ILLINOIS PARTNERS for HUMAN SERVICE

Gauging the Gap

Do community-based providers have the capacity to meet the true demand for human services in Illinois?

April 2023

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Letter *from the* Executive Director

Dear Reader,

If you are diving into this report, it is likely that you are already familiar with the workforce challenges facing the human services sector in Illinois. It is an issue that Illinois Partners is addressing every day-in conversations with our partners and leaders across the state and in our own team meetings. From Chicago to Moline, Cairo to Waukegan, time and time again we hear that it is the number one issue for our community-based health and human service providers. Although at times I worry that I sound like a broken record, as long as it is the highest priority for our partners, I will not stop talking about it.

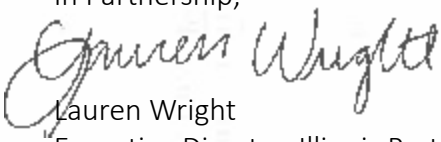
This report builds on our previous research highlighting how systemic disinvestment in the health and human services sector by the state has contributed to structural workforce challenges. However, in this report, we go further to show the real-time impact this disinvestment is having on providers, and how it undermines community well-being. We present stories our partners have shared about how increased demand for services, coupled with staffing shortages, has impacted their ability to meet the needs of their clients and consumers. This report makes clear that when we talk about human service workforce struggles we are talking about community struggles.

Underinvestment in our workforce is underinvestment in our communities.

The preamble to Illinois' state constitution reminds us that our state government exists, in part, to provide for the health, safety and welfare of the people. Without the dedication and commitment of community-based health and human service providers, this obligation would surely go unmet. These providers have kept their doors open through so many challenges-a state budget impasse, a global pandemic. Frontline human service professionals, who have persisted through it all, should be recognized and compensated for the inherent value they continue to bring to their communities. They should not have to sacrifice their own well-being because state contracts fail to cover the true costs of delivering essential services.

In this moment, we have an opportunity to enact new policy and more equitable funding decisions that truly center community well-being and prioritize well-supported, fully staffed human service providers as key in achieving it. We hope you'll join us in reimagining a sector that not only meets the needs of our communities, but enables and ensures that its workforce will thrive.

In Partnership,



Lauren Wright
Executive Director, Illinois Partners for Human Service

Executive Summary

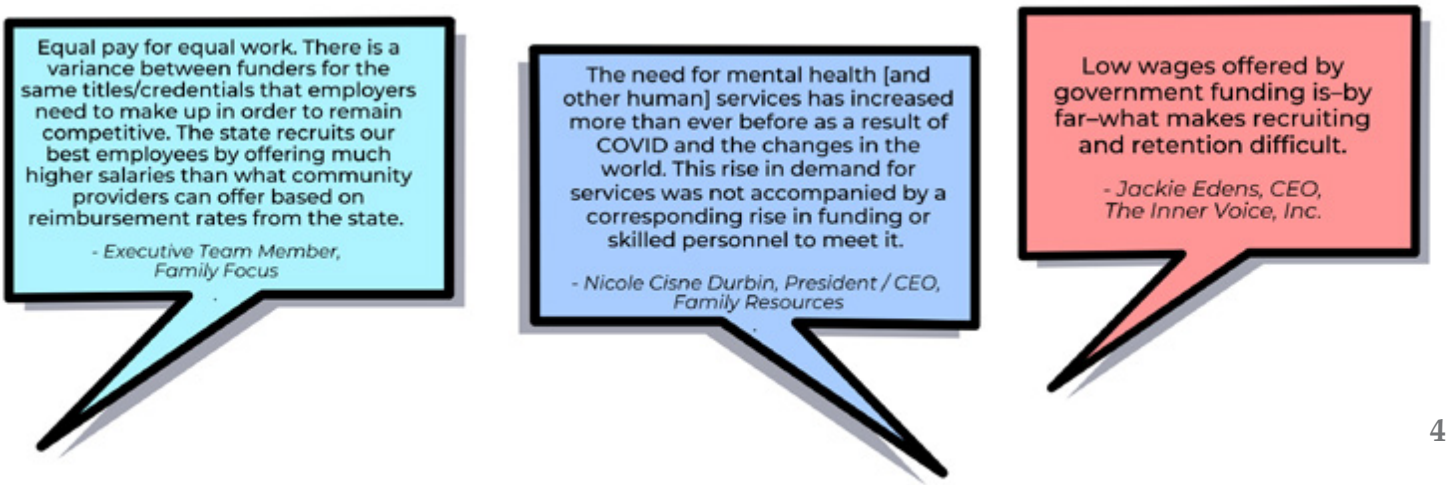
Illinois Partners for Human Service (Illinois Partners) conducted statewide research to investigate the correlation between workforce challenges and the sector's capacity to meet community needs. This new report adds another layer of data to Illinois Partners' prior research which shows how low state reimbursement rates, underfunded contracts, low wages, high turnover, and systemic inequities affect the ability of community-based health and human service providers to deliver sustainable, quality care throughout Illinois.

For this research, Illinois Partners collected quantitative and qualitative data via surveys focused on waitlists and workforce from 69 organizations. Service-specific information was provided by 19 of those organizations for one or more of the following services: Behavioral Health, Centers for Independent Living, Child Care, Community Integrated Living Arrangements, Developmental Disability and Intellectual/Developmental Disability Services, Domestic Violence Prevention/ Treatment, Foster Care (Intact; Specialized and Therapeutic; Traditional and Kinship), Homeless Services, Immigration Services, Mobile Crisis Response, Nutrition Services, Older Adult Services, and Youth Services.

Key Findings:

- Nearly all organizations surveyed spend 50% or more of their operating expenses on salaries and benefits, while almost half of the organizations spend 70% or more.
- The average turnover rate is more than 21% for the majority of organizations; nearly 80% of the organizations are experiencing turnover rates greater than 16%.
- More than half of organizations have a vacancy rate of 11% or more.
- Based on 24 service-specific responses, on average, 15 additional full time employees (FTE) are needed for organizations with waitlists to fill their capacity gap. This is in addition to these organizations filling all open positions.
- The cost to fill this capacity gap, on average, is $661,200 per organization.
- Funding–and lack thereof–has the most impact on operations, recruiting, and workforce.

As the gap between capacity and demand widens, the challenges related to workforce shortages and insufficient funding will be magnified. Actionable solutions must be devised and enacted to bolster government funding models, fortify the sector's workforce, and advance preventative care models that fully leverage human services as essential resources in every community. Now is the time for responsive decision making to advance policies that meet the moment and provide for the future well-being of all Illinoisans.



Introduction

Human service providers play an integral role in Illinois by promoting well-being and providing individuals with the skills, resources, and tools they need to live their best lives. From child care to centers for independent living, human services are invaluable across the lifespan while also contributing to the economic growth and financial viability of the communities they serve.

Over the last eighteen months, Illinois Partners for Human Service has facilitated a number of conversations and opportunities to allow our coalition partners to share their perspectives and approaches to addressing workforce challenges. Our More Essential Than Ever: Rebuilding the Illinois Health and Human Services Workforce in the Wake of the COVID-19 Pandemic Report, the Follow-up Research Supplement, and Advocacy Event Legislative Summary are resources we created to identify and define these challenges and promote solutions. This previous work shows that workforce and funding issues have ongoing impacts on human service providers' ability to sustain daily operations, manage associated costs, and maintain capacity to meet the needs of their communities.

