Health and Human Services
FY22 Budget Presentation
FEBRUARY 17, 2021
Health and Human Services Portfolio

Sol Flores
Deputy Governor

Grace Hou
Department of Human Services

Theresa Eagleson
Healthcare and Family Services

Marc Smith
Department of Children and Family Services

Ngozi Ezike
Department of Public Health

Paula Basta
Department on Aging
Governor Pritzker’s FY22 Investment Priorities

- Balance Budget With No Tax Increases for Illinois Families
- Strengthen Safety Net Services for Illinoisans in Need
- Protect Education Funding
- Create a More Equitable Illinois through Criminal Justice Reforms
- Strategically Deploy State and Federal Resources
- Continue Investments in Infrastructure and the Environment
- Balanced approach that holds the line on spending, helping to bend the cost curve of Government

Total HHS* Budget FY22: $43.3 Billion
- -0.8% change over FY21
- 13% change over FY20

Total Budget FY22 for 5 Biggest Agencies: $42.5 Billion
- -1.1% change over FY21
- 13% change over FY20

Health and Human Services continues to be a priority in FY22
Impact of COVID-19: Managing the Challenges
2020: COVID-19 Pandemic Impacted Everything
Illinois’ Rapid Response to COVID-19

- Provided coverage of COVID-19 testing and treatment to all Illinois residents at no cost and opened all community-based testing sites to anyone regardless of insurance or symptoms.
- Began a massive vaccination campaign, consistently ranking fifth in the nation at the time of publication.
- Launched a $50 million statewide contact tracing effort.
- Provided $325 million in emergency rental and mortgage assistance to 54,500 families; $290 million to thousands of child care providers; and $275 million in aid to small businesses.
- Processed 4 million claims for unemployment benefits under the four programs offered in 2020, an eight-fold increase from approximately 500,000 claims in 2019.
- Provided $30 million through the Department of Human Services (DHS) for mental health, substance abuse, and other counseling services for families impacted by the pandemic.
- Mandated insurance coverage of telehealth services.
- Created the Welcoming Center Health Navigator Project to provide temporary and emergency COVID-19 education and outreach training to immigrants, refugees, and limited English proficient individuals to keep immigrant families safe during healthcare emergencies.
- Initiated distribution of $569 million in federal funds to school districts and dedicated another $108.5 million in federal Governor’s Emergency Education Relief (GEER) Funds to preK-12 public education and institutions of higher education to meet the unique challenges of COVID-19.
- Issued more than $80 million to schools to help close the digital divide for critical access to the internet.
- Provided priority essential workers with access to child care through the Child Care Assistance Program (CCAP) and kept the child care infrastructure solvent.

Embargoed until 12 noon, Wednesday, February 17, 2021
Impact of COVID-19: Managing the Challenges
Federal Aid Directed to Illinois for COVID-19 Response
Rapid Deployment Avoided Greater Crisis

Since early March, Congress has enacted five pieces of legislation to address the impact of COVID-19:
- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 — March 6, 2020
- Families First Coronavirus Response Act (FFCRA) — March 18, 2020
- Coronavirus Aid, Relief, and Economic Security (CARES) Act — March 27, 2020
- Paycheck Protection Program and Health Care Enhancement Act — April 24, 2020
- Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSA) - December 27, 2020

Through these five laws, approximately $9.9 billion will flow through the state budget to address various needs such as:
- Education Funding - $3 billion primarily for K-12 schools
- Coronavirus Relief Fund (CRF) - $3.5 billion for the state’s ‘necessary expenditures’ in response to COVID-19
- DPH costs - $1 billion for enhanced lab capacity, testing, contact tracing, public health surveillance, vaccine distribution
- Child Care - $450 million
- Transportation - $1 billion for airports and highways
- Higher Education and Mass Transit receive direct funding from the federal government.

Federal Medicaid match was enhanced by 6.2 percentage points in March 2020 for the duration of the public health emergency.

Additional federal stimulus under consideration is not reflected in this budget proposal.

CRF was used to fund state agency operational expenditures related to COVID-19 and create several new grant programs at DCEO, IHDA and DHFS to provide support to critical areas to the extent allowed under federal guidance.

- DCEO implemented the Coronavirus Business Interruption Grant (BIG) Program that funded $565 million in grants to small businesses and child care providers as well as Local CURE ($250 million) for reimbursement to units of local government for COVID related expenses.
- Illinois Housing Development Authority used $325 million of CRF to implement an emergency rental assistance and mortgage assistance.
- Department of Healthcare and Family Services used approximately $700 million CRF to pay for new grants to healthcare providers “due to needs resulting from the COVID-19 pandemic.”

Embargoed until 12 noon, Wednesday, February 17, 2021
MISSION

The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

DIVISIONS

- Health Promotion
- Healthcare Regulation
- Health Protection
- Women’s Health
- Preparedness & Response
- Policy, Planning, and Statistics
- Men’s Health
• Lee County Health Department Family Planning Staff (Pictured on the left)

• Provides family planning and women’s health services.

• Public health nurses caring beyond their jobs recognize signs of abuse and other mistreatment.

• Health department staff work in conjunction with local officials and other agencies to change the lives of their clients.
Key Accomplishments: COVID-19

Testing and Treatment
- 5th in nation in cumulative COVID-19 tests performed as of February 15, per CDC
- 800,000+ rapid antigen tests deployed to 300+ sites of care to enhance testing among vulnerable and underserved populations
- Allocated more than 22,000 vials of monoclonal antibody treatments authorized for emergency use by FDA

Vaccine Administration
- Administered 1,863,562 doses (75% of total doses delivered), including 430,489 fully vaccinated (~3.5% of total population) as of February 15, per CDC
- Every staff and resident at SNF offered first dose by January 25
- Focus on equity, including Phase 1b expansion to older adults aged ≥ 65 years and allocation to counties based on population adjusted by COVID-19 Community Vulnerability Index (CCVI)
- Established 517 vaccination locations as of February 10, including 2 mass vaccination sites supported by the Illinois National Guard
Public Engagement

