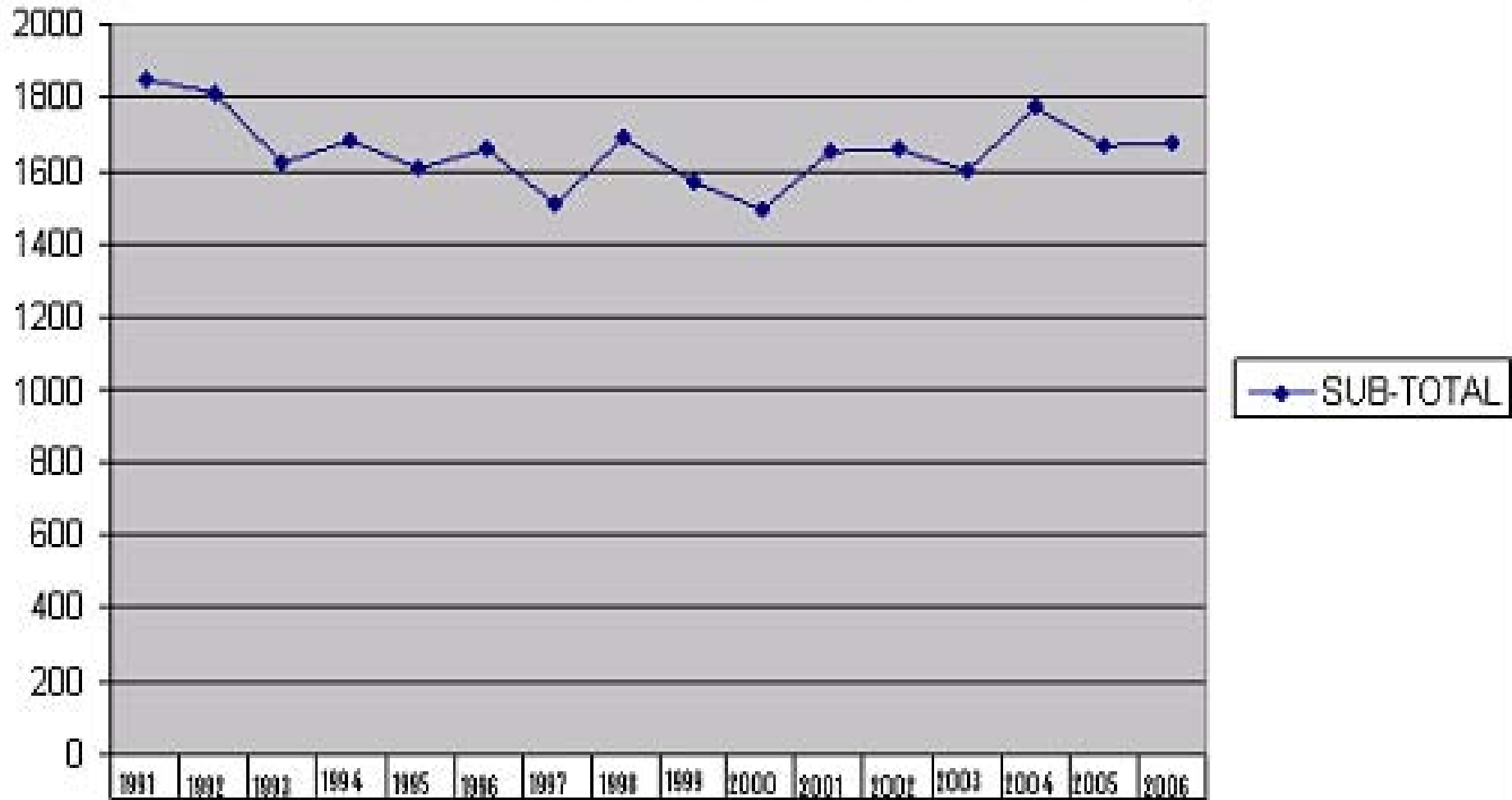
Unemployment Rate 1982-2006



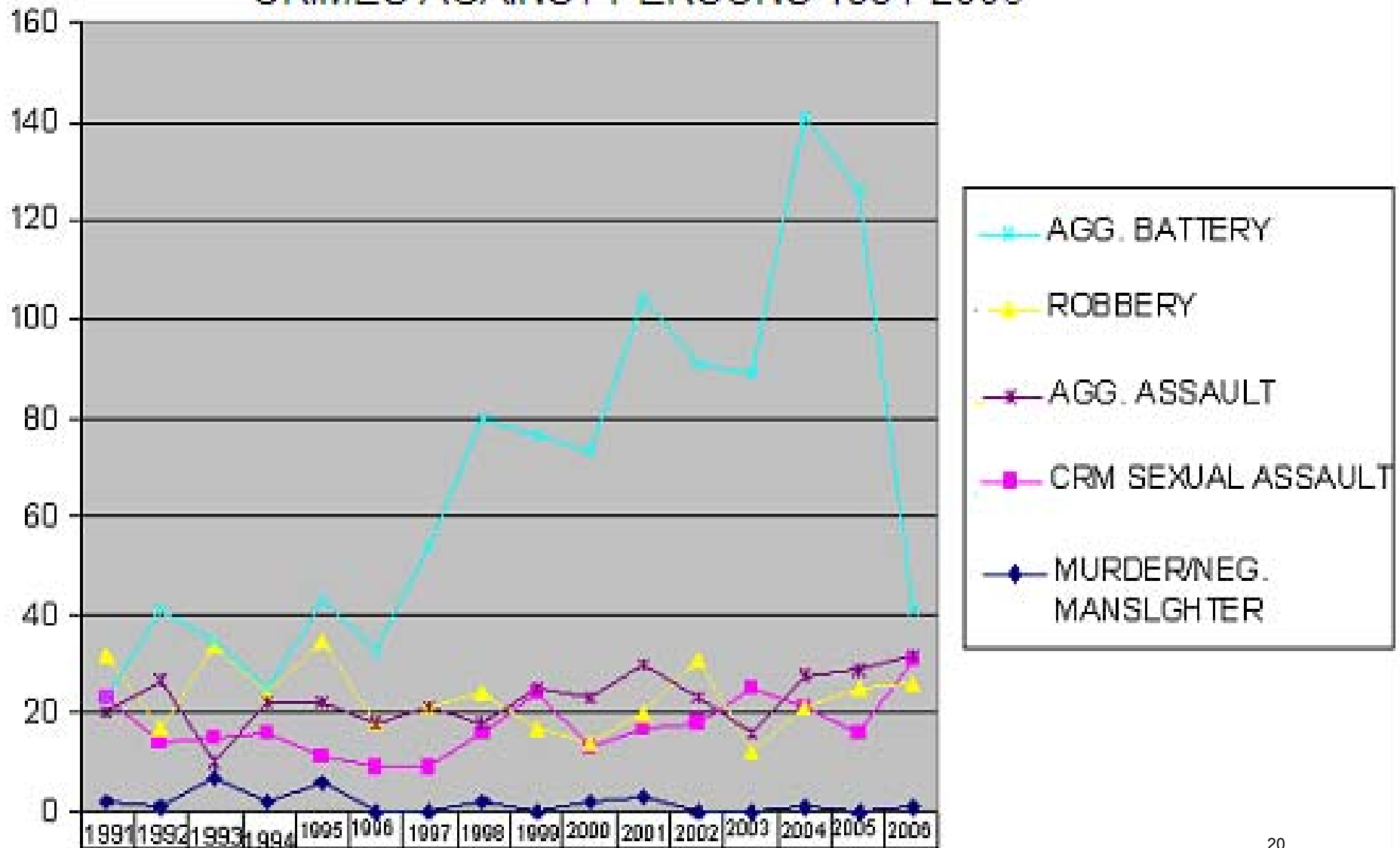




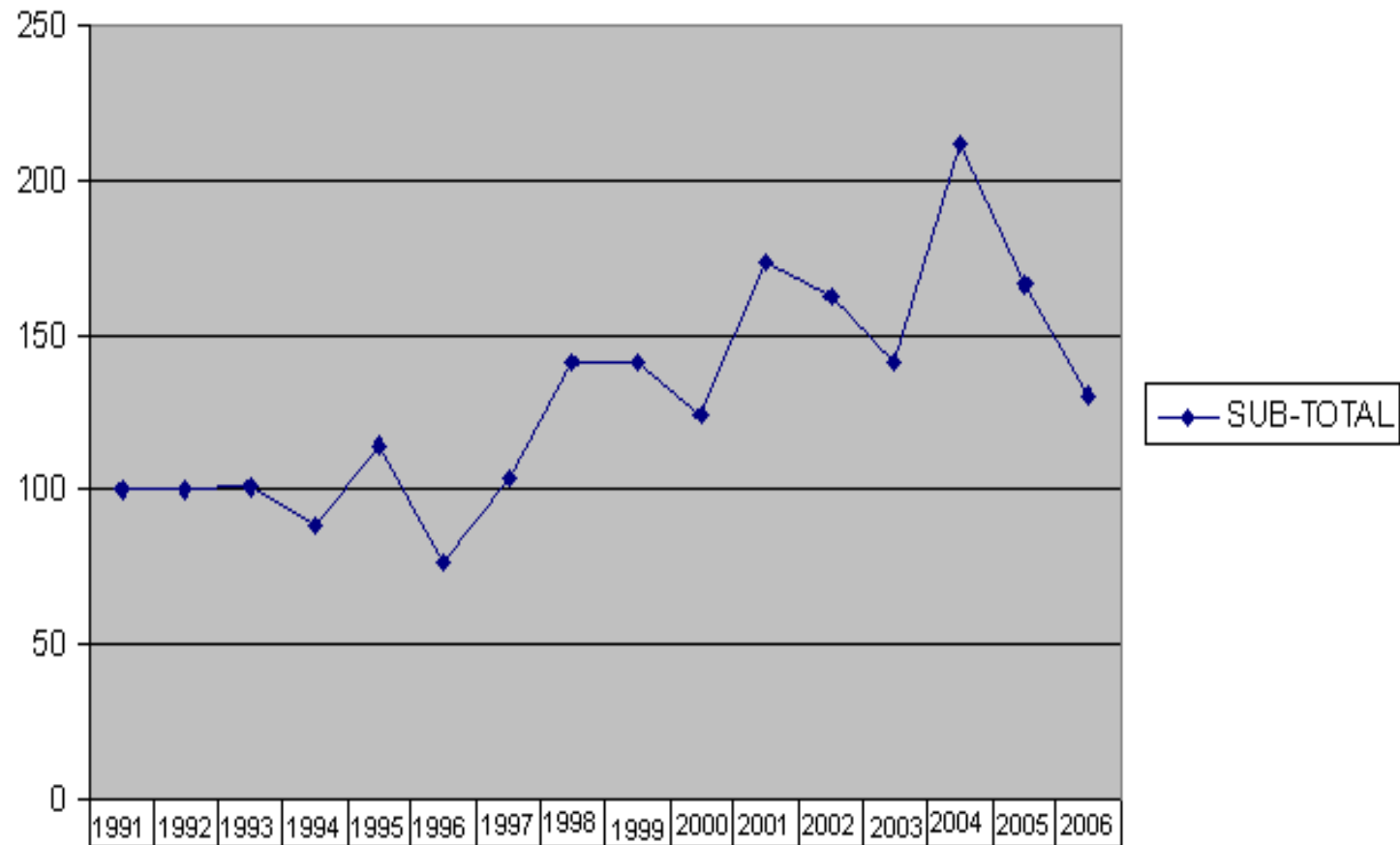