While workforce issues across the sector are well-documented, we have yet to fully understand the comprehensive effects of their impact on service-provision and the individuals served. In this report, produced in the wake of COVID-19, we explore the central questions of what is the true demand for services and do human service organizations have the capacity to meet it? This research aims to provide insight into the actual gap between capacity and demand and to build upon previous recommendations to stabilize the sector so that all Illinoisans have access to the services they need to reach their full potential.

In the past decade, the Consumer Price Index (CPI) has typically inched up year by year. From 2012 to 2020, the pace was a modest 1.2% on average each year. Starting in 2020, the pace accelerated dramatically, jumping 13.5% over the next two years. The rapidly increasing CPI reflects a profound impact that all Illinoisans are experiencing from the gas pump to the grocery store. Health and Human Service providers feel the pressure building, also, as all of their services cost more and more to provide.

This research reveals the issues that must be addressed to strengthen and expand the sector's workforce, explores the factors most contributing to these issues, and shows how these factors undermine organizational capacity to meet the demand for services. Four organizations were selected to be highlighted in this report to better illustrate what is actually happening throughout the sector and across the state in real time. The information these organizations share provides invaluable insight into the daily challenges providers are facing and helps to tell the full story of the current human services climate, as well as what the future could hold without immediate, responsive, and informed policy decisions.

Methodology

A survey was administered to gauge the gap between capacity and demand. The protocol was developed through team brainstorming, one-on-one meetings with leaders, and preliminary feedback from beta testers. The purpose of the survey was to identify concrete financial and capacity-building needs of participating organizations. It was conducted in two parts, a Survey Monkey for general organizational information, followed by an optional, service-specific portion customized for the areas of service as defined by a respondent, delivered to them via google sheets. Each organization could choose to respond to one or more services from a selection of 18 service areas and an "Other" option.

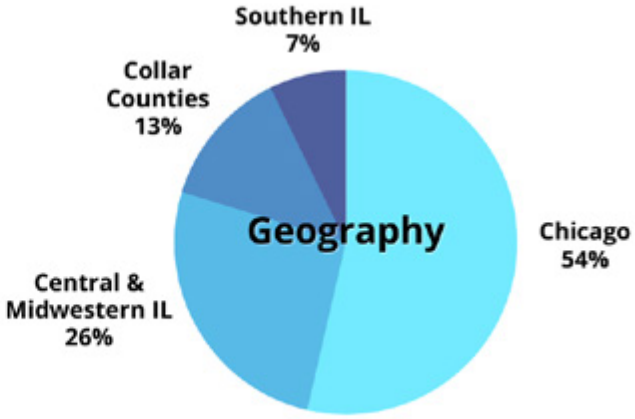
Limitations

Multiple limiting factors are associated with the results of the survey. First, we received fewer service-specific data sets than we anticipated and did not receive responses representing every area of service we identified. Second, the two-part survey was intentionally designed to identify the most pressing needs of providers experiencing workforce and capacity challenges. However, inherent to this very problem is the reality that many organizations were not able to gather and report the service specific data within the requested timeframe. Therefore, within this report, the service specific sections are only presented in areas for which sufficient data was provided.

Results

In total, 69 organizations completed the Survey Monkey portion of the survey, 19 of which also completed the optional, service-specific portion. Respondents represented a variety of service provisions, geographies, and organizational sizes, as well as years in operation. Some opened their doors in the past decade in response to a specific need in a community, while others have longer histories, with some serving their communities for 150 years or more.

Respondent Data



On average, the organizations surveyed had 166 full-time equivalents (FTE), 11 facilities, and served 15,670 individuals last year. Together the 69 organizations employed 11,428 FTE in 752 facilities and served more than 1 million individuals last year. Comparing this data to the original workforce report, 40% more organizations completed the Survey Monkey portion of this research, while the average size of the organization based on FTE was 33% smaller.

To minimize the reporting burden on survey participants, demographic data was collected in 25% ranges for groups represented in terms of racial and gender profiles for workforce and clients served. As such, we are unable to extrapolate or offer more nuanced insight into the overall composite of the sector's workforce or those seeking and receiving services in the state of Illinois. We did, however, note a correlation between staff and service recipient demographics–in that they often mirrored one another–and were reflective of the geographic regions in which they operate.

As service providers, employees are the foundation of the organization. Accordingly, a large portion of expenses are attributed to salaries and benefits. Nearly all organizations surveyed spend 50% or more of their operating expenses on salaries and benefits, while almost half of the organizations spend 70% or more. Differentiating by size, larger organizations (100 or more employees) in general spend a greater percentage of their budget on salaries than organizations with fewer than 100 employees.

Challenges for Sustaining the Workforce

In this section, we will delineate challenges in two areas as reported in the survey data. First, we will discuss what organizations perceive as the most significant impediments applicants experience in entering the human services workforce. Next we will address the limitations employers face and the intersection of the two sides of the hiring equation. Of note is the clear correlation between the numerous and rigid criteria that an applicant must meet to be deemed qualified. As such, attracting and retaining candidates with higher credentialing or advanced degrees remains a consummate challenge for employers, while access to and success in acquiring these credentials is increasingly unachievable or cost-prohibitive for prospective employees. Those that do complete the coursework often move on to other opportunities, not because they do not wish to remain in community-based nonprofit work, but because the compensation is greater in other settings, including private practice and state agencies.

The most common workforce barriers for applicants relate to the number and nature of requirements associated to securing employment in the sector. Among the top issues cited were a scarcity of resources, educational obstacles, and/or onerous credentialing or screening requirements. Some communities lack proximity to higher education institutions. Even for those with access to college level coursework, the initial costs of obtaining degrees in combination with the expected debt burden upon graduation is disproportionate to anticipated salaries in the sector. Drug screening guidelines, clean driving records, criminal background checks, GED requirements, access to a reliable and insured vehicle or the ability to cover car maintenance expenses can all be seen as daunting factors, further diluting the potential pool of viable applicants, particularly for frontline positions. Additionally, the fact that the state does not recognize diplomas from on-line high schools poses additional limitations for continuing education and hiring potential. For those committed to working in human services and wishing to advance their careers, the ongoing expense, time commitment, and bureaucracy involved in

updating licensures, pursuing additional degrees, or securing certifications are not always seen as worth it. Limited earning potential deemed out of line with other occupations with similar credentialing requirements further compromises the pipeline of possible candidates.

The impediments experienced by applicants are felt by employers as well, along with the inability to offer competitive wages that keep up with inflation, which tops the list of concerns. Employers must also contend with additional challenges attributed to circumstances over which they have little or no control. Some geographies face diminishing local populations with low high school completion rates–just one in three students reaching graduation was cited in one survey from Central Illinois/Quad Cities. Some providers are seeing a dearth of bilingual and bicultural candidates, as well as few with enough trauma-informed proficiency to meet the needs of their clients and communities. Current funding formulas do not take into consideration the actual cost of recruiting, hiring, training, and keeping culturally competent professionals with lived experience on staff. The formulas also fail to consider the expenses incurred when bolstering recruiting efforts, including media buys and billboard ads. Those that do get responses to job postings are seeing more applicants who are not qualified, are from unrelated fields, or who do not show up to interviews.