- Conducted statewide mask design contest to encourage improved mask compliance among young adults
- Illinois COVID-19 Prevention Ambassadors Program enlisted more than 260 Illinoisans to amplify IDPH messages on prevention measures, testing resources, vaccines, and other relevant information
- Convened COVID-19 Equity Team of state and community partners to guide IDPH COVID-19 response efforts in communities of color and other marginalized groups

Provider Engagement

- Completed 716 Focused Infection Control Surveys at LTC facilities for the federal CMS to qualify IL for CARES Act funds

Downward trend in cases, deaths, test positivity

- 7-day average cases per day on February 4 (3,027) down 47% from January 1 (5,677) and 76% from winter surge high on November 16, 2020 (12,384)
- 7-day average deaths per day on February 4 (54) down 56% from January 1 (121) and 65% from winter surge high on December 8, 2020 (155)
IDPH has been a nationwide leader in testing for COVID-19 since the pandemic began, including expansion of internal lab capacity, sourcing outside lab testing, providing mobile sample collection sites, guidance and education.
IDPH has worked with national experts to develop a distribution plan to ensure the vaccine reaches Illinoisans as quickly as possible using an equity-centric approach. Through efficient and effective distribution of the vaccine, we can suppress the spread of the virus, rebuild our economy, and save as many lives as possible. The State is currently in Phases 1a and 1b, which include health care personnel, residents of long-term care facilities, persons aged ≥65 years and non-health care frontline essential workers. It will be expanded before the end of February to include people of any age with certain co-morbidities.
IDPH FY21 Key Activities

- COVID-19 activities, including testing, contact tracing, vaccine distribution, data reporting and communications
- Promote health equity and work to eliminate health disparities through increased coordination with leadership, programs, and strategic partnerships.
- Added more than 70,000 persons to the Health Care Worker Registry, bringing the total number of persons now included to more than 800,000
- Piloting health equity checklist as part of the IDPH grantmaking process to help applicants consider ways to address health equity across IDPH programs
- Leveraging syndromic surveillance data received from hospital emergency departments (ED) for near real-time information on opioid overdoses
- Processed 230,000 children in Lead Program, 7,000 of whom were identified with elevated lead levels
- Developed an initial assessment of statewide cannabis use
### Budget Comparisons: FY2021 to Proposed FY2022 (millions)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>FY2021 Budget</th>
<th>FY2022 Proposed</th>
<th>Change</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>General Revenue (GRF)</td>
<td>$157</td>
<td>$148</td>
<td>($9)</td>
<td>(6%)</td>
</tr>
<tr>
<td>Non-GRF State Funds</td>
<td>$232</td>
<td>$231</td>
<td>($1)</td>
<td>(0%)</td>
</tr>
<tr>
<td>Federal</td>
<td>$1,397</td>
<td>$1,399</td>
<td>$2</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,786</td>
<td>$1,778</td>
<td>($8)</td>
<td>0%</td>
</tr>
<tr>
<td>Office</td>
<td>FY2021 Budget</td>
<td>FY2022 Proposed</td>
<td>Change</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------</td>
<td>-----------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$45</td>
<td>$47</td>
<td>$2</td>
<td></td>
</tr>
<tr>
<td>Policy, Planning &amp; Statistics</td>
<td>$56</td>
<td>$53</td>
<td>($3)</td>
<td></td>
</tr>
<tr>
<td>Health Promotion</td>
<td>$66</td>
<td>$66</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Healthcare Regulation</td>
<td>$751</td>
<td>$734</td>
<td>($17)</td>
<td></td>
</tr>
<tr>
<td>Health Protection</td>
<td>$90</td>
<td>$91</td>
<td>$1</td>
<td></td>
</tr>
<tr>
<td>Women’s Health</td>
<td>$110</td>
<td>$110</td>
<td>$0</td>
<td></td>
</tr>
<tr>
<td>Preparedness &amp; Response</td>
<td>$668</td>
<td>$677</td>
<td>$9</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>$1,786</td>
<td>$1,778</td>
<td>($8)</td>
<td></td>
</tr>
</tbody>
</table>

Total: $1,786 to $1,778, (0%) change.
Moving forward in FY2022: Proposed Budget Highlights

- Continuation of $1 billion in federal fund appropriation for COVID response activities
- Alzheimer’s disease education and outreach program $1 million in new funding
- Suicide and injury prevention program $750,000 in new funding
- Illinois Breast and Cervical Cancer Program funding of $21.5 million, same as FY21 funding
- Total funding of $138 million for HIV/AIDS programs, same as FY21 funding
- State and federal funds to reduce opioid overdose instances and deaths of $6 million, same as FY21 funding
DPH Goals for FY2022

Public and Stakeholder Engagement

- Enable Illinoisans to become contributors, problem solvers, and partners in helping to stop the spread of COVID-19

Advancing Health Equity

- Implement policies and programs to address long-term structural inequities that contribute to health inequities.

Enhance 10 Essential Public Health Services

- Increase ease of internal data sharing and data collection systems to inform program and policy improvements
- Continue professional development to support a diverse and skilled public health workforce
- Identify, create, champion, and implement policies, including legal and regulatory actions, to improve the state’s health
Winning the Fight Against COVID-19

- Equity
- Variants
- Trusted Messengers Campaign
- Vaccine Efficacy
- Masking and Social Distancing
- Vaccination
MISSION

To promote prevention, child safety, permanency and well being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.
Meet Joanna

• Joanna was a single mother of a 15 yr. old autistic child who struggled to keep the minor from leaving the home and wandering the streets. The child had never been in school or been involved in any educational programs.

• DCFS assisted Joanna with understanding how to take care of a child with special needs and worked with ISBE to help her get the proper schooling for her child. DCFS assisted with finding the proper support and safety tools in and around the home to keep the child safe.

• The family has since been independent from DCFS after completing 3 months of Intact Family Services and also has gained a strong support team.
Response to COVID-19 – DCFS responded quickly and used innovative measures to ensure it carried out its mission and responsibilities and to ensure the well-being and safety of children and families during the ongoing pandemic.

