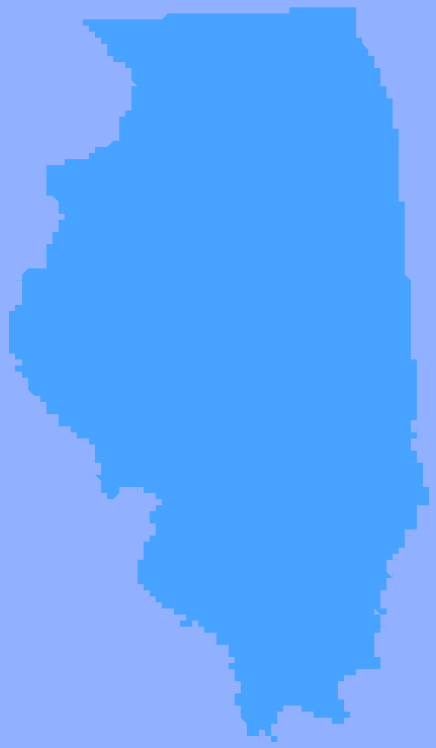
Health & Human Services Budget Briefing

Fiscal Year 2018



Agenda

Welcome from the Governor's Office

- Leslie Munger, Deputy Governor and Greg Bassi, Policy Advisor for Healthcare and Human Services

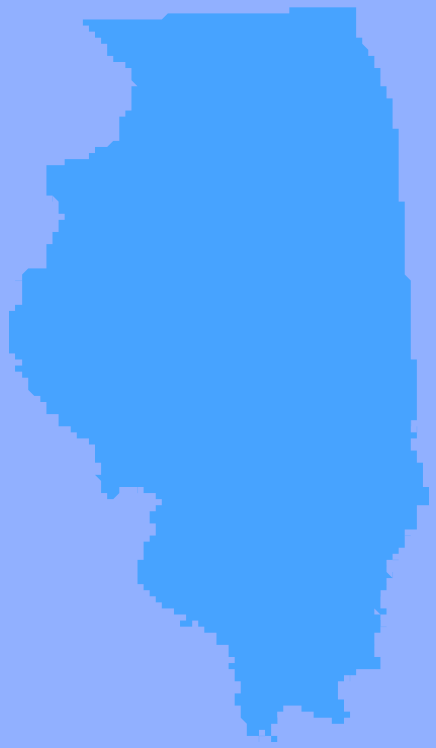
Agency Budget Presentations

- Director Felicia F. Norwood, *Department of Healthcare and Family Services*
- Director Jean Bohnhoff, *Department on Aging*
- Secretary James T. Dimas, *Department of Human Services*
- Director George H. Sheldon, *Department of Children and Family Services*
- Director Nirav D. Shah, *Department of Public Health*

Q&A

Illinois Department of Healthcare and Family Services

Fiscal Year 2018 Budget



Bruce Rauner, Governor

Felicia F. Norwood, Director

Michael Casey, Finance Administrator

HFS Mission

The Department of Healthcare and Family Services is committed to:

- **Ensuring** quality healthcare coverage at sustainable costs;
- **Empowering** people to make sound decisions about their well-being;
- **Maintaining** the highest standards of program integrity on behalf of the citizens of Illinois; and,
- **Ensuring** that families have the opportunities they deserve by establishing and enforcing child support obligations