TOTAL CRIME AGAINST PROPERTY

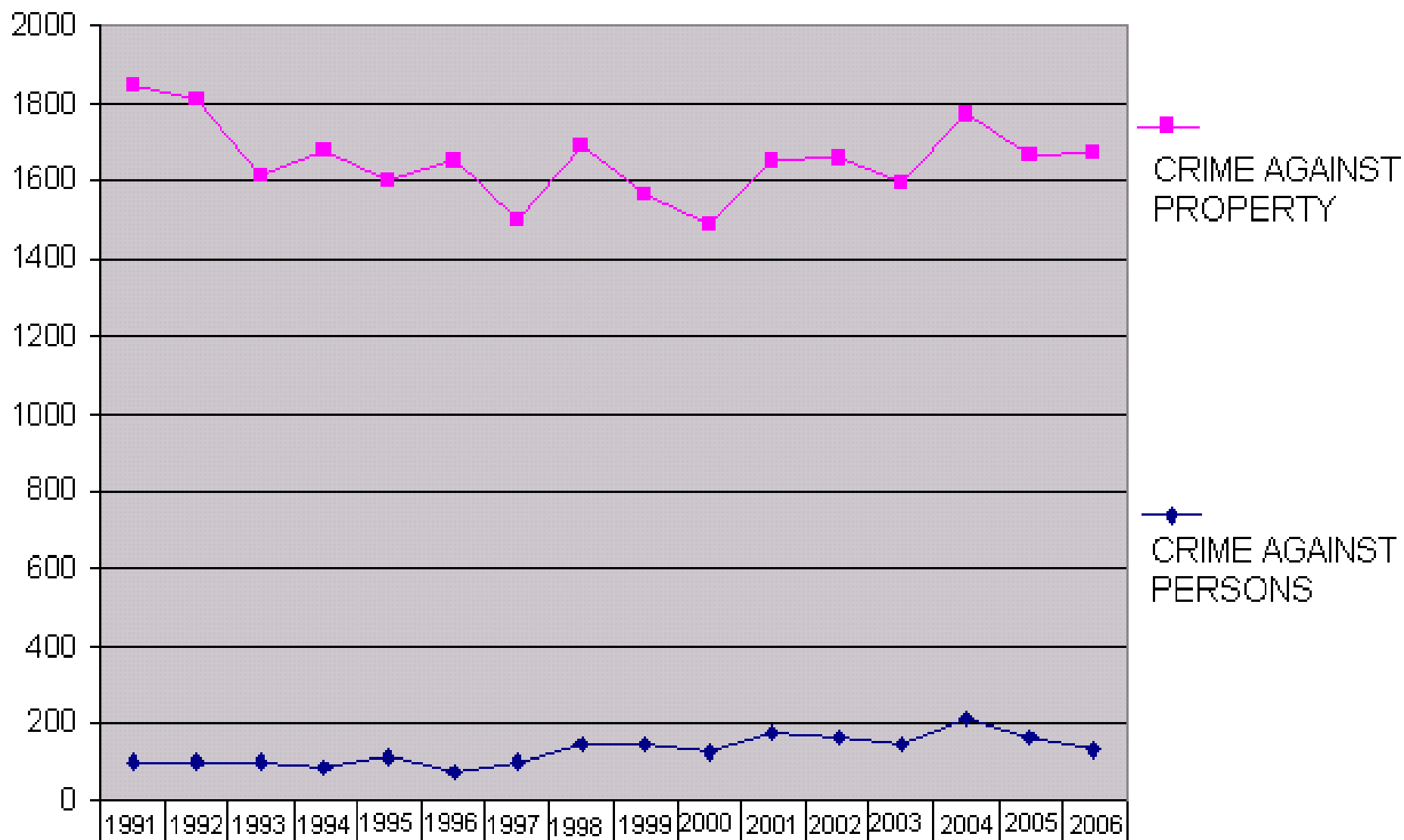


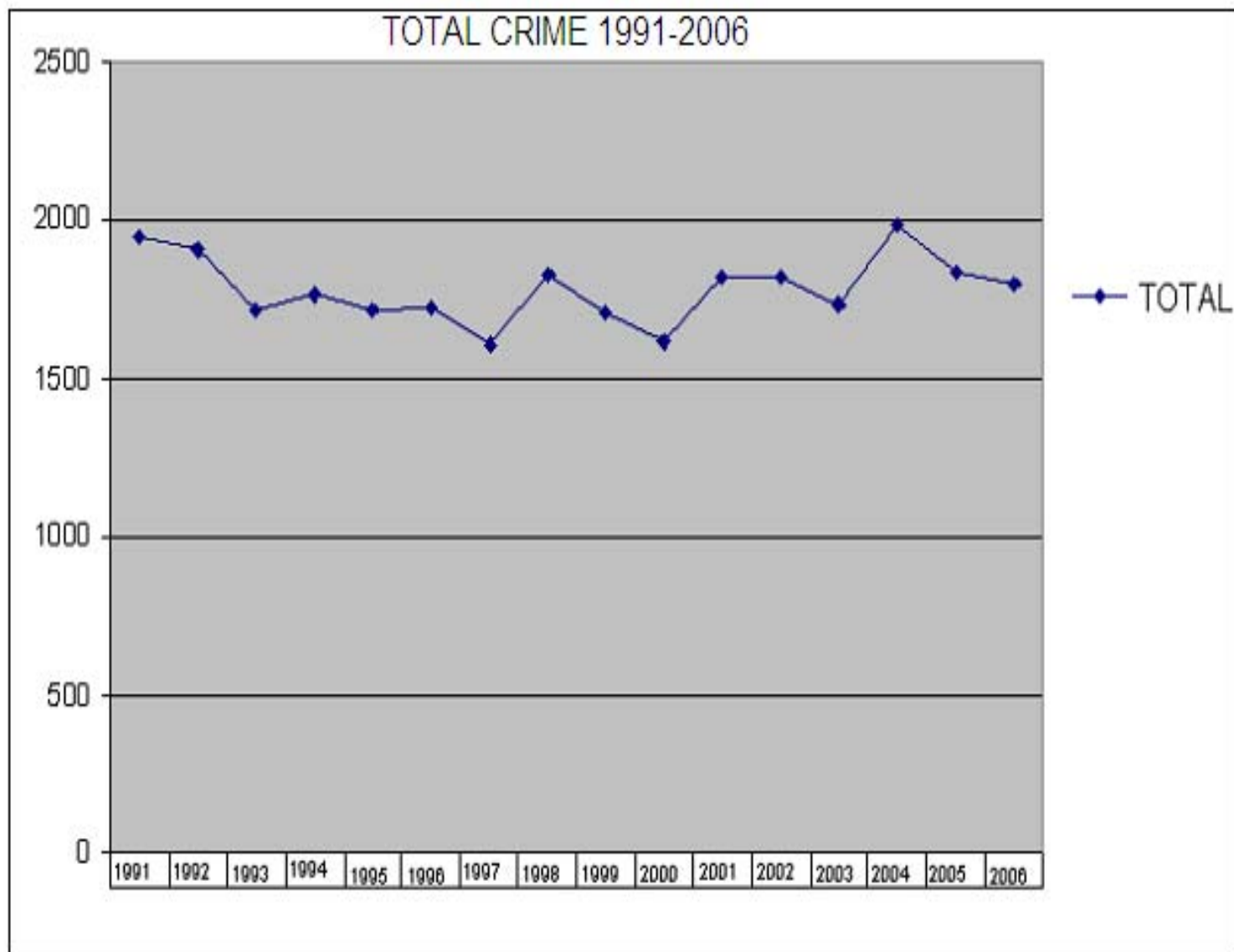
CRIMES AGAINST PERSONS 1991-2006

