

SERVICES AND FUNDING FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES: HOW DOES ILLINOIS COMPARE TO OTHER STATES?

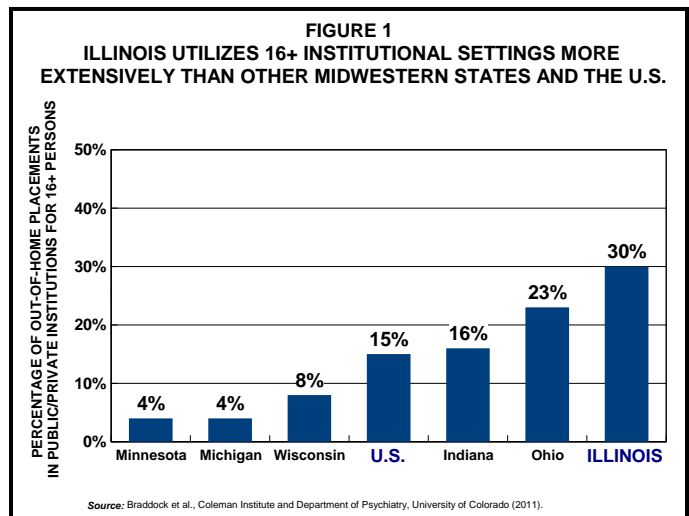
(Updated 6/23/11; State of the States data through FY 2009)

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Funding and services for people with intellectual and developmental disabilities (I/DD) in Illinois were compared to five other Midwestern states: Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Illinois was also compared to the U.S. as a whole. The updated data in this brief are based on an earlier 50-page report prepared for the Illinois Council on Developmental Disabilities (Braddock & Hemp) in 2008 which can be accessed at: <http://www.state.il.us/agency/icdd>.

Illinois is Over-Reliant on Public and Private Institutions

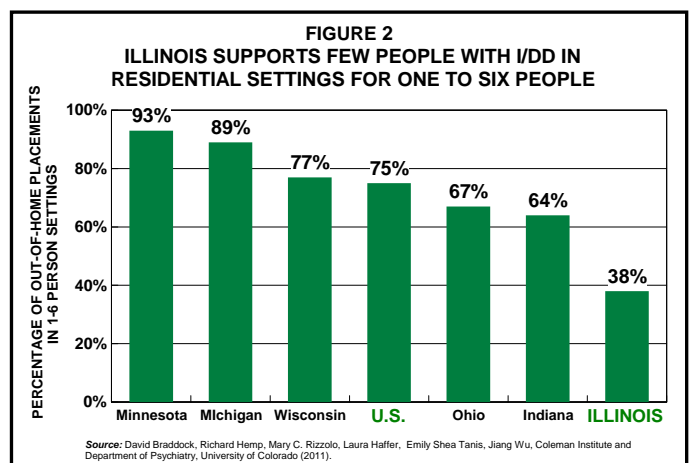
Illinois operates eight state-operated institutions with an average of over 250 residents each. The State also funds approximately 65 large privately operated institutions housing between 25 and 285 persons each. Illinois utilizes institutional settings more than twice as extensively as both the five Midwestern comparison states' average and the U.S. average (*Figure 1*).



Illinois Provides Limited Support for Community Residential Services for People with Developmental Disabilities

Illinois compares poorly to other Mid-western states in supporting small group homes, foster homes, apartments and supported living arrangements. The State ranks next to last in the United States (50th) in the percentage of people with I/DD living in community settings for one to six people.

Only 38% of people with I/DD in Illinois live in houses and apartments for one to six persons. In contrast, 75% of people with I/DD throughout the U.S. live in one to six person community residential settings. Between 64-93% of persons with I/DD in the Midwestern comparison states live in one to six person settings (*Figure 2*).