When the pandemic struck and social distancing was necessary, DCFS ensured its hotline remained staffed 24 hours a day. DCFS secured and configured state-issued mobile phones, laptops, and headsets for each call floor worker to use remotely. Call center workers embraced remote work, and efficiency improved.

DCFS worked to ensure that youth in care had access to video calls to connect with parents, relatives and case workers.

DCFS provided ample PPE to investigators and caseworkers, and worked to ensure supplies were replenished and offices were disinfected.

DCFS also implemented a testing program for employees and private sector partners, and offered vaccinations to employees in partnership with IDPH.

DCFS extended services for any youth in care aging out of the system during this crisis, and continues to offer our services with housing and other expenses to this population.
DCFS FY21 Accomplishments

- **Expanded Investments in Youth in Care** – During the pandemic, DCFS allowed youth to stay in care rather than age out and extended housing supports. We also provided tablets as extra educational resources to support distance learning.

- **Maintaining and Hiring Staff** – DCFS is taking advantage of increased frontline positions funded by the general assembly and is implementing programs to reduce staff turnover and maintain staffing levels.

- **Commitment to Training** – Under *Safety First, Safety Always*, more than 3,100 workers have been trained in our *Safety Reboot* program, and 3,759 workers trained on domestic violence prevention. Almost 600 supervisors have been trained on best practices, and 4,100 staff have been trained on LGBTQI issues. DCFS continues to roll out continuous, additional training to ensure workers stay at the forefront of best practices and procedures.

- **The Hotline** – All operations were successfully moved to a remote work environment. In the previous year, nearly 50% of calls to the hotline required a call-back to complete the reports of abuse and neglect. Less than 2% of reports now require a call-back. Since the launch of a new online reporting system in September of 2020, online reports have nearly doubled since FY20.
DCFS FY21 Accomplishments

- **Diversity, Equity and Inclusion** – DCFS is actively working to ensure staff and private agencies are providing services to all youth, including LGBTQI+ youth, while working to reverse the long-standing bias of race in the child welfare system.

- **Focus on Prevention** – DCFS is working with private agency partners and other state agencies to prepare for system-wide changes that are coming with the changes under the Family First Act.

- **YouthCare Health Program** – DCFS worked with HFS (Healthcare and Family Services) to successfully transfer more than 30,000 children into a new managed care program that provides improved healthcare services and options for youth in care. Youth, families and caseworkers have care coordination services, and YouthCare professionals support DCFS in finding care for complex and challenging medical cases.

- **Technology and Innovation** – DCFS is taking steps to be a leader in adopting technology that better serves children and families. DCFS is piloting a new app that allows youth a comfortable and private connection to caseworkers, and the recent update to the online reporting system provides a quick, convenient method to report allegations of abuse or neglect while reducing the number of callbacks from the hotline.
Total Budget: $1.5 Billion

- Increase of 8% over FY21
- Increase of 15% over FY20

► Investing in Staff – $11.9M maintains our investment in Staffing levels
► Modernizing Systems – $13.5M for implementation of Comprehensive Child Welfare Information System
► Expanding Programs – $97.9M to support growing programs
  - $40.6M – Foster Care
  - $28.2M – Institutions/Group Homes
  - $17.2M – Intact Family Services
  - $5.8M – Day Care
  - $3.1M – State Minimum Wage (eff. 01.01.22)
  - $3.0M – Family First Prevention
Investments in FY22

DCFS Budget and Headcount FY19-22 Proposed

- **Proposed**
  - FY19: $1,215,633,700
  - FY20: $1,351,748,700
  - FY21: $1,438,111,400
  - FY22 Request: $1,552,310,800

- **Agency Budget**
  - FY19: $1,215,633,700
  - FY20: $1,351,748,700
  - FY21: $1,438,111,400
  - FY22 Request: $1,552,310,800

- **Funded Headcount**
  - FY19: 2,758
  - FY20: 2,933
  - FY21: 3,056
  - FY22 Request: 3,056

Image 1: Graph showing the trend of investments in FY19 to FY22.
Investments in FY22

<table>
<thead>
<tr>
<th></th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
<th>FY20</th>
<th>FY21 Est.</th>
<th>FY22 Proj.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigations</td>
<td>67,726</td>
<td>78,575</td>
<td>75,030</td>
<td>81,278</td>
<td>86,947</td>
<td>80,830</td>
<td>81,150</td>
<td>86,950</td>
</tr>
<tr>
<td>Youth in Care (End of FY)</td>
<td>17,308</td>
<td>17,026</td>
<td>16,780</td>
<td>17,463</td>
<td>18,568</td>
<td>21,099</td>
<td>23,238</td>
<td>23,544</td>
</tr>
<tr>
<td>Intact Family Services (End of FY)</td>
<td>2,434</td>
<td>2,330</td>
<td>2,786</td>
<td>2,991</td>
<td>3,563</td>
<td>4,144</td>
<td>4,641</td>
<td>5,105</td>
</tr>
</tbody>
</table>

DCFS Caseload Trends FY15-22 Projected
Family First Prevention Services Act (FFPSA)

Historic Reforms to Federal Foster Care Funding:
- Kids Stay Safe at Home through Evidence-Based Prevention Services
- Promotes Family Foster Care with Time Limits for Congregate Care Funding
- Ensures Trauma-Informed Congregate Care
- Illinois Implementation Began 7/1/2020

Congregate Care Enhancements Implemented:
- Qualified Residential Treatment Programs (QRTPs) Enhancements
- Enhanced Pre-Admission Assessment and Oversight
- Capped Lengths of Stay to Promote Community Care

Preservation Services:
- Clients Served:
  - Families: Intact Family Services; Intact Family Recovery Services (Substance Abuse Treatment); Extended Family Support
  - Children: Recently Reunified (6 months); Post Adoption; Post Guardianship
  - Teens: Pregnant/Parenting Youth Recently Emancipated
- Service Array:
  - Child-Parent Psychotherapy (CPP)
  - Multi-Systemic Therapy (MST)
  - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
  - Nurturing Parent Program (NPP)
  - Positive Parenting Program (PPP)
Goals

**Improve Safety** – DCFS is investing more than $17 million in Intact Family Services and $3 million in Family First prevention services to keep children safe, improve outcomes and strengthen families.