Also noted was that providers in rural, more remote, and non-urban communities are finding fewer people who are able to or are interested in working for them, especially if transportation is an issue and work from home options are not available. Employers are struggling to devise remote and hybrid work models that accommodate the preferences of their staff and take healthy work-life balance into consideration while simultaneously meeting the needs of the organization. Work from home or entirely remote options are simply not possible for all positions or appropriate for every community provider. However, it is becoming increasingly difficult to find applicants willing to commit to schedules that require on-call or in-person support as well as local candidates who are qualified to fill the roles. **Succinctly put, human service employers are having difficulty finding qualified applicants who are willing to commit to both the job and hours needed at the rate the employer is able to pay.**

A Note About Parity in Compensation

The state undercuts service providers' ability to retain high performing staff because the payscale in state agencies can be significantly higher for the same work. Nonprofits find it difficult to compete because compensation levels are tied to funding, and reimbursement rates–set by the state–often do not cover the true cost of doing business. When community organizations are unable to offer comparable salaries to what the state pays for comparable work, time and time again, they see experienced employees leave to work in state services. This scenario affects finances and workforce stability for community providers who dedicate significant time and resources to train employees only to have them leave or be poached by the state because of greater earning potential. The prescriptive nature of state contracts, with funding that dictates what can be allocated to compensation for certain job titles, limits an organization's capacity to safeguard their workforce against constant turnover. **Parity must be reached in compensation between state-funded services and state agencies such that state contracts alleviate, not exacerbate, ongoing competition.** Contracts should cover the costs of doing business and provide for wages that are aligned with what the state pays their employees for the same work.

Turnover

High levels of persistent turnover–rates as high as 45% for some respondents–were attributed primarily to two root causes, the first being competition. Whether with other community-based providers, for-profit entities doing similar work, or state-run agencies in the areas of human services, education, veterans affairs, or corrections, many of our respondents find remaining competitive to be challenging. They also reported instances of employees cycling quickly through jobs at other workplaces in search of the highest wage.

More than half the organizations surveyed reported turnover rates greater than 21% and vacancy rates of at least 11%. Nearly 80% of respondents are experiencing turnover of 16% or more; 13% have a vacancy rate above 25%.

Even more significant to higher turnover rates is the second root cause, the current rapid pace at which demand is increasing for community-based services. In the years since the onset of the pandemic, many have seen a marked increase in the need to address and serve clients with both diagnosed and undiagnosed mental health issues and have found themselves unable to recruit and sustain the workforce to meet this demand. Staff morale is directly linked to excessive and draining caseload expectations, which then prompts employees to seek new, less stressful or better compensated options when they find the work to be too difficult to manage. Respondents report that managing high turnover inhibits overall productivity and costs actual dollars to address. This is money defrayed from other operational or service-oriented aspects of their work. With this limited capacity, their waitlists grow, meaning people must be turned away or wait several months or more to receive the care and services they need.

Service Specific Mandates

Some state-funded services have a mandated response directive. Providers–including Child Welfare organizations, Older Adult Services, and Mobile Crisis Response teams–must respond to all calls and requests promptly or risk falling out of compliance with state contracts. Mandates do not take into consideration the existing caseload or capacity of a provider and have a proximate impact on service delivery. With a mandate, there is no "limit" to the amount of service that a contracted organization is required to provide. Every report of abuse, neglect, or exploitation received, for example, must be addressed by the assigned provider within a timeframe designated by the state. In practice, this means that a provider may project 700 reports will be made and staff accordingly for that anticipated number. If 1,000 reports are made, they are mandated to respond to each one in the same required timeframes without exception. Hiring additional staff requires onboarding and training, leaving the current staff overburdened with high caseloads.

Service mandates lead to continuous flux in staffing prompted by the need to address the immediate demand at any given moment. This variability requires constant attention and evaluation by management and a staff with both a tolerance for uncertainty and a high degree of flexibility to meet the need. Staff shortages can increase response times to these mandated services, making it extremely difficult to meet timeline expectations. These delays leave clients waiting, negatively impact staff morale, and put providers at risk of losing funding for failure to comply with state standards. Inadequate funding results in inadequate staffing levels and is ultimately reflected in the quality of service a provider can render. In other words, when caseloads are high and staffing levels are insufficient, services are delivered quickly and often to a lower standard than the provider wants and their clients deserve. Mandates can both cause and exacerbate these challenges.

Challenges by Service Area

The following information details the unique challenges created by service-specific mandates in terms of operations, capacity, service delivery, and compliance. It reflects an amalgamation of responses provided to prompts specifically designed to define the impacts of mandates on service provision.

Foster Care

When organizations receive a referral from the Department of Children and Family Services (DCFS) for Foster Care, a case worker is assigned within 24 hours. With workforce challenges, recent negative coverage of DCFS in the media, the risks inherent to the work, and large caseloads, recruiting and retaining qualified foster care staff is difficult. Most smaller communities lack specialized care such as services for autism, mental health, and substance use disorders that could support families and alleviate some of the demand for Foster Care. The state needs to increase the number of facilities and/or number of beds for residential treatment and child psychiatric care.

Mobile Crisis Response

The Mobile Crisis Response (MCR) mandate stipulates that there be an in-person response to every call from the Crisis And Referral Entry Service (CARES) line received. This requirement has caused some unnecessary work for providers as referrals for MCR are not always deemed by those responding to the calls to be at crisis level. Providers suggest that some situations could be resolved by less urgent means and with other interventions deployed. Respondents express the desire for more flexibility in triaging and assessing the level of need as a means to ease some of the challenges they are experiencing, including maintaining the appropriate level of workforce. MCR workers, whose primary job by definition is to respond to youth in the most urgent crisis situations, are experiencing overwhelming caseloads, longer than anticipated case management, and difficulty providing continuous stabilization services for every individual under age 21 in need of immediate care.

Older Adult Services

Respondents shared that a great deal of time and effort is expended on outreach and recruitment to identify home care aides who fit with a client's culture and wishes. To meet the mandate, many organizations find that they must increase the workload of their current home care aides which can overwhelm staff and lead to burnout. Inadequate funding results in staff shortages. The inability to meet in-home needs leads to a greater number of older adults requiring more costly levels of institutional care. Rather than fully utilizing a prevention model, which is proven to result in lower overall costs in the long run, the state pays more to provide extensive levels of care in nursing homes and long-term care facilities. Some mitigating strategies could be employed to address the immediate need for more workers in this space. For instance, if the degree requirements were adjusted so that associate-level degree recipients were deemed qualified to do the work, the candidate pool could be widened, opening the opportunity for increased hiring which would allow more older adults to age in place as they wish.

Indicators of Current and Future Demand for Services

The cumulative results of our survey indicate that many communities have limited essential services or lack access because local human service providers do not have enough employees to adequately staff their operations. These workforce shortages in combination with growing demand are undermining providers' abilities to address pressing needs promptly. For the first time, some organizations have waitlists, while others are seeing their waitlists grow to lengths they have never seen before. Without the requisite staffing levels, they are unable to take on new cases or provide additional services for their existing clients. Responses also reference broader social issues, such as violence in the community, an increasing number of people experiencing homelessness, and growing concerns over mental health, as contributing factors to the growing demand, with the need for behavioral and mental health resources intersecting with almost every area of service provision.

In addition, the sector is being under-leveraged as a means to provide individuals and families with essential resources to head-off impending crises. Instead of human services being seen as catch-all solutions for the most urgent situations, community providers should also be utilized as preventative assets. For instance, over 78,000 older Illinoisans are supported to live in their homes, safe and well, through the Community Care Program despite being eligible for nursing home levels of care. This saves the state $4.5 billion per year in deflection from nursing home care costs.[1] Identifying an emerging or burgeoning challenge and working with clients to address their issues with appropriate services and supports before they are in immediate need lessens the likelihood of requiring a more intensive and costly intervention down the line, like crisis response or institutional care. It also allows individuals to access resources to improve their quality of life while building personal capacity and maximizing potential which results in quantifiable cost savings for the state, a win-win situation. Many service areas could benefit from funding that better supports this preventative care model as a means to both defray the cost of more expensive crisis interventions and preempt circumstances that lead to waitlisting.