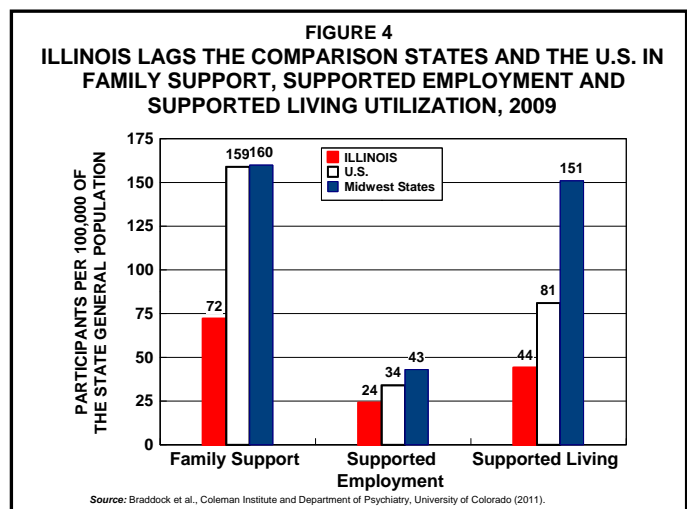
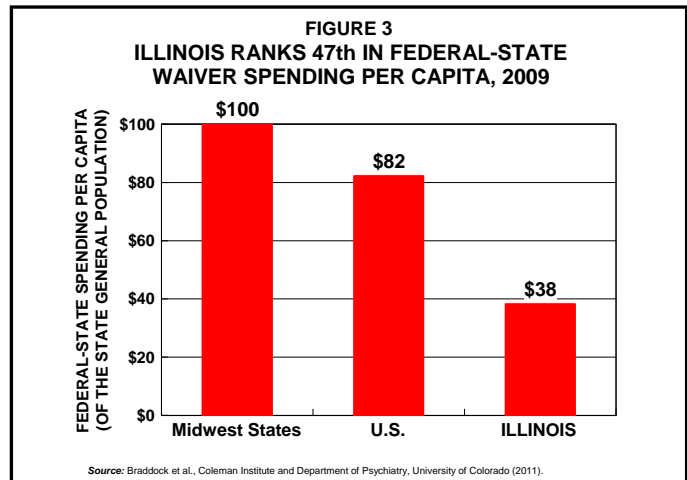
Illinois Insufficiently Utilizes the HCBS Waiver for Family Support, Supported Employment and Supported Living

The federal-state Home and Community Based Services (HCBS) Waiver is the primary funding source utilized by states to support families, supported employment opportunities, and provide community homes for one to six persons. Illinois, however, allocates much less funding for HCBS Waiver services and has far fewer Waiver participants per capita than other Midwestern states and the nation as a whole (*Figure 3*).

Illinois also serves fewer persons in family support, supported employment, and supported living on a per capita basis of the general population. This is especially evident in Illinois' lack of family support and supported living services compared to the other Midwestern states (*Figure 4*).

How Can Illinois Improve Services and Funding for People with I/DD and Their Families?

- ✓ The State should significantly increase use of HCBS Waiver funding. This state-federal funding is required to substantially expand community services and supports in Illinois.
- ✓ Illinois should reduce reliance on state-operated institutions and reallocate this funding to community services programs. Funding reallocated from institutions, along with any new funding that can be obtained, can be used to “match” equal amounts of federal HCBS Waiver revenue.
- ✓ The full report recommended a 12-year funding growth plan that would steadily increase Illinois commitments for community residential services and supports, and this is updated in this brief report. If the growth rate in inflation-adjusted spending averaged 10.1% per year during 2012-2023, Illinois spending for I/DD community services is projected to approximate that of the average state by 2023. [For further information on projected spending requirements, see page 42 of the full report at: <http://www.state.il.us/agency/icdd/>]



Source: Braddock, D., & Hemp, R. (2008). *Services and funding for people with developmental disabilities in Illinois: A multi-state comparative analysis*. Boulder, CO: University of Colorado Denver School of Medicine, Department of Psychiatry. [Braddock is also Professor Emeritus, Department of Disability and Human Development, University of Illinois at Chicago.]