**Promote Diversity Equity and Inclusion** – DCFS is changing the name of its Office of Affirmative Action to more accurately reflect its mission as the Office of Diversity, Equity and Inclusion. It will continue to expand programmatic support for LGBTQI+ youth in care, and address competency training needs and recruitment of affirming caregivers, continue to build resources, and investigate all claims of discrimination.

**Encourage Subsidized Guardianship** – Subsidized guardianship is a path to a permanent home for a child that keeps a child’s self-identity and reinforces the values and culture of biological parents, while maintaining a connection to family. This has a tremendously positive impact on the child’s self-esteem. Subsidized guardianship provides all of the supports of other forms of permanency, but is a better options for many of our youth in care and their caregivers.

**Continuing Services for Older Youth** – As it has done throughout the pandemic, DCFS will offer services to youth who are aging out of the system. Youth can choose to remain in care or receive financial assistance, along with referrals for healthcare and housing assistance.
Meet Marissa & Hector – Intact Family Services

- Marissa was found unresponsive by a neighbor and was transported to the hospital and treated for excessive drinking.
- Once released from the hospital, Marissa and Victor worked with their Intact Family Services case manager and engaged in substance abuse treatment, domestic violence treatment, parenting classes, and received funds for a larger apartment, as well as access to affordable daycare through the Child Care Assistance Program funded through a partnership with DHS and DCFS.
- Both remain sober and both maintained employment during the pandemic, with no incidents of domestic violence. The father was not residing in the home but has moved into the home as an additional support to the mother.
- Through intensive services, the parents used their healthy coping skills, and the parents’ case was closed after six months of services and their family remains safe and intact.
The Department on Aging’s mission is to serve and advocate for older Illinoisans and their caregivers by administering quality and culturally appropriate programs that promote partnerships and encourage independence, dignity and quality of life.

Respect for yesterday, support today, and plan for tomorrow.

- Implement innovative and evidence-based programs to support older adults ability to remain in the community and avoid premature institutionalization.
- Maximize federal, state, local and private resources to increase healthy aging options and social programs for older adults.
- Promote responsive management, accountability and advance technologies to meet the needs of the most vulnerable while create efficiencies in statewide systems.
Response to COVID – Ensuring Older Adults Basic Needs are Met

- During the COVID pandemic, the Aging Network maintained older adults’ health, welfare and safety through the following:
- Expansion of Home Delivered Meals and Shelf Stable Meals to respond to food insecurity.
- Creation of a new program - Emergency Senior Services (ESS) to meet older adults’ immediate needs, e.g. transportation, grocery shopping.
- Provided over 1M pieces of PPE to our network of community-based agencies and providers; as well as older adults to address their safety and prevent the transmission of COVID.
- Collaborated with State sister agency – DHS and federal ACL to provide older adults and persons with disabilities access to assistive devices and hotspots to address increased social isolation as a result of COVID.
The COVID pandemic forced the Aging Network to quickly pivot to mostly a remote model of service delivery. DoA prioritized sustaining the Aging Network through the following action steps:

- Provision of PPE offset payments to ensure access to critical PPE.
- Adult Day Service preservation grants to maintain the ADS network, including remote calls to participants.
- Collaboration with FEMA & IEMA to obtain and distribute over 1M pieces of PPE.
- Rate increase for In-Home providers effective 4/1/21 moving rate to $23.40 per hour.
- Coordination with HFS to obtain increased flexibilities included in Elderly Waiver, Appendix K to ensure adequate provider capacity.
- Collaboration with DPH on the development of over 200 pieces of guidance specific to COVID 19 and the providing up-to-date outreach to the Aging Network.
Coordination with FEMA / IEMA – due to the COVID-19 pandemic, IDoA received an additional $44 million in additional federal funding. IDoA has coordinated with FEMA and IEMA to obtain shelf stable meals at no cost to the state that are delivered in collaboration with our AAA network.

To give you an idea of what that means, we provided 58,000 shelf stable meals to our seniors in total last year. Since March 30th, we have provided 1.2 million shelf stable meals to our seniors.

Expansion of Home Delivered Meals (HDMs) to address substantial increase in demand as a result of COVID pandemic and the temporary closure of congregate dining sites. Since March 30th through December, 10.4M HDMs have been provided with an average of 48,000 meals being provided per day.
Collaboration with IEMA & Aging Network

- To date, through coordination with IEMA, IDoA has provided over 1 million pieces of Personal Protective Equipment to providers in our Network such as In-Home Service, Adult Day Services, EHRS / AMD, CCUs, Regional Ombudsman, Adult Protective Service agencies, nutrition providers, CCRS, and Area Agencies on Aging.

- Additionally, the Department is providing PPE off-set payments to our provider network to ensure access to PPE for both providers and recipients of services.

  - The most recent delivery of PPE included face shields, masks, N95 respirators, gowns, and temporal thermometers.
An estimated **10,000** individuals have had their needs met through purchases made with ESS funds provided by the IDoA. These additional gap-filling funds, made available in response to the pandemic, have assisted vulnerable older adults by making access to many necessary goods and services a reality. ESS has met the ever-changing needs and improved quality of life for many older Illinoisans through targeted outreach and a person-centered approach:

**Person-Centered Purchasing (needs based):**

- Addressing food insecurity and cutting waiting lists in standard HDM programs, grocery assistance, grocery delivery, nutrition “bundles”.
- Assistance with medication costs, transportation, purchase of wheelchairs, walkers, assistive devices, assistive technology, PPE, cleaning supplies, environmental modifications, utility costs, personal hygiene items, etc.

**Targeted Outreach:**

- Addressing ethnic meal needs in communities that are largely BIPOC.
- Meeting needs in communities and neighborhoods most heavily impacted by protests and civil unrest.
The Department was able to shift a total of $5 million in resources within its Fiscal Year 2020 and Fiscal Year 2021 budgets to create a new program, Emergency Senior Services.

In the first 6 months of FY21, just under $2 million has been used to purchase ESS services and supports.