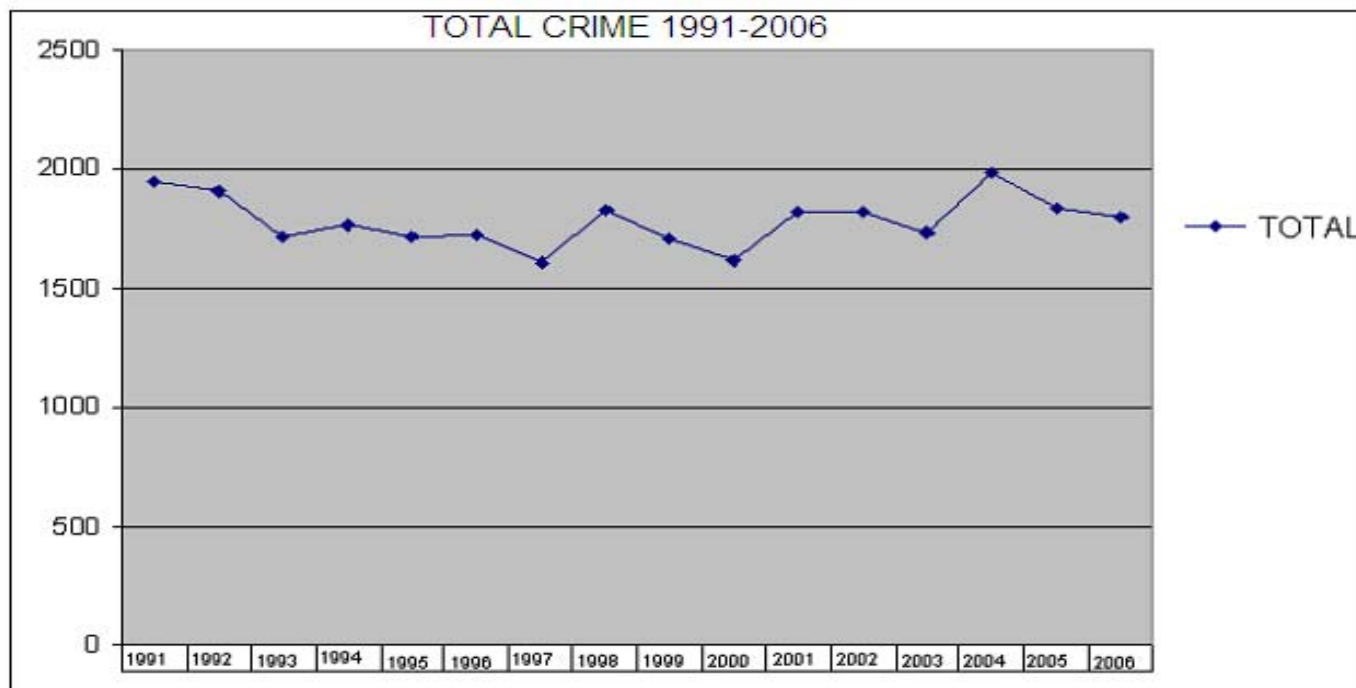


TOTAL CRIMES AGAINST PERSONS

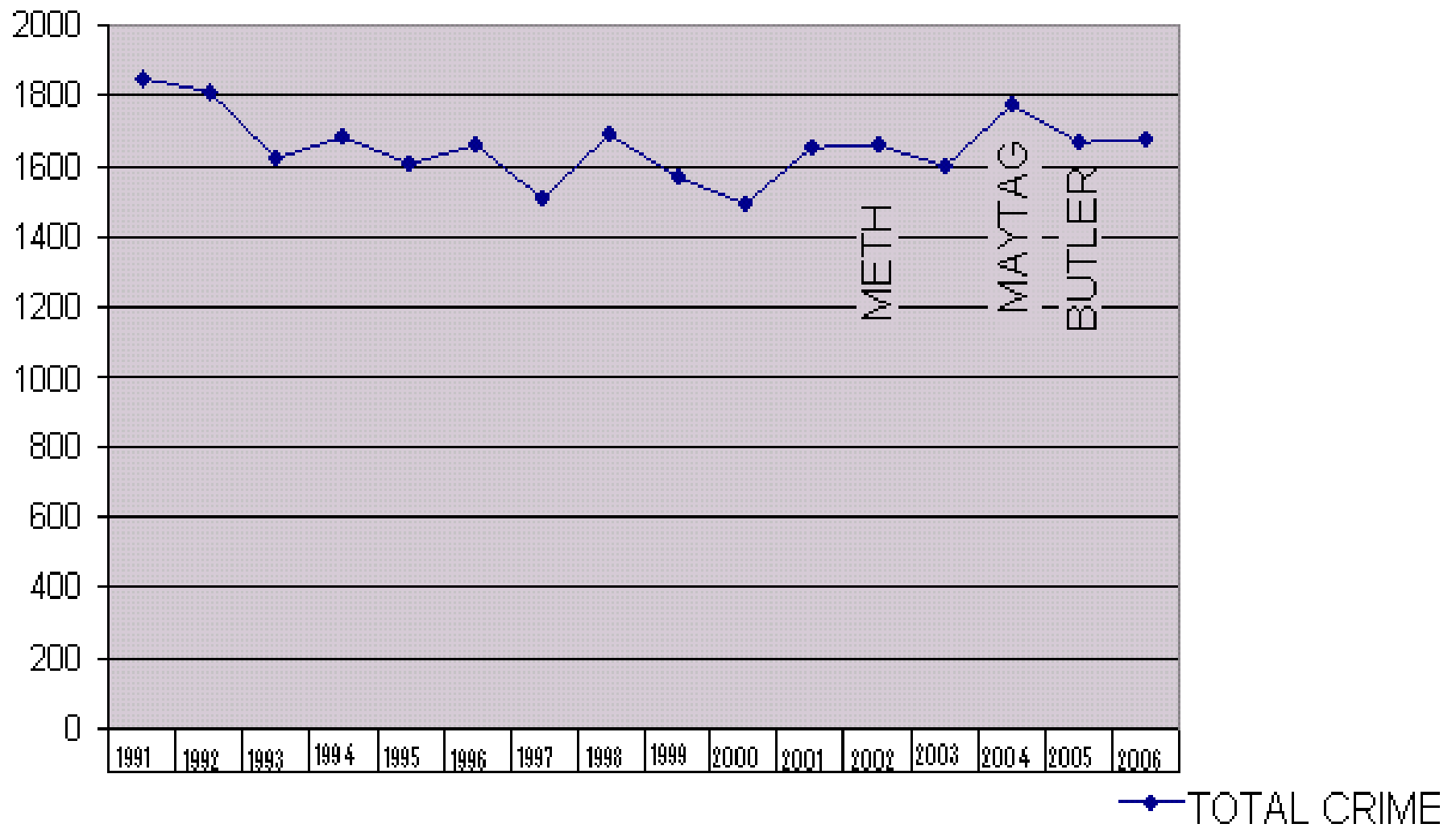




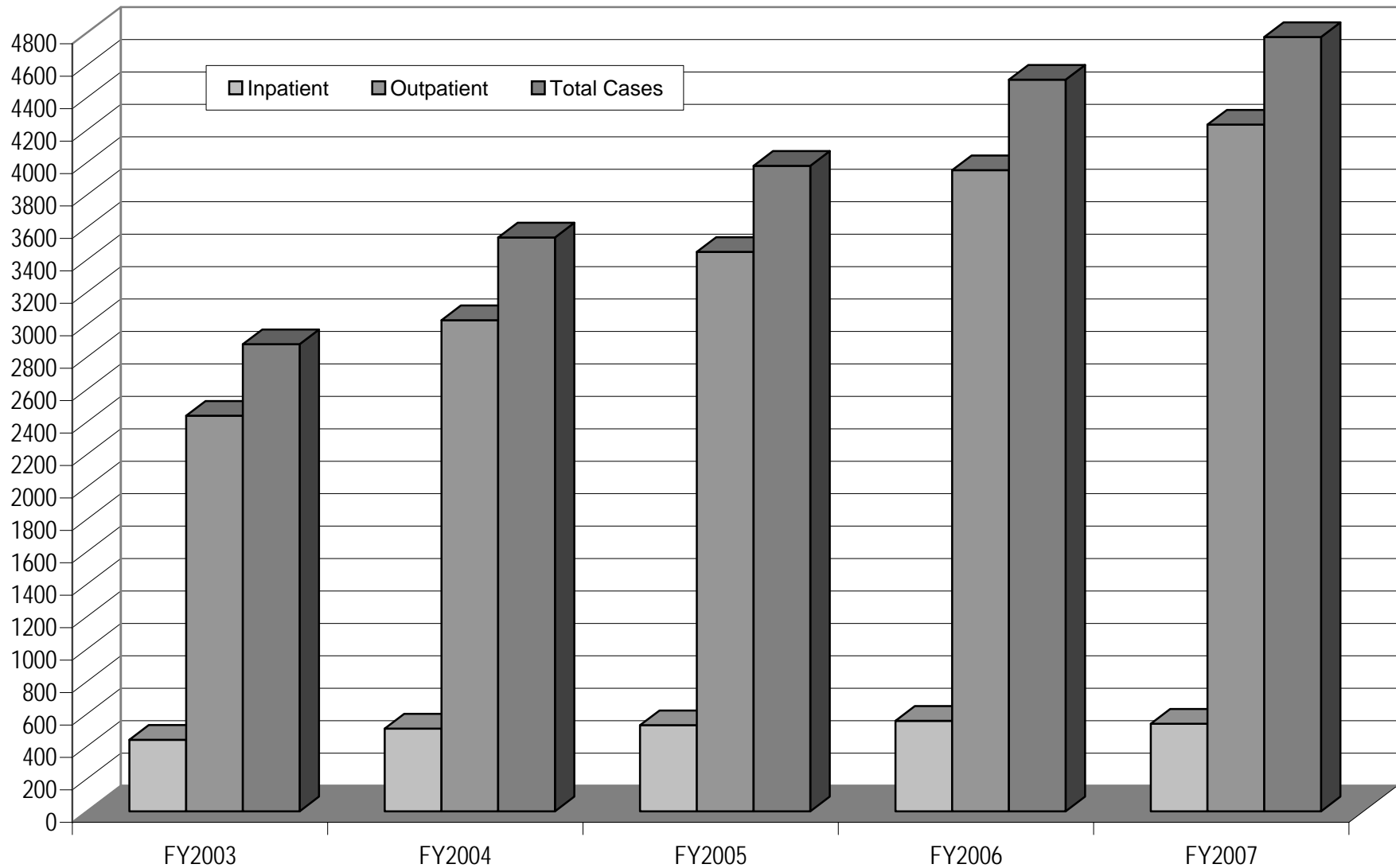