To better demonstrate the challenges the human service sector and its constituents are facing, we have compiled the following service-specific assessments that were culled from the survey responses we received:

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1 Average $6,800 per month Nursing Home Care vs. estimated $1,500 per month Community Care Program (as stated by IDOA)

Behavioral Health

CURRENT SNAPSHOT

There is a noted increase in mood and anxiety symptomatology, especially due to grief, instability, and loss prompted by the pandemic. With greater demand than capacity, individuals have limited access to early or preventative care, which leads to more challenging issues–and more expensive treatment requirements–over time. Impacts from a lack of Medicaid providers, inflation, poverty, scarcity of affordable housing, and limited access to other interventions for addressing the social determinants of health, weigh heavily on individuals and families, leading to greater stress and difficulty coping in healthy ways. MCR providers are now seeing more calls for immediate services for very young children–ages 6 and under. This age group requires additional staff training, and clinicians report being inadequately prepared to provide the appropriate care. There is also a noted increase in the need for youth-focused programs for substance use disorder treatment, diagnostic services, and longer-term psychiatric residential options. Staffing for these programs requires specialized training and credentialed candidates who are becoming increasingly difficult to find.

THE OUTLOOK

Demand for behavioral health is expected to grow. Data indicates that with more pervasive reports of mood and anxiety symptomatology among a broader swath of the population, the stigma once affiliated with seeking mental health services may be receding. More people are open to acknowledging they need help and are actively seeking out–and accepting–ongoing support. This development has been particularly prevalent among older adults and, with a greater percentage of the population entering older adulthood, the need for more behavioral health services is expected to expand, as well. Projections regarding the impact of COVID-19 suggest that demand for behavioral health services will peak in 2025, roughly 5 years from the onset of the pandemic. According to a KFF fact sheet, Illinois is currently designated as a Mental Health Professional Shortage Area (HPSA) with 76% of the current need for behavioral health care going unmet. This designation is largely based on the number of practicing psychiatrists relative to the population and current stats indicate that more than 300 additional doctors would be needed to fill the gap in the state. The groups most prone to go without the care they need include individuals who are uninsured or underinsured, reside in low-income communities, and are frequently from communities of color. Given current known deficits in care provider capacity and demographic trends, the sector and state must work together to find actionable, effective solutions to bolster the workforce and increase the capacity of community-based services.

A Note About 988 Suicide and Crisis Lifeline

In 2005, the National Suicide Prevention Lifeline was created to prevent death by suicide in the United States. The 10-digit toll free number underwent a structural reconfiguration and launched in July 2022 as the 988 Suicide & Crisis Lifeline with more than 200 crisis centers established to respond 24/7 to calls for suicidal crisis or emotional distress intervention. Of the survey respondents who provide this service, many reported an increase in crisis calls over the last two years and expect that demand will continue to grow in Illinois. In 2023, the Community Emergency Services and Supports Act (CESSA) goes into effect, which requires all mental health-related 911 calls to first be routed through these crisis centers. In anticipation of this change and in response to increased demand for their services, 988 call centers hired additional staff, further decreasing the potential applicant pool for other community-based providers.

Intellectual/Developmental Disability Services (I/DD) and Community Integrated Living Arrangements (CILA)

CURRENT SNAPSHOT

Many people with disabilities are served in their homes and likely receive supplemental DD and I/DD Services. Family members, often parents, play a critical role in assisting with care. As both the individuals with disabilities and the family caregivers age, this model becomes difficult to sustain, particularly for those with the most profound issues or challenging needs, and may lead to families looking for alternative living options such as Community Integrated Living Arrangements (CILA). However, staffing shortages, some of which were precipitated by the high stress of maintaining safe conditions during the lockdown, have left many CILA homes and I/DD services unable to operate at full capacity. Their waitlists grow while the pool of applicants for frontline positions shrinks. A combination of what is seen as overly burdensome credentialing requirements and notoriously low wages for the work contributes to the challenge and leaves more Illinoisans in limbo as they wait for spaces to open with these providers.

THE OUTLOOK

The Developmental Disability Services Rate Study, commonly referred to as the Guidehouse Report, indicates that, on average, an additional 625 individuals with developmental disabilities will need services for each year through 2026. Of those individuals, 20% are expected to select CILA homes while 80% are likely to choose home-based supports. If current trends continue as anticipated, staffing must be bolstered and augmented to meet the level of demand. Responses indicate that more supports for individuals with disabilities will be necessary, especially for those with high medical and behavioral needs whose care requires more employees and employees with more experience. As such, there will not be enough staff to meet the spectrum of demand for all individuals with disabilities and funding must be increased in order to bridge the current gap and head-off the chasm seen ahead.

Domestic Violence Prevention and Recovery (DV)

CURRENT SNAPSHOT

Organizations working with domestic violence survivors are an excellent example of providers who must have cultural competence in multi-faceted, trauma-informed care to effectively assist clients in a variety of capacities. The supports their clientele seek are rarely limited to just one concern and often encompass several areas of service provision at a time. In addition to mental health treatment to facilitate healing and expedite recovery, other essential resources are necessary to fortify survivors as they navigate through and beyond a crisis mindset. Access to affordable housing, case management, healthcare, transportation, child care, legal assistance, and more is essential to addressing their complex needs. In some communities, frontline workers with bilingual and bicultural proficiency are not just an asset, but a critical component to effective service delivery. When providers are understaffed and/or lacking workforce with these skill sets, the greatest impacts are felt by the individuals and families in need of assistance. State contracts, with limited reimbursement rates that do not cover the cost of the complex array of services needed for treatment, contribute to the challenges these organizations face and impede the path to stability for their constituents.

THE OUTLOOK

Demand for domestic violence prevention and treatment is expected to continue in an upward trend. Data from recent years has shown statewide increases in many indicators that signal a rise in related incidents, such as Orders of Protection, gun violence, and survivor hotline texts and calls. Between 2019 and 2021 in Illinois, hotline calls alone increased by 22.8%. Survey respondents reported that when new services are made available, they find them to be well received and their programs fill fast. If workforce issues are addressed, allowing providers to be fully staffed with stronger and more robust service options, survivors will seek out the services they need and utilize them fully. As one provider with 27 years of experience summarized it, “If you build it, they will come.”

Foster Care

CURRENT SNAPSHOT

Recruiting and retaining qualified staff has been a struggle for organizations serving Illinois' Foster Care system. This workforce challenge has been exacerbated by a variety of factors, including recent negative media coverage of child welfare oversight in the state, the emotional and often highly charged nature of the work, insufficient and over-burdened casework staff with increased demands to work with high-end and acute youth due to lack of community and psychiatric resources, and the lingering aftereffects of stress related to managing services during the COVID-19 pandemic. Referrals to the Intact Foster Care program currently vary, largely depending on available community resources and staffing patterns within DCFS. Traditional and Kinship Foster Care have been impacted by turnover at DCFS as well, with evolving state policies and revised procedures posing additional challenges for providers trying to keep up.

THE OUTLOOK

According to the U.S. Department of Health & Human Services, from 2016 to 2020, the number of youth entering foster care in Illinois increased from 4,455 to 7,837, an increase of 76% or roughly 1,000 children per year. To structurally address this need, Illinois passed the Family First Prevention Services Act (Family First), which emphasizes prevention and early intervention as a means to achieve more favorable outcomes for children in foster care. With these preventative and more proactive measures in place, demand for Intact Foster Care and potentially Traditional and Kinship Foster Care is likely to increase and, corollarily, so will the need for case managers in these programs. In addition, societal factors, including the impact of the pandemic and increasing adolescent behavioral health issues, are also on the rise along with the need for Specialized and Therapeutic Foster Care options to address these issues. However, on a positive note, the length of time youth will be expected to spend in congregate care settings (residential, specialized, and therapeutic) is likely to decrease if Family First is as effective as it is envisioned to be. While decreases to the number of children in these more intensive types of foster care could reduce the gap between demand and capacity, additional staffing and more beds would likely still be needed to alleviate the gap.