- **Gaps Addressed**
  - Nutritional needs - 26%
  - Personal medical care needs - 19%
  - Home Delivered Meals - 15%
  - Personal hygiene items - 15%
  - Assistive Technology for ADL/IADL needs - 7%
  - Other - 7%
  - Utility Assistance - 4%
  - Disinfectant items - 4%
  - Rent/Mortgage Assistance - 2%
  - HDM - 2%
  - PPE - 1%
  - Transportation services - 1%
  - Respite Care - 0.2%
Collaboration with our 13 Area Agencies on Aging (AAAs) to provide direct assistance and support to older adults with the vaccination registration process. The $1.2M grant to the AAAs will enable increased outreach and education to our most vulnerable older adults, including our minority populations.

The Care Coordination Units (CCUs) continue to directly outreach to CCP participants to determine their need for assistance with the vaccination registration process. Emergency Senior Service funding is available to the CCUs for the provision of assistance, including transportation needs.
### FY22 Governor’s Introduced Budget

**Total All Funds increase of 4.3%**

<table>
<thead>
<tr>
<th>Fund Name</th>
<th>FY21 Enacted Approp</th>
<th>FY22 Governor’s Introduced</th>
<th>Change From FY21</th>
<th>Change % From FY21</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue Fund</td>
<td>$402,039.5</td>
<td>$449,716.2</td>
<td>$47,676.7</td>
<td>11.9%</td>
</tr>
<tr>
<td>Commitment to Human Services Fund</td>
<td>$690,918.2</td>
<td>$699,654.6</td>
<td>$8,736.4</td>
<td>1.3%</td>
</tr>
<tr>
<td>Federal Funds</td>
<td>$285,808.0</td>
<td>$288,379.8</td>
<td>$2,571.8</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other State Funds</td>
<td>$5,745.0</td>
<td>$5,745.0</td>
<td>$0.0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total All Funds</strong></td>
<td>$1,387,208.0</td>
<td>$1,446,192.9</td>
<td>$58,984.9</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

*Graph showing breakdown of budget changes across different funds.*
Program Highlights

- **$11.3M** for the expansion of Home Delivered Meals to meet the increased demand as a result of COVID 19 and to address waiting lists in two planning and service areas.
- **$5M** to continue addressing seniors’ emergency needs through the Emergency Senior Services Program.
- **$1M** to add Assistive Technology to the Community Care Program.

Addressing Minimum Wage Effective 1/1/2022

- **$204K** to allow for the continuation of the Senior Employment program at the proper $15/hr. Effective 1/1/2022.
- **$2.4M** to address minimum wage increase within Older American services programming. Effective 1/1/2022.
- **$29.3M** which will address the minimum wage pressures with the Community Care Program Services. The in-home services rate will go to $24.96/hour, Adult Day Services will move to $15.30/hour, and Adult Day Services Transportation rate will go to $11.29/ride. Effective 1/1/2022.
Expand and ensure equitable access to programs that address the social determinants of health with a focus on identifying and understanding the needs of underserved and diverse populations.

Promote responsive management and improve efficiencies within the delivery of services through the use of data and enhanced IT systems.

Protect older adults and persons with disabilities by strengthening interagency collaboration to prevent abuse, neglect and exploitation, and increase public awareness.
The Department along with the Illinois Assistive Technology Program (IATP), and IDHS’ Division of Developmental Disabilities and Division of Rehabilitation Services launched Illinois Care Connections as a result of a successful application to the federal Administration on Community Living.

Illinois Care Connections provides technology devices such as iPads or Tablets to older adults and persons with disabilities who are socially isolated as a result of the COVID-19 pandemic, to help facilitate social connections with family and friends. To date, DoA has received 1059 referrals for devices and 340 referrals for hotspots with 508 devices delivered to participants to date.
We really need each other, even more than we understand or know. At the end of the day, it’s our passion for aging that solidifies why we do what we do.

- Paula Basta, Director IDoA
VISION

IDHS and its partners provide social/human services, supports, programs, and resources to enhance the lives of Illinois residents.

IDHS values equity, diversity, and inclusion and works to advance racial justice.
Maximize opportunities for all people to work
Ensure hungry people and families have access to nutritious food
Provide places for people to call home
Promote the health and well-being of individuals and communities
Help communities create safe neighborhoods and spaces
Meet Elliot

• 4 years ago Elliot experienced a traumatic event which caused physical injury and required rehabilitation in a long-term care facility. Elliot has a long work history and was no longer able to work after sustaining serious injury.

• Elliot’s life changed drastically after his injuries and he learned to adapt to engaging in activities of daily living while in a wheelchair.

• Elliot engaged in IDHS – Division of Mental Health’s Comprehensive Class Member Program with Trilogy and identified an accessible unit. Elliot was all set to transition and ready to start his new life outside of the long-term care facility, when his transition was put temporarily on hold due to COVID-19 restrictions.

• Elliot remained hopeful and engaged in the program, and when it became safer to do so, he successfully transitioned to his own apartment in the community with the support of DMH’s program and Trilogy’s services.
Meet Elliot

Elliot receives support in preparing meals, completing household tasks, and special healthcare needs with waiver services from the Division of Rehabilitation Services.

Through Family & Community Services, he receives SNAP benefits which creates the opportunity to have access to fresh groceries to enjoy homecooked meals prepared just the way he likes them!

Elliot engages in community-based services funded by the Division of Mental Health and is so grateful for the support to manage his physical and mental health needs in the community.

Elliot enjoys reading and is so excited his new apartment building has a shared book room.
Meet Avery

Feeling fearful of contracting COVID-19 in the nursing facility while pregnant, Avery left the facility unexpectedly without a plan and no where to go.

Avery was contacted by a staff member of IDHS-Division of Mental Health’s Comprehensive Class Member Program with Trilogy Services and linked to much needed support in the community.

The Trilogy team worked closely with Avery to secure permanent supportive housing and DMH funded rental assistance. The community support team ensured she was well set up in her new home before the arrival of her beautiful baby.

Avery was linked with Family & Community Services’ SNAP benefits and is receiving support from the Division of Mental Health for community-based services.