Child Support Services

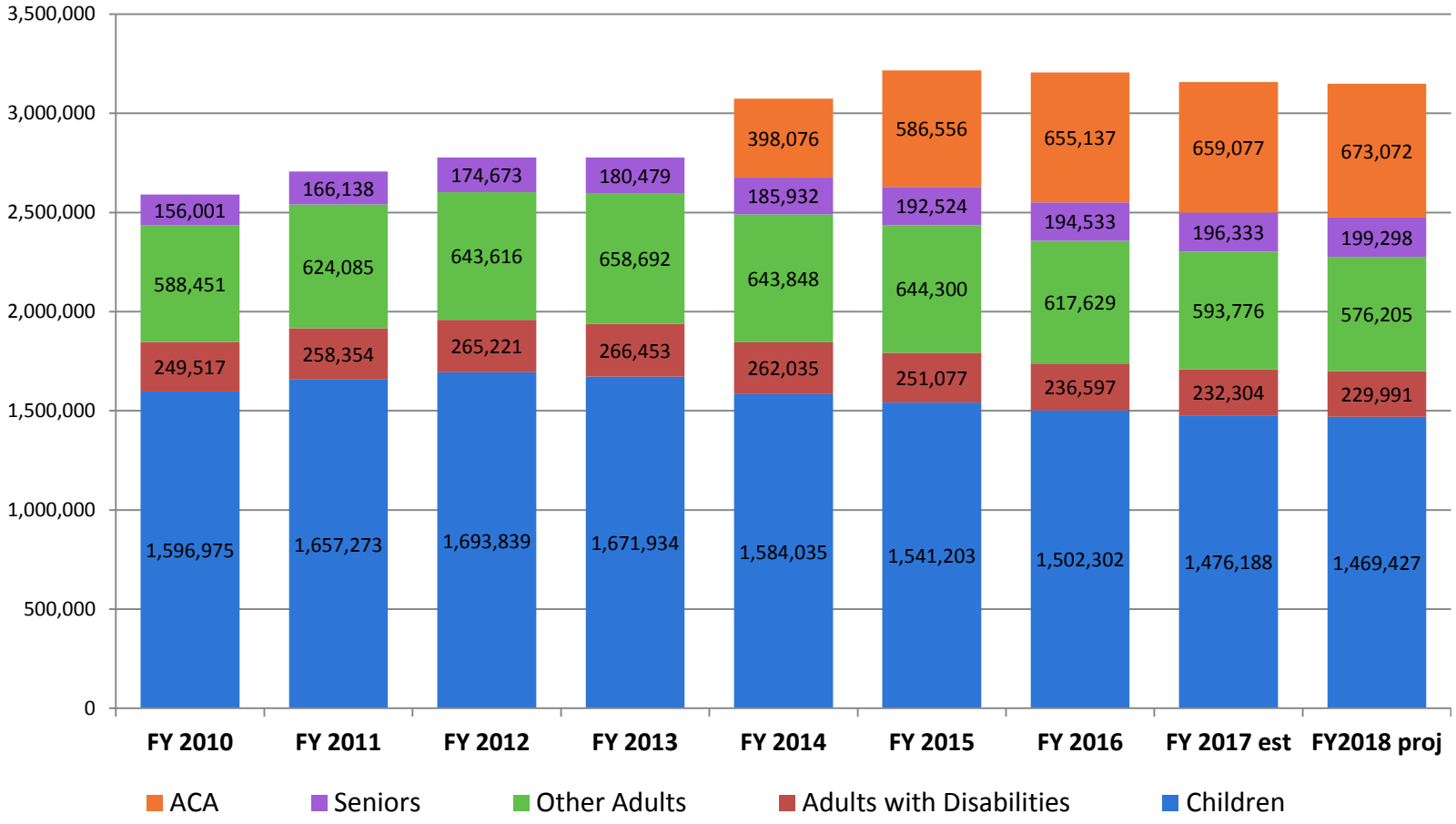
- Division of Child Support Services (DCSS) serves about 500,000 families who receive TANF and Medical Assistance or do not receive government assistance, but still need child support services
  - In FY 2016, for the twelfth straight year, the Department achieved collections of more than $1 billion, with a total of $1.429 billion – most of it passed on to families
  - HFS expects to collect $1.45 billion in child support during FY 2017 and $1.46 billion in FY 2018
- FY 2018 budget assumes that only 14 cents of every child support services operational dollar comes from the General Revenue Fund

Providing Healthcare Coverage

- HFS is the largest insurer in Illinois
- Current Medical Assistance Enrollment (January 2017): 3.14 million*
  - Children: 1.47 million
  - Seniors: 196,703
  - Adults with Disabilities: 230,996
  - Other Adults: 594,688
  - ACA Adults: 649,346