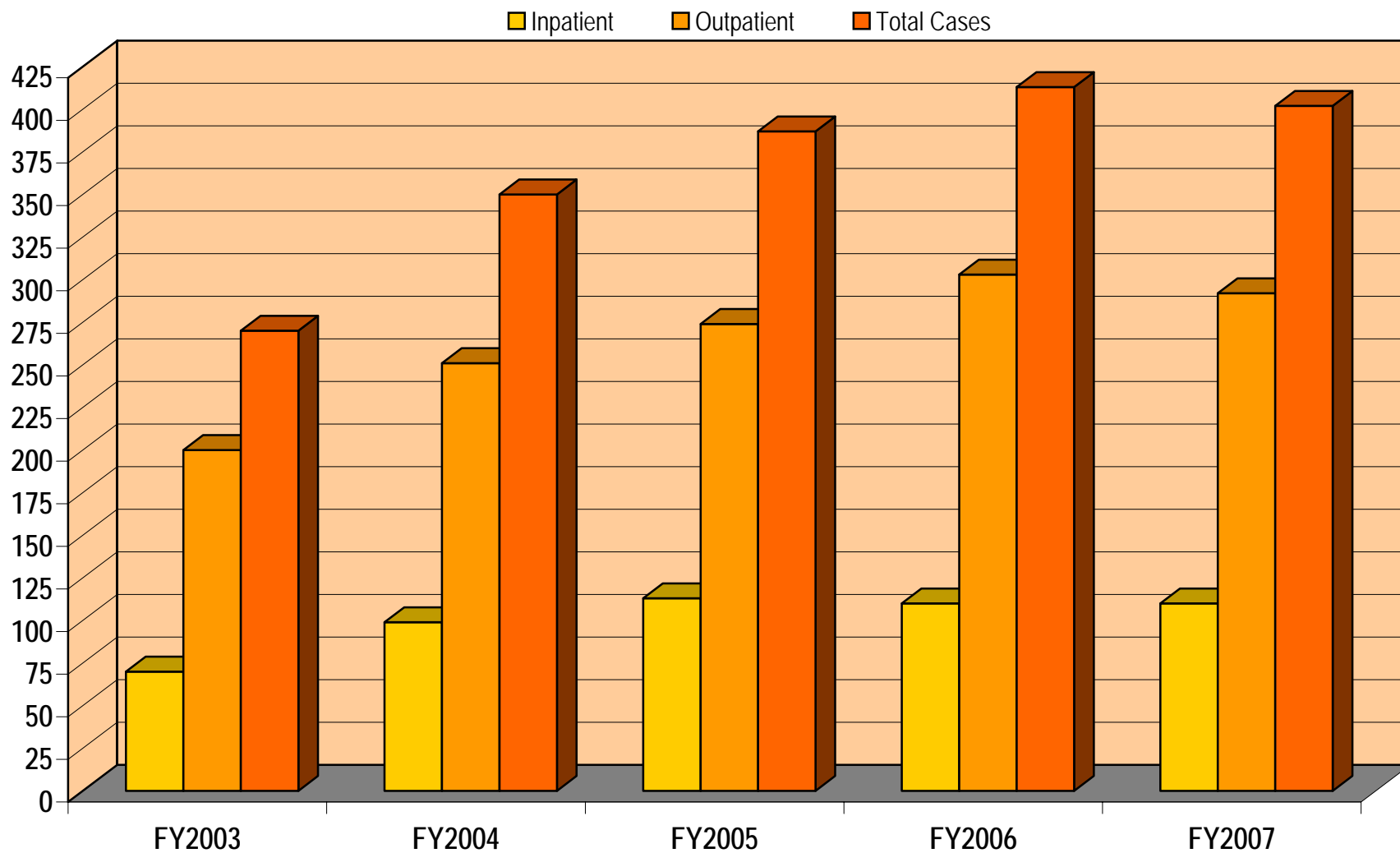
TOTAL CRIME 1991-2006



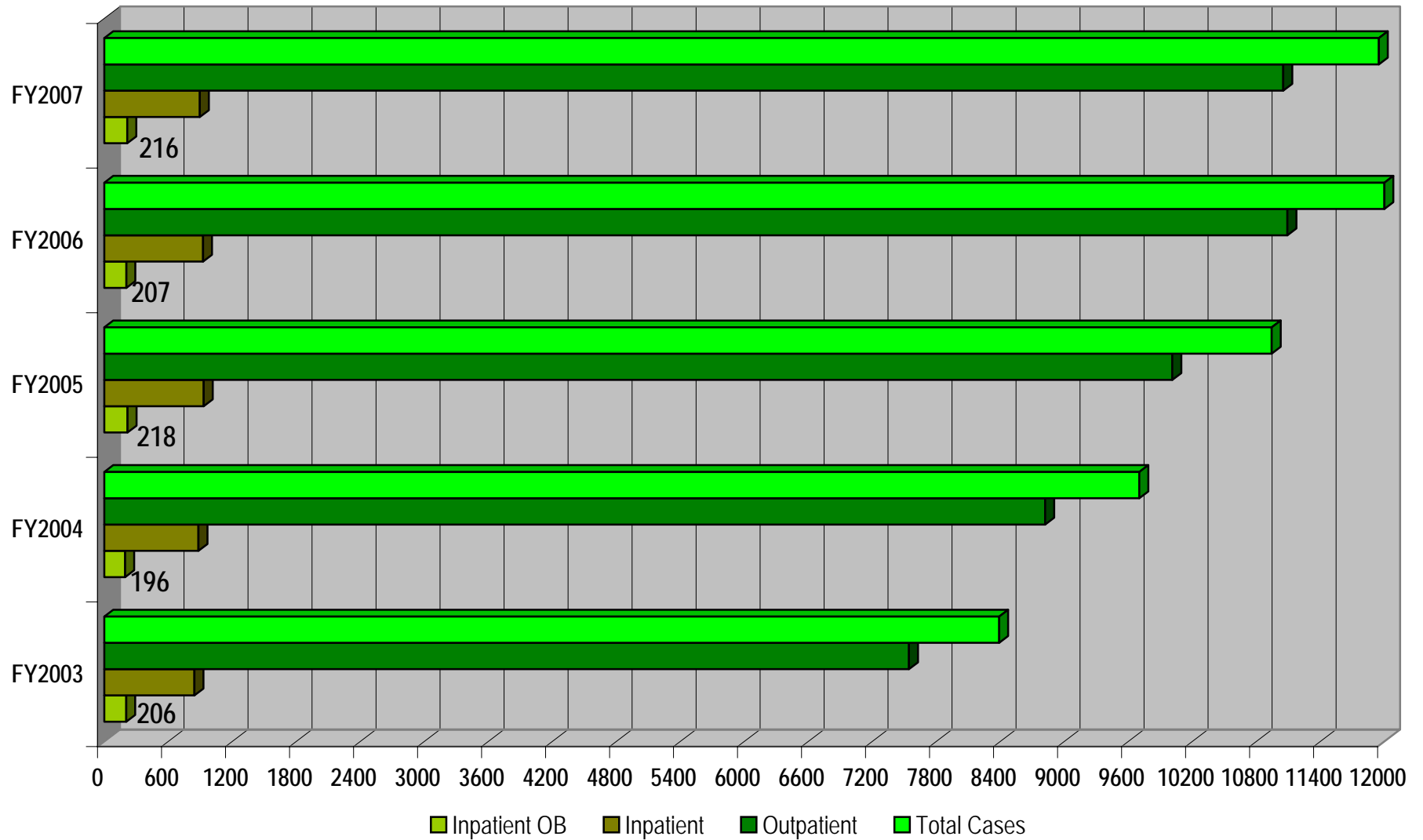
OSF St Mary Medical Center Medicaid Medical Imaging Services