“Now I have a beautiful apartment, with new furniture, I am very grateful for this wonderful opportunity to live independently with support.”
IDHS staff and our community partners, our heroes, stepped up and provided safe and continued care during every phase of the pandemic:

- Successful procurement and distribution of tens of millions of dollars of Personal Protection Equipment (PPE); both for IDHS facilities and staff and community providers.
- Investment of federal stimulus funding in most impacted communities, partnering with faith-based organization, Welcoming Centers and other immigrant serving non-profits, community colleges, CMHCs, food banks, and food pantries.
- Swift provision of retention payments to community providers unable to provide or maintain service levels due to COVID-19.
- Call4Calm text line was established to provide emotional support to thousands of Illinoisans.
Response

- Support to community providers to reinvent themselves and develop new ways to provide services virtually.
- Provided rental and utility assistance, increased access to food, expanded employment and training programs to adult and youth, and stimulus checks to TANF beneficiaries.
- Educated communities hardest hit by COVID-19 on ways to reduce the spread and provided access to PPE.
- Provided support to Child Care Assistance Program providers experiencing decreases in utilization by paying all eligible days of care for children attending at least 50% of the time.
- Assisted IDPH in vaccination efforts.
Development of a Diversity, Equity, Inclusion, and Racial Justice plan along with the initiation of Healing Illinois

Illinois achieved a 71.4% response rate, finishing seventh in the nation overall and first among states with over 9M in population size.

Comprehensive response to COVID-19 across the continuum of the human services system targeting those most impacted

In partnership with DCEO provide federally funded Child Care Restoration Grants to Child Care providers across the state

Continued reduction in Medicaid backlog. Long Term Care pending applications backlog. Both have been by reduced by more than 90% since Feb 2019

Finalization of the Developmental Disability Services Rate Study report by Guidehouse
IDHS FY 22 Budget Highlights

Total proposed budget of $8.4 Billion

- an increase of 11.3% over FY21 estimated spending

Continued Commitment to Olmstead Consent Decrees

IDHS serves as the lead agency for three Olmstead-related Consent Decrees. The State of Illinois has made and will continue to have a strong commitment to achieving compliance

- Ligas – the proposed budget supports investing $77.0M (all funds) to begin implementation of the DD rate study as well as funds to support an additional 700 placements from PUNS in FY22 and annualization of the FY21 PUNS placements

- Colbert and Williams – FY22 proposed budget supports additional transitions for 900 Colbert class members and 400 Williams class members.
Continued Investment to Support Front-Line Staff

- Child Care Assistance Program funding of $40.0M to support increase in provider rates (includes Center rates)
- $30.0M to support wage increases for individual providers serving customers of the Home Services Program and $10.0M for health insurance for eligible front-line staff
- $6.9M included to address the impact of Minimum Wage increases on community-based providers
Funding to Support Eviction Mitigation Program

In partnership with the Illinois Housing Development Authority and the Department of Commerce and Economic Opportunities, IDHS will be helping launch the Eviction Mitigation Program.

• Over $585.6M in Federal Emergency Rental Assistance funds have been awarded to the State of Illinois to provide rental assistance and other housing supports to homeless or persons at risk of homelessness

• In addition to the Federal Relief funds, the IDHS proposed budget includes $25.0M to provide eviction mitigation legal services and education, case management and outreach
## IDHS FY 22 Budget Comparison

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Proposed FY 22 $s in thousands</th>
<th>FY 2021 Estimate Spending - No Supplemental $s in thousands</th>
<th>Change from FY 21 $s in thousands</th>
<th>Change from FY 21 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRF</td>
<td>$4,703,870.3</td>
<td>$4,420,704.6</td>
<td>$283,165.7</td>
<td>6.4%</td>
</tr>
<tr>
<td>Other State</td>
<td>$1,012,497.0</td>
<td>$991,447.1</td>
<td>$21,049.9</td>
<td>2.1%</td>
</tr>
<tr>
<td>Federal</td>
<td>$2,722,675.0</td>
<td>$2,131,345.8</td>
<td>$591,329.2</td>
<td>23.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$8,439,042.3</strong></td>
<td><strong>$7,543,497.5</strong></td>
<td><strong>$895,544.8</strong></td>
<td><strong>11.3%</strong></td>
</tr>
</tbody>
</table>

* IDHS has FY21 Supplemental Requests of $369.0M in Federal funds, primarily for the Federal Child Care CARES Relief funds, and $GRF, $5.0M in other state funds to expend available balances on FY21 liabilities.
Agency-Wide Key Strategies

- Integrated Service Delivery Systems intra DHS
- Integrated Service Delivery Systems inter-agency e.g. Illinois Department of Corrections
- Safe service delivery to IDHS residents
- Incorporating an equity lens
- Proactive stakeholder communication plans
- Increase Access to State Grants
KEY STRATEGIES

- **Enhance mobile approaches, telehealth and outreach capacity** to allow access to treatment and recovery support for residents in underserved populations.

- **Increase Access to Medication Assisted Recovery** by 15% in low access counties

- Leverage improved **naloxone distribution method** to ensure wider access, especially in communities of high need

- Pilot an overdose prevention site (OPS)

- Increase housing subsidy voucher program by 10%

- **Expanding gambling disorder services** to reach 10% more individuals across the state through prevention, intervention for those at risk, treatment for those with gambling disorder, and support for those in recovery.
FY 22 Budget Proposed Highlights

► Supplemental Federal Block Grant funds as part of Dec 2020 $900B COVID relief package will support SUD prevention, treatment, and recovery support services

► Revenues made available to IDHS from the legalization of cannabis includes purchasing naloxone and supporting other overdose response projects; supporting community collaborations to create crisis response interventions; collaboration with the Illinois State Police on diversion pilots, funding for Healing Illinois, expanding the infrastructure of DMH and SUPR; and racial equity training for the DHS work force
KEY STRATEGIES

• Investing in our community-based system to create supports that people with intellectual and developmental disabilities want and need

• By 2025, no one will be waiting on the PUNS list longer than 60 months for services

• Budget request supports continued operations of our seven state operated developmental centers caring for over 1,500 residents
FY 22 Proposed Budget Highlights

► As mentioned earlier, the proposed budget supports an investment of $77.0M (all funds) to support initial implementation of the recently finalized rate study.