** Excludes enrollees in partial benefit programs*

Medical Assistance Average Enrollment



Reflects average annual enrollees
Excludes enrollees in partial benefit programs

Medical Assistance
Fiscal Year 2018 Budget Highlights

- Maintains current Medical Assistance eligibility, services and provider reimbursement
  - Including coverage for low income individuals under the Affordable Care Act (ACA)
- Includes initial costs of 1115 Demonstration Waiver
- Assumes over 66% of clients enrolled in risk-based managed care

Medical Assistance
Fiscal Year 2018 Budget Highlights

- Continues efforts to rebalance the long term care system
- Includes appropriation levels sufficient to allow HFS to continue processing Medical Assistance bills to the Comptroller on a timely basis

Affordable Care Act (ACA) Enrollment

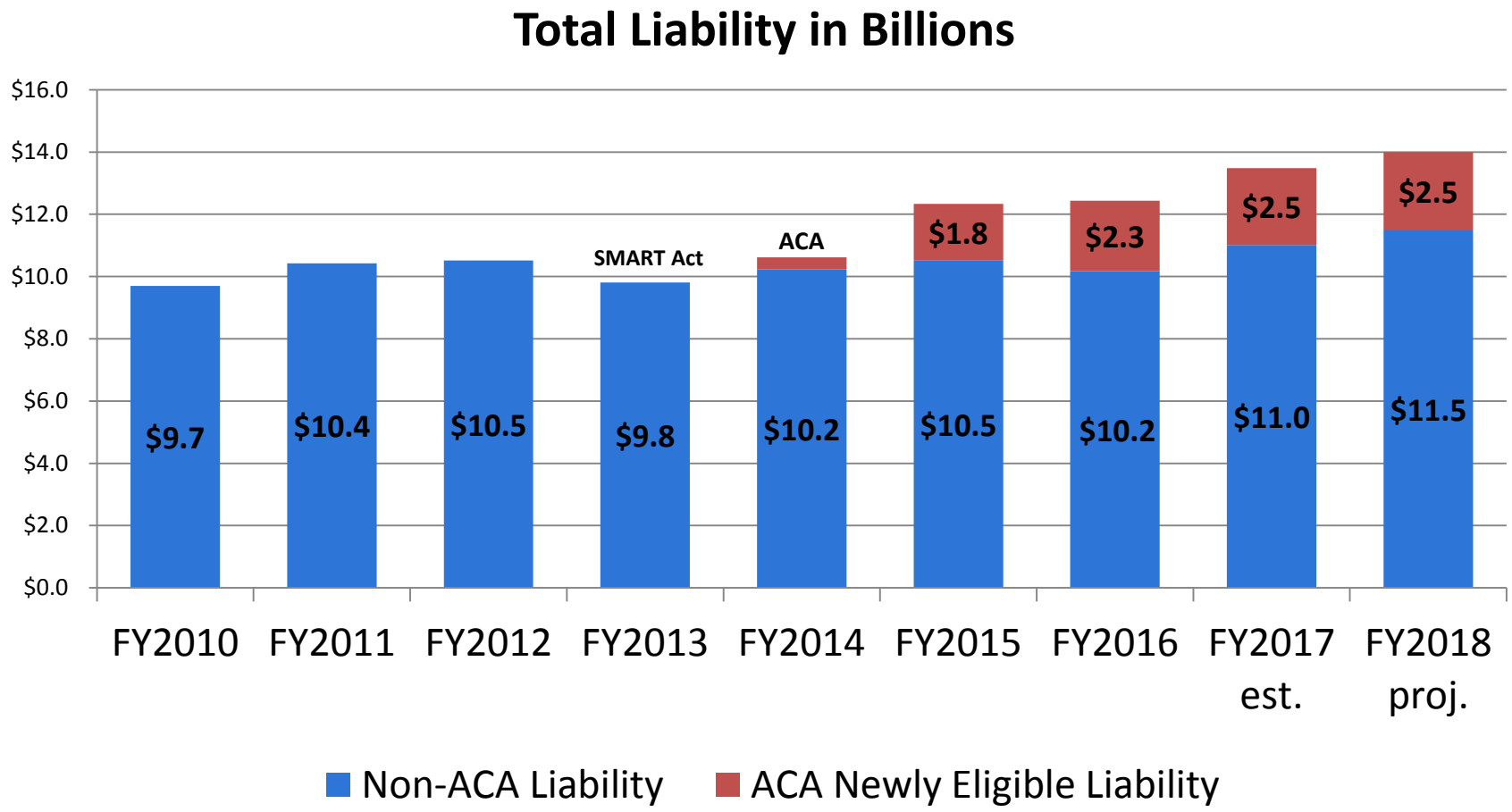
- 649,346 have enrolled under the ACA as of January 2017
- Costs offset by high federal match rate for newly eligibles
  - Federal government paid 100% of costs through December 31, 2016
  - Match rate declined to 95% on January 1, 2017; reduces to 94% effective January 1, 2018
  - Continues phase down to 90% by January 1, 2020
- 659,100 estimated average monthly enrollment in FY 2017
- 673,100 projected average monthly enrollment in FY 2018