Homeless and Supportive Housing

CURRENT SNAPSHOT

In the wake of the pandemic, many communities have seen a dramatic increase in the number of individuals experiencing housing insecurity. Rising housing and cost of living expenses, employment instability, transportation barriers, and the stigma associated with admitting the need for assistance all contribute to the escalation. There is also an unprecedented number of people facing these challenges for the first time, with respondents reporting a higher level of need among older adults and persons with disabilities, as well as among people experiencing mental health crises and/or requiring behavioral health interventions including substance use disorder treatment. In the current climate, providers and those they serve are facing a lack of affordable housing, fewer options for permanent supportive housing, and limited space in low-threshold shelters. In addition to a shortage in caseworkers to help connect individuals experiencing homelessness with resources, providers need staff for landlord outreach positions, homelessness prevention, and diversion program positions. Service providers report that hiring is bogged down by extensive and lengthy background checks, which, along with the time required to coordinate external systems to help individuals on service waitlists, limits providers' ability to provide housing quickly. The impact of these deficiencies hits service recipients the hardest, forcing many to wait months for assistance.

Homeless and Supportive Housing

THE OUTLOOK

According to data from the National Low Income Housing Coalition, Illinois is experiencing a shortage of 288,917 affordable rental homes for extremely low income renters. Chicago alone accounts for 73% of this deficit. Experts expect the need for affordable housing solutions to grow as current demand is already exceeding supply in most communities. They also anticipate this dynamic to be further compounded by a volatile market that drives costs beyond what working class families can afford. The lack of access to an array of human services, many of which are essential to fortifying residents in crises, could contribute to an increase in individuals experiencing housing insecurity. As the number of people on the brink of homelessness grows, so too will provider waitlists. A diminished workforce will continue to undermine provider capacity to meet the most pressing needs of their communities. Additional resources, including augmented funding, are needed to increase access to the affordable housing and supportive services people need. Providers must secure more properties to meet the growing demand and hire both dedicated landlord outreach personnel and case managers who can provide critical supports such as job training and access to behavioral health services.

Older Adult Services

CURRENT SNAPSHOT

Data indicates that staffing and service availability are not keeping up with the growing number of older adults in communities throughout the state. More and more older adults are experiencing varying degrees of poverty, as well as mental health challenges, which means additional or new services are required to sustain well-being. These factors impact the need for assistance and compromise the ability of many older individuals to remain independent. Survey responses indicate that workforce shortages result in a backlog of assessments that lead to delays in service delivery. Some providers report seeing a 10% annual increase in demand for their services and with employee recruitment and retention lagging, their waitlists are growing while their capacity recedes.

THE OUTLOOK

Illinois Department on Aging data indicates that the population of persons aged 60+ increased from approximately 2 million to more than 3 million between 2000 and 2020. This growth trend is forecast to continue with more than 600,000 additional persons aging into the 60+ demographic by 2030. According to survey respondent data, the ratio of older adults in the general population of Illinois has shifted from 1 in 5 to 1 in 4 over the past 5 years. As the aging population continues to grow throughout the state, so too will the demand for services. More older adults will opt to remain in their own homes as they age, in some part due to personal preference, but also because it is less costly for the individual and for the state. As a result, more residents will rely on Older Adult Services to maintain their independence. This prospect, along with state decreed service mandates, could contribute to providers being pushed beyond current capacity estimates. In addition, behavioral health concerns, largely prompted by the stress and isolation experienced by many older people during the pandemic, will continue to have an ongoing impact and drive the demand for a variety of services. Without additional funding to fully staff older adult services, a conservative estimate of 10,000 older adults will move into institutional care next year rather than remain safe and independent in their own home.

Organizational Profile #1

The Center for Youth and Family Solutions

AREAS OF SERVICE:

Adoption, Behavioral Health including Mobile Crisis Response (MCR), Foster Care, Intact Family Service, Therapeutic Residential Program, and Youth Services

GEOGRAPHY SERVED:

Central Illinois

BY THE NUMBERS:

YEAR ESTABLISHED	# of FACILITIES
2012	12

# of FTE	# of CLIENTS
410	16,159

To fill the gap in behavioral health programming, 8.8 additional FTE at a cost of $616,000 is required.

In their words...

> The mandate to respond in person to every call creates struggles. Even when a referral for MCR is not at a crisis level, we must implement crisis response protocols to situations that could be resolved by other means.

BIGGEST WORKFORCE CHALLENGE:

Filling on-call crisis positions

Factors Contributing to Workforce Challenge:

- Difficult to fill positions with extensive and on-call hours;
- Available positions in other fields with more flexible schedules;
- Low compensation, especially in consideration of high stress, nature of the work;
- Medicaid MCR rate insufficient for 24/7/365 staffing of programs.

Snapshot of Factors Contributing to Increased MCR Demand:

- Impact on youth from the pandemic and other cultural influences leading to increased trauma and instability;
- Lack of sufficient early intervention and treatment providers, resulting in gaps in care and worsening of symptoms;
- Individuals and families relying on familiar crisis and/or emergency service options rather than seeking out preventative or treatment and supports;
- Barriers such as familial dynamics, scarce resources, motivation limitations, poverty, and other time demands that impact individual and family engagement in ongoing treatment or stabilization following a crisis and lead to a cycle of relying on crisis or emergency service options.

Organizational Profile #2

Alternatives for the Older Adult

AREAS OF SERVICE:

Older Adult Services

GEOGRAPHY SERVED:

16 Counties in Midwestern Illinois

BY THE NUMBERS:

YEAR ESTABLISHED	# of FACILITIES
1984	6

# of FTE	# of CLIENTS
62	20,307

To fill the gap, we need the equivalent of a 6% increase in FTE and $272,563 in additional funding

In their words...

We directly see the impact of insufficient staffing levels in our quality measures... they drop. In other words, each staff handles more cases, quickly and with less quality. More participants move to nursing homes, the state pays more for their care instead of adequately funding the preventative model that ultimately saves the state millions of dollars each year with a 5 to 1 return on investment.

BIGGEST WORKFORCE CHALLENGE:

Funding capacity to hire needed additional staff

Factors Contributing to Workforce Challenge:

- A recent statewide study found funding rates for all of our "fee for service" programs (mandated services on behalf of Illinois) are 32% below cost;
- The need for four additional FTE, along with filling current open positions, to meet the anticipated need for next year;
- A lack of a pool of applicants as all open positions require a social work degree, or some recognized equivalents, and that market appears depleted right now.

Snapshot of Factors Contributing to Increased Demand for Care Coordination Services:

- Demographic shifts that have led to increasing numbers of older adults in our community;
- Increasing numbers of older adults in poverty or just above poverty level;
- Increasing numbers of older adults with significant mental and behavioral health challenges, including substance use disorders.

Organizational Profile #3

Mujeres Latinas en Acción

AREAS OF SERVICE:

Gender-Based Violence Prevention and Recovery, Leadership Development, Entrepreneurship Education, Community Engagement & Mobilization, Parent Support

GEOGRAPHY SERVED:

Chicago

BY THE NUMBERS:

YEAR ESTABLISHED	# of FACILITIES
1973	3

# of FTE	# of CLIENTS
65	355

In their words...