► Proposed budget also supports annualization of the FY21 PUNS placements and 700 new placements and transitions in FY22.
KEY STRATEGIES

• Invest, build, and promote independent living.

• Foster self-determination and control for individuals who wish to remain in their homes.

• Build, reinforce, and maximize services provided through the Vocational Rehabilitation Program.
FY 22 Proposed Budget Highlights

► The FY22 proposed funding for the Home Services Program includes an additional $81.3M all funds to support provider rate adjustments, utilization costs, and 1,200 projected net new customers.

► Includes a $1.3M expansion of Independent Living services statewide to address unserved and underserved counties.

► Implementation of a new project designed to target equitable access to the Vocational Rehabilitation program for targeted individuals with disabilities.

Budget by Year

![Budget by Year Chart]

<table>
<thead>
<tr>
<th>Year</th>
<th>GRF</th>
<th>Fed</th>
<th>Other State</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 19</td>
<td>$248.3M</td>
<td>$176.6M</td>
<td>$472.0M</td>
</tr>
<tr>
<td>FY 20</td>
<td>$235.7M</td>
<td>$177.0M</td>
<td>$551.0M</td>
</tr>
<tr>
<td>FY 21 (Est)</td>
<td>$290.2M</td>
<td>$634.8M</td>
<td>$252.1M</td>
</tr>
<tr>
<td>FY 22 (Req)</td>
<td>$302.9M</td>
<td>$696.7M</td>
<td>$272.7M</td>
</tr>
</tbody>
</table>

GRF  Fed  Other State
KEY STRATEGIES

• Continue to improve customer service and reduce application backlogs for Medicaid and SNAP with new call center and e-training for staff

• Strengthen and expand early childhood programs and supports

• Continue to promote racial and equitable service to all Illinois residents

• Expand our reach in disproportionately impacted communities by engaging trusted messengers to provide outreach and education

• Expand existing programs to decrease hunger across the state
FY 22 Proposed Budget Highlights

► The Child Care Assistance Program funding is increasing over $100M all funds to support estimated liability and rate increases of 3.5% July 1, 2021 and January 1, 2022.

► Proposed budget includes an additional $15.7M for growth in TANF cases and increasing award amount.

► Additional $4.2M to support the increasing participation rates in the Early Intervention Program.
Division of Mental Health (DMH)

KEY STRATEGIES

• Filling the Gaps in the Community Mental Health Safety Net
  • Linking individuals leaving state operated psychiatric hospitals with community-based care and, when appropriate, immediate access to housing
  • Expansion of Living Room Programs to provide ER-alternative for individuals experiencing a mental health crisis

• Forensic Mental Health System Reform
  • Partnering with community agencies to provide outpatient services for forensic consumers
  • Community based reintegration program for forensic consumers
FY 22 Proposed Budget Highlights

- Significant increase in federal Mental Health Block Grant as part of the $900 billion COVID relief bill passed in December 2020
- As mentioned earlier, request supports the continued efforts to transition Colbert and Williams Class members to community settings

**Budget by Year**

<table>
<thead>
<tr>
<th>Year</th>
<th>GRF</th>
<th>Fed</th>
<th>Other State</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 19</td>
<td>$378.2</td>
<td>$27.6</td>
<td>$56.2</td>
</tr>
<tr>
<td>FY 20</td>
<td>$434.7</td>
<td>$28.0</td>
<td>$57.3</td>
</tr>
<tr>
<td>FY 21 (Est)</td>
<td>$523.6</td>
<td>$45.1</td>
<td>$104.3</td>
</tr>
<tr>
<td>FY 22 (Req)</td>
<td>$545.4</td>
<td>$62.8</td>
<td>$106.3</td>
</tr>
</tbody>
</table>

FY 19 $462.0M  FY 20 $520.0M  FY 21 (Est) $673.0M  FY 22 (Req) $714.5M
MISSION

Helping Families Succeed

We work together to help Illinoisans access high quality health care and fulfill child support obligations to advance their physical, mental, and financial well-being.

KEY PROGRAMS

- Medicaid
- CHIP
- Child Support Services

About 1 in 4 Illinoisans are served by HFS

HFS provides healthcare to more Illinoisans than any other insurer
Our Vision for the Future

**WE IMPROVE LIVES.**

- We address social and structural determinants of health.
- We empower customers to maximize their health and well-being.
- We provide consistent, responsive service to our colleagues and customers.
- We make equity the foundation of everything we do.

This is possible because...

<table>
<thead>
<tr>
<th>...WE VALUE OUR STAFF AS OUR GREATEST ASSET.</th>
<th>...WE ARE ALWAYS IMPROVING.</th>
<th>...WE INSPIRE PUBLIC CONFIDENCE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>We do this by:</td>
<td>We do this by:</td>
<td>We do this by:</td>
</tr>
<tr>
<td>► Fully staffing a diverse workforce whose skills and experiences strengthen HFS.</td>
<td>► Having specific and measurable goals and using analytics to improve outcomes.</td>
<td>► Using research and analytics to drive policy and shape legislative initiatives.</td>
</tr>
<tr>
<td>► Ensuring all staff and systems work together.</td>
<td>► Using technology and interagency collaboration to maximize efficiency and impact.</td>
<td>► Clearly communicating the impacts of our work.</td>
</tr>
<tr>
<td>► Maintaining a positive workplace where strong teams contribute, grow and stay.</td>
<td>► Learning from successes and failures.</td>
<td>► Being responsible stewards of public resources.</td>
</tr>
<tr>
<td>► Providing exceptional training programs that develop and support all employees.</td>
<td></td>
<td>► Staying focused on our goals.</td>
</tr>
</tbody>
</table>
Meet Julia

**Challenges:**
- After surviving pediatric cancer, Julia has over two dozen doctors and specialists. She needed very specialized medicine that was difficult to find in the early days of the pandemic.