Affordable Care Act (ACA) Estimated Cost

- Fiscal Year 2017: $3.05 billion
  - General Revenue & Related Funds: $2.47 billion
    - $61.8 million net state cost
  - Cook County: $0.58 billion
    - $14.4 million net Cook County cost
- Fiscal Year 2018: $3.11 billion
  - General Revenue & Related Funds: $2.52 billion
    - $138.6 million net state cost
  - Cook County: $0.59 billion
    - $32.4 million net Cook County cost

Significant increase in FY 2018 net state/Cook cost is mainly due to state match being only required for half of FY 2017

Historical Medical Assistance Liability GRF and Related Funds



Medical Assistance Program Integrity Fraud & Abuse Prevention

- In FY 2016, the Inspector General achieved over $220 million in savings, cost avoidance and recoveries
- FY 2018 budget assumes resources for the Inspector General to combat waste, fraud and abuse in the Illinois Medical Assistance program
  - Quality control on Medical Assistance eligibility determinations and provider claims
  - Data analytics to identify outlier provider and client behavior
  - Provider payment audits
  - Client asset discovery
  - Provider and client investigations

Fiscal Year 2018 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- Annualization of ACA hospital presumptive eligibility: **$100.9 million** ($121.1 million FY 2018 total gross cost)
- Growth in Heroin Bill (PA 99-480) costs: **$91.9 million** ($147.3 million FY 2018 total gross cost)
- Increases in federal Medicare Part B and Part D costs: **$75.8 million**

Fiscal Year 2018 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- ACA liability growth: **$47.3 million**
- MLTSS managed care – annualization of transfer other agency fee-for-service costs to HFS: **$43.6 million** ($161.7 million in FY 2018 total gross cost)
- GRF and related fund Medical Assistance liability grows about **1.5%** absent non-discretionary items

Transforming Information Technology

Developing a state-of-the-art technology platform

- Replacing *decades old systems* that inhibit efficient and effective reporting, analytics and timely decision making
- New systems <u>increase efficiency</u> and <u>program integrity</u> while *reducing costs*
- Major system milestones:
  - Provider Enrollment System (IMPACT – Phase I)
  - Integrated Eligibility System – Phase II
  - Pharmacy Benefit Management System
  - Data Analytics Platform (MedInsight) Implementation
  - Medicaid Management Information System (IMPACT – Phase II)
  - Enterprise Resource Planning (ERP) System
- Strong cooperation with the Department of Innovation & Technology (DoIT)

Transforming Medical Assistance

Managed Care Quality & Oversight Initiatives

- HFS focusing on strengthening managed care oversight and quality with the goal of controlling costs and improving outcomes

- Current initiatives include:
  - Uniform Credentialing
  - Tools to improve operational performance:
    - Provider Complaint Portal
    - Performance Dashboard
    - Quality Report Cards

Transforming Medical Assistance

1115 Demonstration Waiver

- Building a nation-leading behavioral health system
  - Rebalance the behavioral health eco-system, reducing over-reliance on institutional care and shifting to community-based care, where appropriate
  - Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs
  - Promote integration of behavioral health and primary care for behavioral health members with lower needs