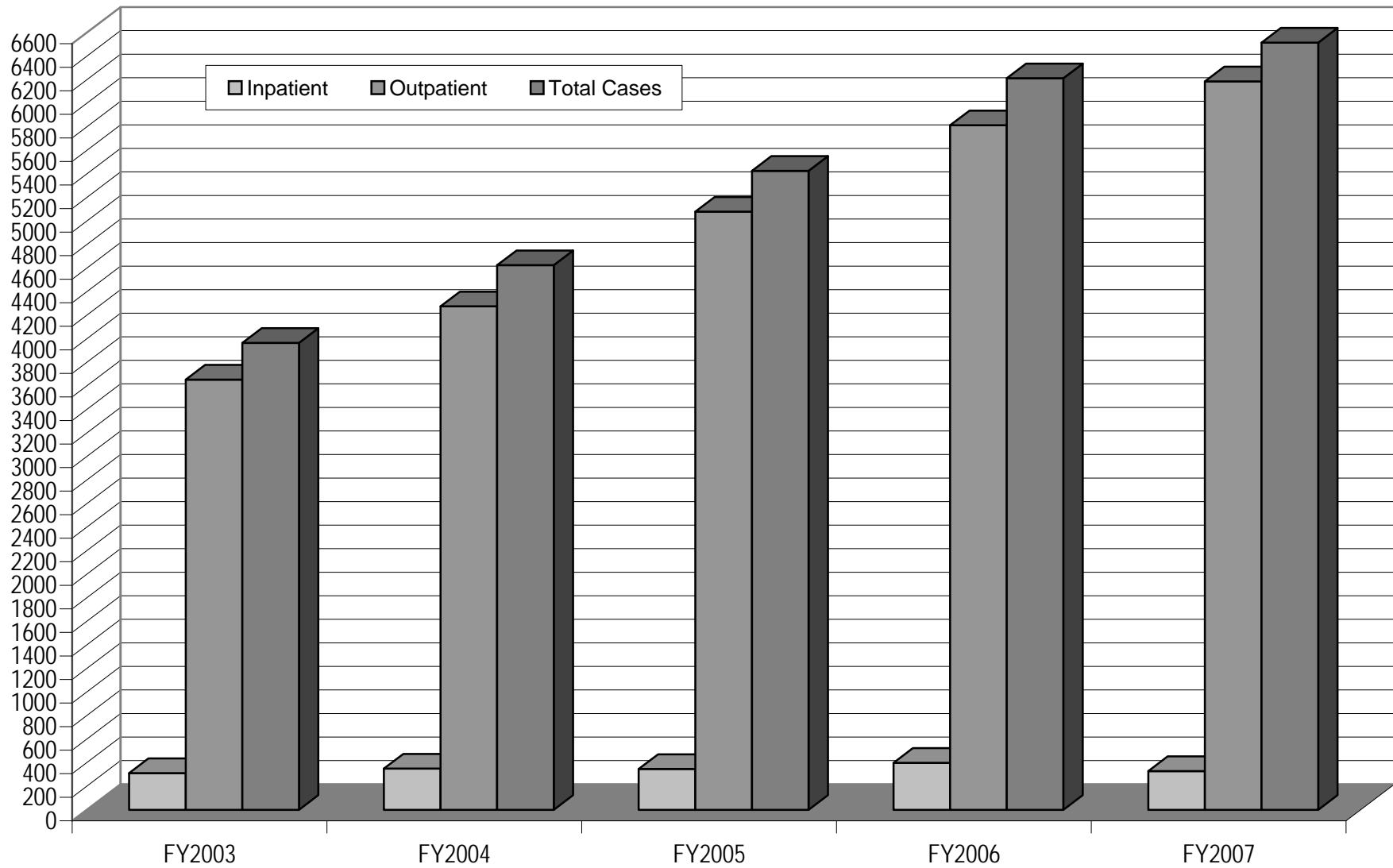
OSF St. Mary Medical Center Medicaid Surgeries



OSF St Mary Medical Center Total Medicaid Cases



OSF St Mary Medical Center Medicaid Emergency Services



GALESBURG COMMUNITY IMPACT GROUP

Chamber of Commerce

BRIDGEWAY INPUT

March 2008

Mission and Goals of the Community Impact Group

Mission: Determine the impact of local poverty on the demand for services imposed on our local service agencies.