**Working together:**
- Julia’s care coordinator helped find the medicine and regularly calls her mom before and after her many surgeries to check on her progress.

**A better life:**

“With help from our care coordinator, YouthCare has been absolutely amazing. She made the whole transition easy. To have someone in my corner to help out has given us peace of mind.”

*Names changed for privacy.*
COVID-19 Response Efforts

- CARES Act funding distribution ($700 m)
- MCO enhanced community reinvestment, especially behavioral health ($100 m)
- Emergency flexibilities to preserve enrollment for customers and increase provider capacity
- Telehealth expansion (emergency to permanent)
- Emergency support for hospitals ($75 m)
- Statewide remote patient monitoring & pandemic health workers to support individuals in the community
- COVID uninsured testing group and trying to add vaccination benefits
- Surge Staffing Contracts
Medical Programs

- Ensured no one lost Medicaid coverage during the pandemic
- Worked with DHS to reduce the backlog of new applications for Medicaid by 90%
- First in the nation to cover undocumented older adults with Medicaid-like coverage
- Collaborated with DCFS to rollout the YouthCare program which ensures coordinated care services for medically complex children and current or former foster youth
- Developed overarching quality strategy to prioritize data-driven outcomes in behavioral health, moms & babies, community-based supports, and equity
- Created an MCO claims clearinghouse for greater transparency into claim rejections
- During FY20, invested $66.2 million in minority & women owned businesses through MCOs (+37% increase) over fiscal year 2019
Division of Child Support Services

➢ HFS’s child support program made an equity-centric policy change eliminating unadjudicated interest on balances, rectifying inequity between its low-income families and customers of color who were automatically charged 9% interest on balances and families with private arrangements who were not

➢ Served 424,000 families and 582,000 children
  ✓ 3rd largest state program, after only Medicaid and SNAP

➢ Collected over $1.3 billion for children and their families

➢ Was one of the most cost-effective government programs with $5.62 collected for every $1 dollar invested in the critical services provided
Challenges:

- A non-custodial parent owed several years of delinquent back-child support and no payments were being made.

Working together:

- The non-custodial parent’s passport application was denied and over $80,000 in overdue child support was paid.

A plan moving forward:

- Agreements were also reached to support the children until they graduated from high school.

* Names changed for privacy.
-1.86% change over FY21 (without one-time COVID funds)
  - Less appropriation needed due to extension of enhanced federal matching funds and the reduction of one-time COVID-related appropriation authority in FY 22

We are maintaining our current commitments and building for the future.

While HFS will be challenged with operational cuts in FY22, this proposal includes NO reductions to eligibility or providers.
## HFS FY22 Budget Highlights

<table>
<thead>
<tr>
<th>ALL FUNDS ($ MILLIONS)</th>
<th>FY 2021 APPROPRIATION</th>
<th>FY 2022 REQUEST</th>
<th>$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL BY PROGRAM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assistance</td>
<td>$30,147.2</td>
<td>$28,724.4</td>
<td>($1,422.8)</td>
</tr>
<tr>
<td>Child Support Services</td>
<td>$227.7</td>
<td>$245.4</td>
<td>$17.6</td>
</tr>
<tr>
<td>Administration</td>
<td>$251.6</td>
<td>$269.3</td>
<td>$17.7</td>
</tr>
<tr>
<td>Office of Inspector General</td>
<td>$26.9</td>
<td>$28.0</td>
<td>$1.0</td>
</tr>
<tr>
<td>Public Aid Recoveries</td>
<td>$31.0</td>
<td>$32.5</td>
<td>$1.5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$30,684.4</td>
<td>$29,299.5</td>
<td>($1,384.9)</td>
</tr>
</tbody>
</table>

* Numbers may not appear to add due to rounding.*
### GENERAL REVENUE FUNDS ($ MILLIONS)

<table>
<thead>
<tr>
<th>TOTAL BY PROGRAM</th>
<th>FY 2021 APPROPRIATION</th>
<th>FY 2022 REQUEST</th>
<th>$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistance</td>
<td>$7,938.6</td>
<td>$7,296.3</td>
<td>($642.3)</td>
</tr>
<tr>
<td>Child Support Services</td>
<td>$32.7</td>
<td>$35.6</td>
<td>$2.9</td>
</tr>
<tr>
<td>Administration</td>
<td>$38.0</td>
<td>$39.0</td>
<td>$1.1</td>
</tr>
<tr>
<td>Office of Inspector General</td>
<td>$5.2</td>
<td>$5.3</td>
<td>$0.1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$8,014.4</strong></td>
<td><strong>$7,376.2</strong></td>
<td><strong>($638.2)</strong></td>
</tr>
</tbody>
</table>

* Numbers may not appear to add due to rounding.
HFS – FY22 Goals

- Broad customer-focused services to help Illinoisans access high quality healthcare and fulfill child support obligations to advance their physical, mental, and financial well-being, including emergency pandemic response.

- Collaborate with provider and managed care (MCO) partners to ensure high quality, integrated, holistic health outcomes, addressing social determinants of health, reducing health disparities, and promoting racial equity.

- Implement a multi-year Healthcare Transformation program with $150 million dollars annually targeted towards person-centered, community-driven innovative healthcare collaborations in distressed communities, prioritizing safety-net and critical access hospitals.
HFS – FY22 Goals (con’t)

- Work with the Department of Human Services, Department of Innovation & Technology, and other partners to ensure customers who are eligible for medical assistance programs obtain and maintain access and the shared eligibility systems are robust and supported.

- Provide child support services to custodial and non-custodial parents by establishing paternity and establishing, enforcing, and modifying child support obligations to strengthen families emotionally and financially.

- Maximize federal funding for Medical Assistance and Child Support Services and related programs, prioritize data-based fiscal and policy decisions, and effectively deploy our staff and resources.
Meet Alice

Challenges:

- After 40+ years in the workforce, Alice lost her job due to downsizing. She and her husband were able to get healthcare though Medicaid.

Working together:

- She worked with her caseworker to understand her coverage and to access healthcare.

Very Thankful:

“I thank you so much for all your help. The world needs a lot more people like you!”

* Name changed for privacy