Transforming Medical Assistance

1115 Demonstration Waiver

- Building a nation-leading behavioral health system
  - Support development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high-quality treatment they need
  - Invest in support services to address the larger needs of behavioral health members, such as housing and employment services
  - Create an enabling environment to move behavioral health providers towards outcomes and value-based payments

Transforming Medical Assistance

State Plan Amendments

- Integrated Physical and Behavioral Health Homes (3/17)
- Crisis stabilization and mobile crisis response (9/30/16)
- Medication-assisted treatment (MAT) (9/30/16)
- Uniform Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) (9/30/16)

Advance Planning Documents (12/16)

- Data interoperability through 360-degree view of members

Program Area Appropriations Comparison

(Dollars in Millions)

All Funds

Total By Program	FY2017 Enacted and Requested Appropriations[1,2]	FY2018 Appropriation Request	$ Change
Medical Assistance	$21,820.7	$21,400.4	($420.3)
Child Support Services	217.4	219.8	2.3
Program Operations	276.7	267.3	(9.4)
Cost Recoveries	28.9	27.1	(1.8)
Inspector General	25.2	24.9	(0.3)
Total	$22,368.8	$21,939.5	($429.4)

General Revenue Fund

Medical Assistance	$7,122.0	$7,045.2	($76.8)
Child Support Services	27.0	27.0	0.0
Program Operations	49.2	56.8	7.6
Inspector General	5.2	4.6	(0.6)
Total	$7,203.4	$7,133.6	($69.8)

1. A FY 2017 budget has not been enacted for most GRF items.
2. FY 2017 figures include possible supplemental appropriations where necessary.
3. Numbers may not appear to add due to rounding.

Illinois Department on Aging FY2018 Budget

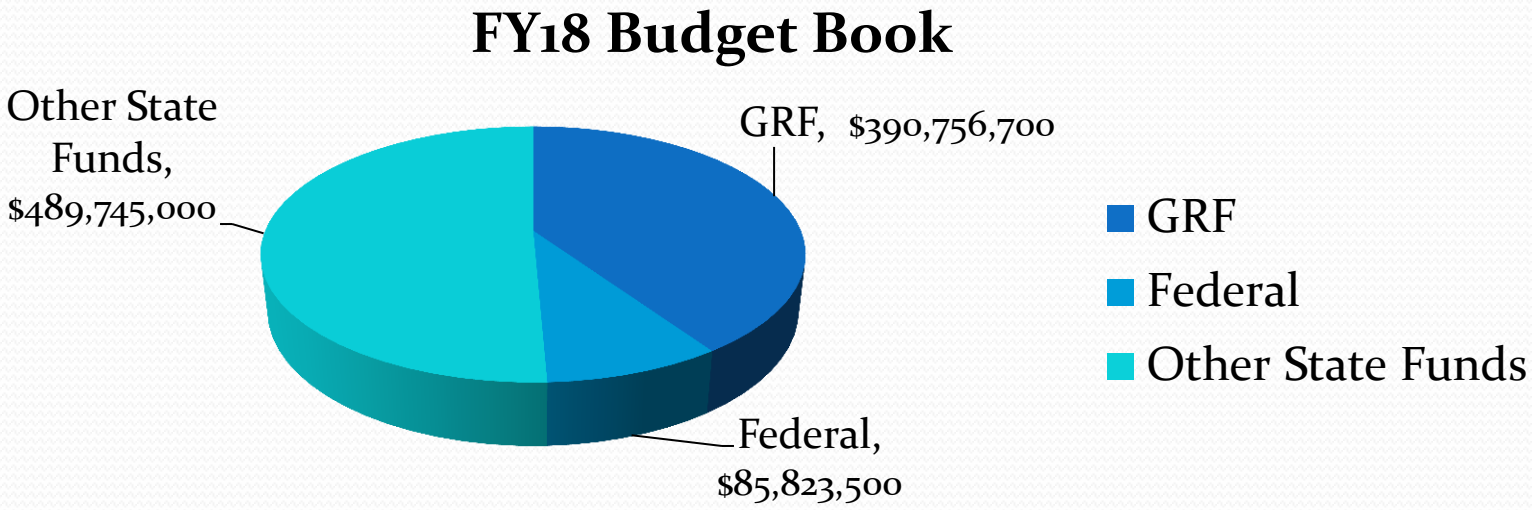
Bruce Rauner, Governor
Jean Bohnhoff, Director
Jennifer Reif, Deputy Director
Matt Ryan, Chief of Staff