Goals:

- Determine if this demand has increased over the past decade
- Learn if the emphasis for various services has changed over time
- Learn how funding decreases have impacted the agencies
- Learn what services have changed or been reduced due to lack of funding
- Determine if inflow of displaced individuals from large cities has impacted demand for services; how has agency responded?
- Learn how agencies will respond to future demands

Bridgeway's Response:

- Has the demand for services increased over the past decade?

The demand for human services has remained fairly constant but the State of Illinois has changed how they fund us making it more difficult to meet the broad human services needs of the citizens in west central Illinois.

- Has the emphasis for various services changed over time?

The primary emphasis is on serving the sickest and poorest people, those with disabilities, and those who receive Medicaid. This narrowing view has resulted in some individuals not qualifying for services or having to wait very long periods to get services. For persons with mental illness, Bridgeway has made great efforts to build new residences to allow people to move from institutional settings into community settings in our neighborhoods. These are primarily HUD funded facilities and consumers must meet stringent HUD guidelines, thus many individuals in need of supported housing are denied due to economic reasons, criminal backgrounds, substance abuse, etc.

- Learn how funding decreases have impacted the agencies

Bridgeway has been greatly impacted by the changes in funding and are currently at jeopardy of losing up to \$185,000 this fiscal year. Illinois is converting away from a grant based system of funding to a fee-for-service system of care.

In a grant-funded system, organizations such as Bridgeway get a set amount of money from the state each year for services/programs, such as Residential, Case Management, Psychiatric, Crisis Services, etc. and we get a 1/12 payment each month. Grant funding is reliable money coming to us each month to pay for our staff, buildings, program costs, all of our expenses. With grants, there is not a financial match from the federal government, thus states are moving away from grants and moving toward a Medicaid based fee-for-service system. Grants have not gone away completely at this point but they have been greatly reduced. In a grant based system there is not as strong a need to increase referrals because as long as the organization is meeting their agreed upon units of services and the number of clients projected to be served for the year, the grant money will keep coming each year.

In a fee-for-service (FFS) world, organizations are paid for providing a service, a fee for each service provided. For example, if you see a therapist for a counseling session, a fee is generated for that service and we are paid by DHS, Medicaid, Medicare, insurance, or self pay. In a FFS system, organizations are paid *after* the service is provided. With Medicaid funded services, Illinois receives matching funds from the federal government. For every dollar that the state of Illinois spends on Medicaid services the federal government will reimburse the state 50 cents, a 50% match. So if Illinois has \$1Billion for mental health services in their budget and all of that funding goes to providing mental health Medicaid services, an additional 50% match is provided by the federal government and that \$1Billion dollars becomes \$1.5 Billion. This is a strong incentive for states to move to fee-for-service. In addition, the state only wants to pay for delivered services; they don't want to give an organization money to just have services or programs. Funders want to see outcomes or results.

What has happened in other States who have moved to fee-for-service?

We can learn from what other states have experienced. Some of the national trends show that states are reducing funding to community behavioral health centers and cutting state mental health budgets; many centers have actually closed; some states have had federal audits of their behavioral health services and as a result money has been returned to the federal government; many states have looked for other ways to provide mental health services, such as Managed Care options and contracting with the private sector. Illinois is facing significant budget problems and that is why the state is moving to a more comprehensive Fee-for-Service system.

What is happening now?

Federal Government: Continues to look at ways to cut costs and Medicaid is an expense being targeted for big cuts: Targeted Case Management Services is a focal point now. Also Federal Audits of Behavioral Health Services have been occurring throughout the country including Illinois; the government is looking at ways to ensure compliance of Medicaid and Medicare standards and if non-compliance is found, money can be returned to the government thus cutting costs.

State of Illinois: Beginning in February 2008 the DHS/DMH is requiring community human service providers to meet monthly targets in order to receive the full contractual allotment of mental health Medicaid and Non-Medicaid funds. Many organizations including Bridgeway are facing cuts in our annual funding that will adversely impact services. We will likely lose staff positions creating more stress on our current staff workloads and leaving people unserved or underserved.

- Learn what services have changed or been reduced due to lack of funding

Bridgeway has seen reductions in Outpatient Therapy services, vocational services for our more severely impaired mentally ill consumers, elimination of Assertive Community Treatment (ACT) Services, a best practice model of care for persons with serious mental illness. A positive change is that we are now able to provide long term supportive vocational services for persons with mental illness who have achieved competitive employment or have community employment as a goal.

A significant change that has occurred in recent years is an increase in external oversight of our services. Almost every week we have some external body auditing/surveying our many services to ensure that standards are being met, services are being billed properly, consumers are being treated properly, etc. The standards we must now comply with are much more stringent requiring precise and often extensive documentation and staff must be properly credentialed for most of our behavioral health services. Administrative costs have increased as staff turnover is higher, staff require more training, quality assurance reviews are much more extensive to ensure that documentation requirements and outcomes are met. Staff feel the increased pressure of meeting performance standards and feel a sense of loss that human services work is not as rewarding with an ever growing emphasis on "meeting the numbers."

- Determine if inflow of displaced individuals from large cities has impacted demand for services; how has agency responded?

This has not been a significant issue for us.

- Learn how agencies will respond to future demands

We have been aggressively working with our staff to help them understand how a change to a fee-for-service system impacts the way they must do their day to day work. As previously mentioned, all direct care staff have productivity expectations and performance standards. Managers must closely track their staff's work to help ensure that targets and standards are met. Senior management is reframing this as staff spending more time serving consumers rather than meeting a productivity number and managers are working hard to ensure that staff have the necessary resources, training and supports to get the job done and to ensure that consumers are getting high quality care. Current strategies include the regular use of staff rewards and development of a Leadership University within Bridgeway to build a stronger workforce.