The demographic we support is fast increasing in our target areas, making us a key organization that often struggles to meet demand for the complicated and layered levels of need of those we serve.

BIGGEST WORKFORCE CHALLENGE:

Attracting and retaining qualified employees

Factors Contributing to Workforce Challenge:

- Disparities in pay for a majority-minority staffed (almost all female and of color) working with a complex client base in need of multi-layered services including:
  - ◊ Immigration support with U-VISA;
  - ◊ Resources for undocumented individuals;
  - ◊ Court advocacy assistance;
  - ◊ Language support;
  - ◊ Other types of case management.
- Difficulty finding professionals (child therapists with master's education) who also have the culturally relevant, trauma-informed experience to support clients served;
- Lack of funding to offer thriving compensation (salary and benefits) that is in line with the rising costs of living;
- Inadequate funds to hire additional culturally competent, trauma informed, and Spanish speaking staff;
- Lack of funding for tuition reimbursements for those seeking graduate studies and certification programs.

Snapshot of Factors Contributing to Increased Demand for Complex and Multi-faceted Levels of Service:

- Primary demographic served growing in our geography;
- Overall lack of organizations doing this work with culturally competent and bilingual service providers on staff;
- Dramatic increase in Domestic Violence during the pandemic;
- Prevalence of essential workers in our community.

Organizational Profile #4

Family Focus

AREAS OF SERVICE:

Advocacy, Early Childhood Education, Doula Services, Family Support and Youth Services

GEOGRAPHY SERVED:

Chicago

BY THE NUMBERS:

YEAR ESTABLISHED	# of FACILITIES
1849	11

# of FTE	# of CLIENTS
355	18,316

In their words...

People need to know we are here to help. Without the ability to increase wages and offer competitive salaries, team members are faced with taking on additional burdens and face increased workloads, compassion fatigue, and secondary trauma.

BIGGEST WORKFORCE CHALLENGE:

Recruiting and retaining team members

Factors Contributing to Workforce Challenge:

- Inability to offer competitive salaries mainly due to stagnation in contract rates;
- Hours required outside "usual" 9 to 5 business schedule, when participants are in most need of support which deter prospective team members and fatigue existing staff;
- Increases in requirements to manage, staff, and report on outcomes without commensurate increases in administrative funding for HR and Finance personnel;
- Wage disparity for administrative positions as compared to for-profit entities due to insufficient percentage of funding allocated to cover administrative costs;
- Capital expenses ignored in lieu of budgeting to sustain program administration.

Snapshot of Factors Contributing to Increased Demand for Mental Health Services:

- The residual effects of dealing with COVID-19 and its aftermath in the context of an ever-changing and more complex society and world;
- A noted increase in the overall number of families contending with stress and anxiety related symptomatology among children and young people.

Gaps Between Capacity and Demand

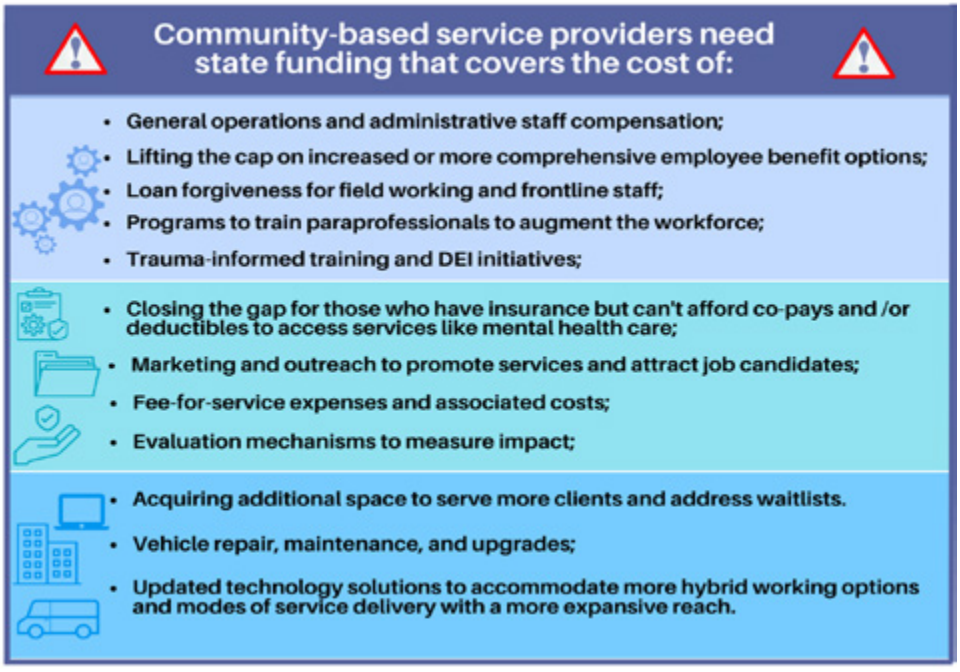
The primary purpose of this research is to quantify the gap between demand and capacity for community-based human service organizations throughout the state and across as many areas of service provision as the data allows. Survey data shows that waitlists are being used for the first time by some providers, while other organizations are seeing the queue for their services grow. The root causes for these disparities are directly tied to two basic factors, both related to navigating the new normal of the post-pandemic climate-the rise in demand for services and the decline of viable candidates to sustain the sector's workforce. Therefore we must answer the following fundamental questions before we can begin the process of working towards real, actionable solutions.

- **In terms of people, how many employees are needed to fill the capacity gap community-based organizations are experiencing?**
- **In terms of dollars, how much additional funding is needed to sustain the requisite workforce to meet current and future demand?**

Based on 24 service-specific responses, on average, 15 additional FTE would be needed for organizations with waitlists to fill the capacity gap. This would come at an average cost of $661,203 per organization.

	ALL ORGANIZATIONS	LARGE ORGANIZATIONS	SMALL ORGANIZATIONS
AVERAGE FTE NEEDED TO COVER WAITLIST	15	20	4
AVERAGE COST OF SALARY & BENEFITS FOR NEEDED FTE	$661,203	$900,754	$182,099

Creating and fostering a safe, stable, and sustainable workplace is a crucial aspect of maintaining the workforce. Organizations cite a variety of associated challenges, the vast majority of which relate to funding. First and foremost is the need for more flexible funding models related to rate reimbursement. It was reported that current rates do not cover 100% of the true cost of delivering services, and state funding involves unrealistic presumptions about the scope of expected services within existing budgetary constraints. For instance, rates do not include any funding allowance for expenses related to operational or administrative staff. Often, in order to cover these unconsidered costs, organizations will defer maintenance or capital needs such as building repairs and renovations or facility upgrades and improvements, including accessibility features.



Economic Pressure and Growing Demand

In the past decade, the annual Consumer Price Index increased by 24.3%. In the 8-year span from 2012 and 2020, the CPI increased by 9.6%, with an average annual increase of 1.2%, while in the two-year span from 2020 and 2022, the CPI jumped 13.5%. More than half of the increase in CPI over the past decade occurred in the past two years. This stark increase is causing tremendous economic pressure. With reimbursement rates that may already not cover the cost of doing business, let alone provide a living wage to employees, this increase in CPI is expected to have dramatic impacts on human service providers, their employees, and the communities they serve.

The results indicating increasing demand for human services over the next five years are echoed in Illinois Department of Economic Security data that projects healthcare and social assistance to be among the highest employing industries in the next few years. The outlook through 2030 projects an annual compound growth rate of 1.72 for social assistance that will result in the need for an additional 66,245 employees in total between 2020 and 2030 in Illinois, over a third of which will be needed in just human services. The economic strains, growing demand for services, and increasing need for viable candidates threaten to further destabilize the human services sector.