Illinois Department on Aging

The FY18 Aging Budget focuses on 3 major points:

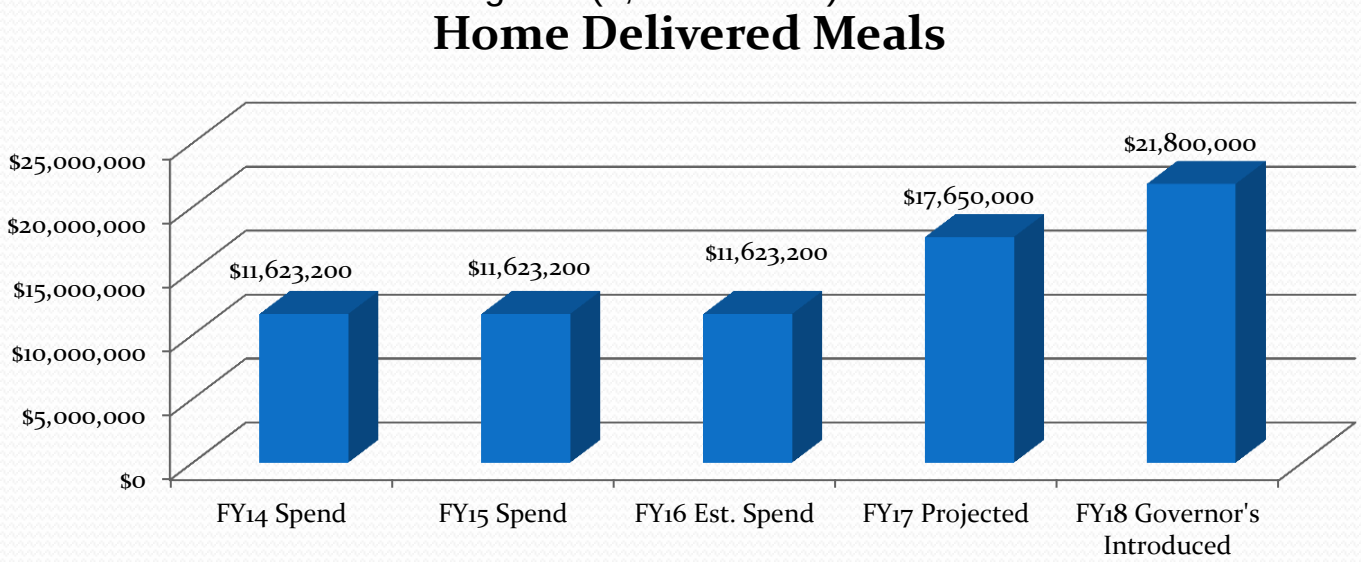
- Program sustainability in preparation for anticipated growth in aging population
- Commitment to supporting older adults in community-based settings
- Flexibility in delivery of services and supports

The FY18 Introduced Budget will include changes necessary for the Department to focus on those three major points.



Budget Highlights
Home Delivered Meals

- Home Delivered Meals (HDM) will be maintained with an additional $4,200,000 million over the estimated current year spending. The program serves over 5,800,000 meals annually to Illinois seniors.
  - $1,200,000 of the additional funding will go toward the expected higher cost of food as projected by the Economic Research Service and $3,000,000 is needed to eliminate the current waiting lists (1,757 seniors).