Recommendations

Robust funding for human services is at the root of ensuring community well-being.

Workforce issues and funding decisions go hand in hand. Insufficient rates and unresponsive funding models have ongoing impacts on human service providers' ability to manage operations, sustain workforce, and build capacity to meet the evolving needs of their communities. As demand for many services grows, employers are facing a potential gap that will only widen without the resources they need to fortify staffing. Therefore, the recommendations in this report center policy and offer guidance on funding decisions for the sector's workforce.

In order to ensure the well-being of all Illinoisans, human services must be prioritized and grants and contracts adjusted to include:

1. **Increased investment in the workforce, including increased Reimbursement Rates.** Increased reimbursement rates are essential for providers to develop and enact strategies to recruit and retain a strong and stable workforce with more competitive wages and employee incentive programs. Key to achieving this goal is legislative action to correct the failure of current rates to account for compensation disparity between sectors and offer financial support for new graduates entering the community-based workforce including:
    - ◊ The Human Service Compensation Parity Act. This bill addresses the need to reach parity in compensation between community-based providers and state agencies to ensure and promote a living wage, minimize turnover, and build capacity to meet demand in the human services sector;
    - ◊ Human Service Professional Loan Repayment Program Act. This bill seeks to secure $15M in appropriations funding specifically earmarked for student loan repayment relief for community-based human service professionals.

2. **Flexibility in Funding Allocation.** More flexibility in what is deemed permissible allocation of state funding is needed with fewer restrictions imposed. Service providers should be given some discretion in determining how funds from state contracts, as well as grants from private foundations, can best be used and for what purposes, including administrative and operational expenses to cover the true cost of delivering services. More flexible funding models would also allow providers to utilize funds to offer more competitive benefits for their workforce and develop strategies for incentivizing employee retention.

   Legislative action is integral to the process of incorporating flexibility, as well as loosening overly burdensome restrictions in funding allocation decisions. We support immediate passage of the amendment to the Grant Administration and Tax Accountability Act and ensure that grants do not restrict administrative costs to less than 20% of the total award amount. It will also eliminate caps on fringe benefits in state contracts.

3. **Revised Candidate Qualification Standards.** Providers find some staff credentialing, degree, and licensure requirements stipulated in state contracts to be overly prescriptive and unnecessarily limiting.

Access to a broader pool of applicants and a more sustainable workforce could be achieved by reconsidering the definition of a "qualified" candidate in various settings and areas of service provision. Acceptance of on-line high school diplomas, lived experience, and associate degrees in place of bachelors degrees for some positions were among the recommended qualification adjustments to expand the applicant pool. Also, providers should be included in decision making regarding which positions and services should require professionals with more advanced degrees.

4. **Preventative Care Models.** More state funding directed towards utilizing human services as preventative care models would yield benefits for community health, as well as long-term cost savings for the sector and the state. Preventative care advances health equity, positively influences the social determinants of health, and empowers service recipients to better understand an advocate for their own needs. Promoting human services as essential to this model has the potential to alleviate the higher cost of more intensive interventions including institutional care. In addition, when preventative caremodels are prioritized, circumstances that lead to waitlisting can often be avoided.However, this strategy can only be effectively enacted by dedicated funding to build provider capacity to cover the cost of boosting these services, funds that could potentially derive from the savings achieved by preempting the need for more expensive care options.

Conclusions

The research for this report is framed by two foundational questions, what is the true demand for services in Illinois and do human service organizations have the capacity to meet it? In the pursuit to find answers to these questions, the most compelling data came in the form of proximate and personal stories our partners shared about the impacts of insufficient funding and onerous administrative requirements on their workforce and their operations. These stories fleshed out the quantitative analysis to cast a new light on the real-time, every day challenges our sector faces, on the frontlines and in the back offices of service provision.

The resulting series of snapshots helps us understand what is happening in specific service areas, geographies, and organizations throughout the state. While each of these snapshots is powerful on its own, together, they form a composite that defines the bigger picture for human services in Illinois, one that further and clearly illustrates the need for new funding practices and bold policy decisions. If we, as a sector and a state, are truly committed to ensuring broad and equitable community well-being, we must demand that tangible, quantifiable steps be taken to futureproof the essential services that we know to be integral to the outcome to which we aspire. This report provides some insight into the kind of actions required to correct the course, but they should be seen as the start of the journey not the destination. **Ultimately, sustainability for the sector depends on actionable, community-centered, and innovative solutions, rooted in a commitment to robust funding for human services and reliant on fierce advocates to lead the way**.

Illinois Partners' Legislative Actions

HB 1346 - AMENDMENT TO THE GRANT ACCOUNTABILITY AND TRANSPARENCY ACT (GATA)
Reduce Administrative Burden for Providers.
Health and human service providers face undue administrative burden under GATA. Regulations and requirements are increasing and as a result the cost of doing business continues to grow. This bill will amend GATA to ensure grants do not restrict administrative costs to less than 20%. This bill will also eliminate any caps on fringe benefits in state contracts, which include but are not limited to the costs of leave (vacation, family-related, sick or military) and employee insurance. This will provide flexibility for providers to offer better benefits to improve employee retention.
Fact sheet

HB2379/SB1720 - HUMAN SERVICES PROFESSIONAL LOAN REPAYMENT PROGRAM ACT
Secure appropriations for PA 102-1089 to address the Human Service Workforce Crisis.
The Illinois General Assembly passed SB3925 (PA 102-1089) unanimously, to address the human service workforce crisis that directly impacts communities across Illinois. The Human Services Professional Loan Repayment Program provides loan repayment assistance to qualified human services professionals to recruit and retain them to work in community-based human services organizations. Without appropriations, however, human service providers are unable to effectively reduce the burdens of their workforce and offer these repayment options. In partnership with Illinois Collaboration on Youth, we are asking for $15M in appropriations to fund 1,000 repayments for community-based human service professionals.
Fact sheet

HB3132 - HUMAN SERVICE COMPENSATION PARITY ACT
Advance pay equity for the Human Service Sector in Illinois.
State contracts with community-based human service providers do not reflect ever-increasing costs of living or the costs of delivering essential services. These contracts also often reflect vastly lower rates of pay than for state employees performing similar work, creating a disparity in how the state values work differently depending on who performs it. This bill seeks to eliminate the pay disparity that exists between the salaries of human service professionals employed by community-based human service providers and state employees holding similar job titles who perform similar work, and establish a Human Services Compensation Taskforce to provide recommendations for workforce recruitment and retention.
Fact Sheet

Glossary

Behavioral Health: Treatment and services that provide an inclusive array of community-based mental health and supportive services to promote emotional, psychological, and social well-being, and positively influence one's stress levels, relationships, and overall livelihood.

Center for Independent Living: Private, non-residential, community-based, not-for-profit organization that is mandated to provide Advocacy, Peer Support, Independent Living Skills Development, Information and Referral, and Transition to the population served.

Child Care: Community center and home-based services for children.

Child Welfare: Services designed to ensure that children are safe, have access to support and access to a continuum of care that encourages success and proper childhood development.

Community Integrated Living Arrangement (CILA): A living arrangement in a group home or apartment where eight or fewer adults with developmental disabilities live under supervision of the community developmental services agency.

Developmental Disability and Intellectual/Developmental Disability Services: An array of community-based supports and residential services designed to support individuals with an impairment (physical, learning, language, intellectual, or behavioral) to achieve maximum self-sufficiency.

Domestic Violence Prevention and Treatment: Services designed to significantly minimize or make the risk of domestic violence occurrences obsolete and to support people involved in intimate partner violence.

Early Intervention: Services designed for and available to support infants, toddlers and young children with developmental delays and disabilities.

Foster Care - Intact: Care of children where they remain in the home with their natural parents under the supervision of the juvenile court and DCFS, with families are typically assigned a case worker; **Traditional and Kinship:** The care of children by relatives; **Residential:** Out-of-home care placement for children and youth temporarily or permanently removed from the care and home of their parents or natural caregivers; **Specialized and Therapeutic:** Out-of-home care of children by foster parents with specialized training.

Homeless Services: Specialized programs assisting people experiencing homelessness, including but not limited to, supportive housing, shelters, drop-in services, and case management.

Immigration Services: civic, social, and legal support for immigrants and refugees.

Mobile Crisis Response (also known as SASS): Community-based intervention consisting of short-term stabilization and intervention for youth experiencing crisis, who need immediate connection to emergency services, including medical, rehabilitative, and psychiatric services.

Nutrition Services: Programs that provide nutritional and dietary education, counseling, and resources, including pantries, supplemental programs, and clinical services.

Older Adult Services: In-home or community care services for adults age 60 and older, including support for caretakers that allow older adults to remain in the community.

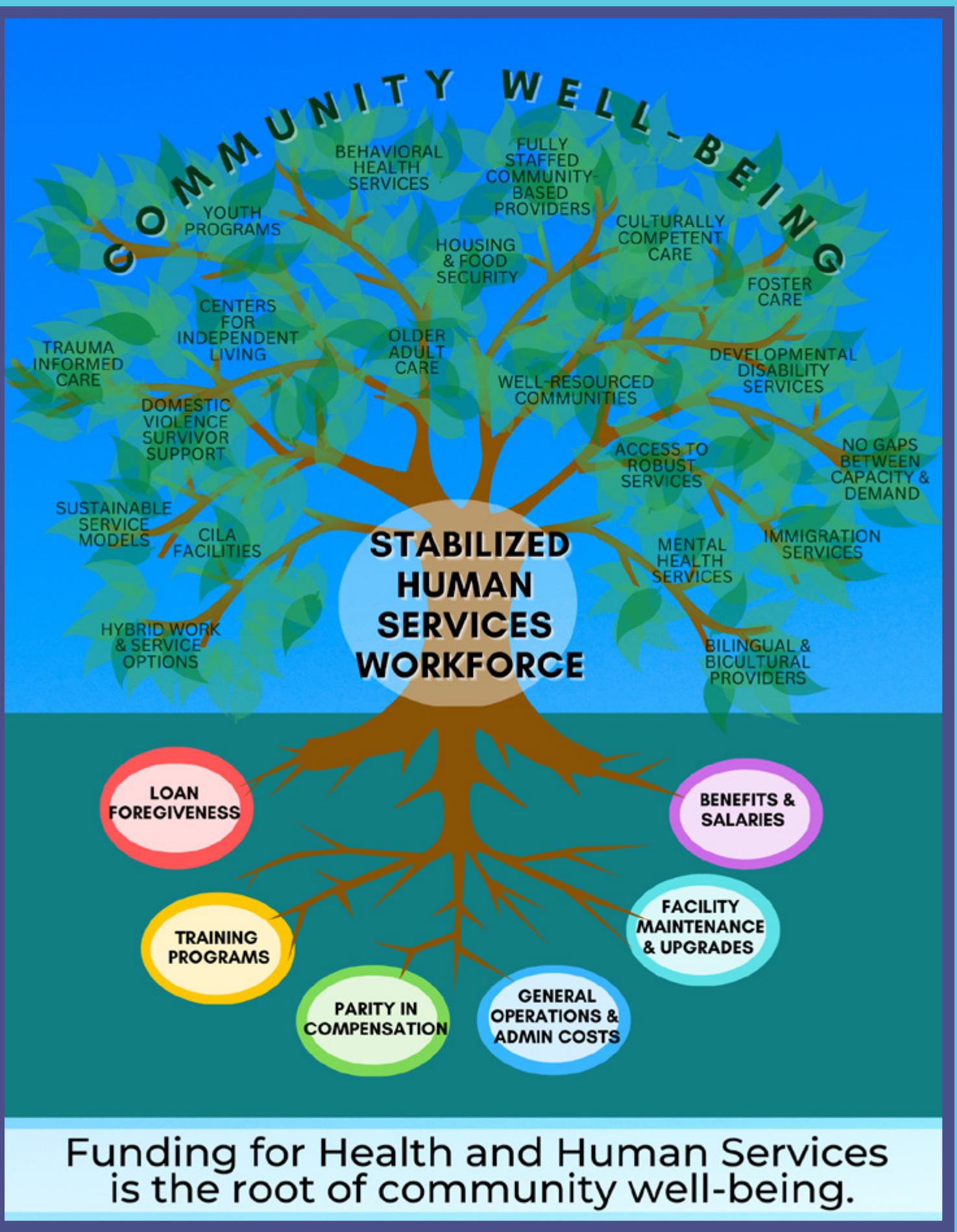
Substance Use Prevention, Treatment, and Recovery: Preventative services, medical treatment, psychotherapeutic treatment, rehabilitation services, and case management services designed for individuals with substance use disorders.

Youth Services: Services for youth including the Comprehensive Community Based Youth Services program for youth ages 11-17 who are at risk of involvement in the child welfare and/or juvenile justice system with the overarching goal of family reunification and/or stabilization.

Survey Participants

Illinois Partners for Human Service expresses our apppreciation for our coalition partners who provided invaluable information for this research report through completion of our survey.

Abilities Plus
AIDS Foundation Chicago
Alternatives for the Older Adult, Inc.
Amity
Association for Individual Development
BUILD, Inc.
Casa Central
Caritas Family Solutions
Carole Robertson Center for Learning
The Center for Youth and Family Solutions
Chaddock
Chicago Commons
Children's Home & Aid
Community Crisis Center, Inc.
Easterseals- Joliet Region
Faith in Action Bloomington-Normal
Family Focus
Family Resources, Inc.
Family Service and Mental Health Center of Cicero
Family Solutions
FamilyCore
Farmworker and Landscaper Advocacy Project (FLAP)
Good Shepherd Center
Greenlight Family Services
Grundy Area PADS
Habitat for Humanity of Sangamon County
Healthcare Alternative Systems
Heartland Health Services
Helping Hand
Hephzibah Children's Association
Horizon House of Illinois Valley, Inc.
Impact Behavioral Health Partners
Inner Voice, Inc.
Instituto del Progreso Latino
Kids Above All
Little Friends, Inc.
Loaves & Fishes Community Services
Mano a Mano Family Resource Center
Marcfirst
Metropolitan Family Services
Milestone, Inc.
Mother and Child Alliance
Mujeres Latinas en Acción
MYSI
New Moms
North Shore Senior Center
Open Door Clinic of Greater Elgin
Orchard Village
Pathlights
People's Resource Center
Promise Healthcare NFP
Pui Tak Center
RAMP Center for Independent Living
Ray Graham Association
The Salvation Army
Senior Services of Will County
Shore Community Services
Sinnissippi Centers
Southeastern Illinois Area Agency on Aging
Specialized Training for Adult Rehabilitation
Spero Family Services
Stepping Stones of Rockford, Inc.
Syrian Community Network, Inc.
Thresholds
TRADE Industries
Trilogy Behavioral Healthcare
West Suburban Special Recreation Association (WSSRA)
YMCA of Metropolitan Chicago
YWCA Chicago
Zacharias Sexual Abuse Center



Funding for Health and Human Services is the root of community well-being.