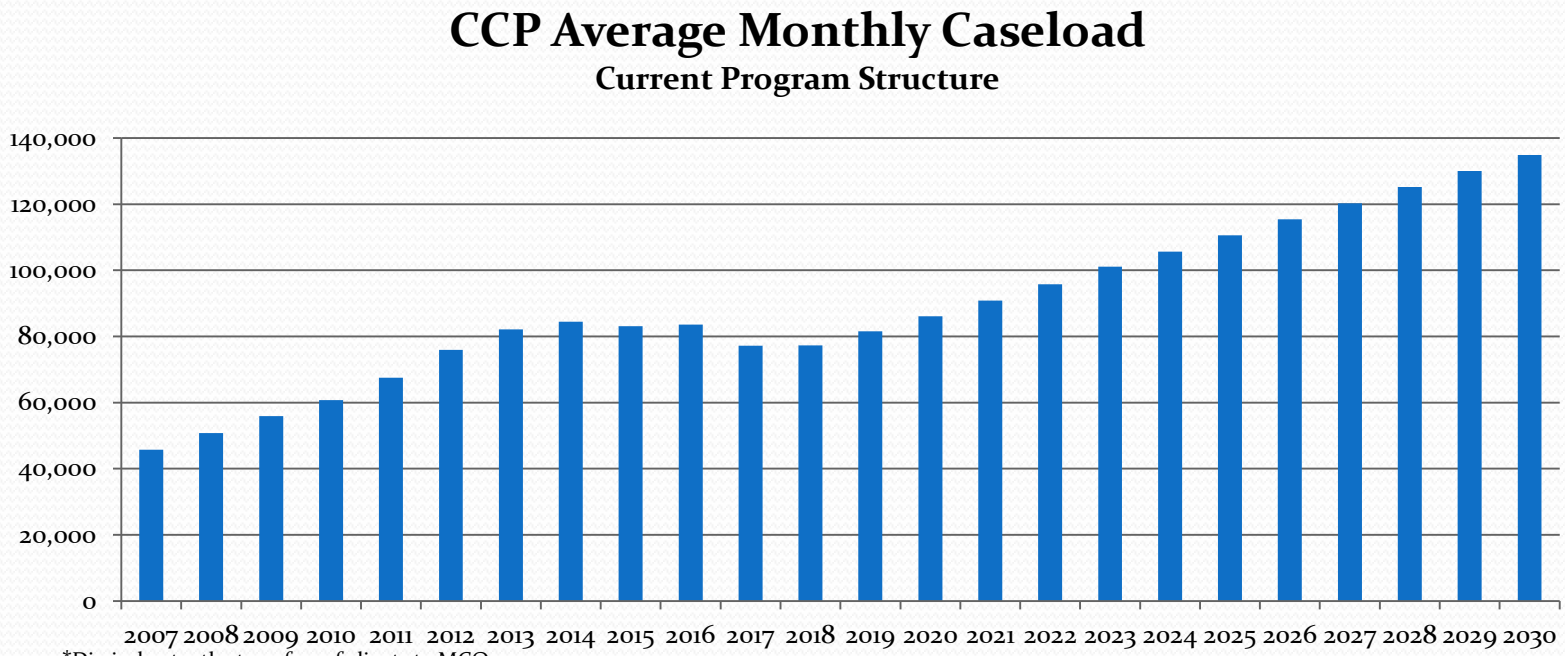
Programmatic Highlights
Medication Management Demonstration Program

- The Medication Management Demonstration is designed to enhance the coordination of current delivery systems that providers, pharmacies and hospitals don't have the capacity to address.
  - Select CCU's will work with the designated medication management company to provide pharmacist-led in-home visits and design an individualized plan for each client
  - Clients will have a pharmaceutical case manager who will ensure that all prescribing physicians have an accurate and current list of medications,
  - Having pharmaceutical case managers greatly reduces prescription errors and unsafe combinations that may result from communication gaps often arising when multiple prescribers and health providers are involved.
  - All medications are cycled and delivered monthly in small dispensers which contain their daily medications in clear packets with dosing instructions.

- The goals:
  - To reduce medication error rates and improve outcomes in clients who have historically been challenged by managing multiple medications at home
  - Help older adults with multiple chronic illnesses simplify their medication regimens, improve medication adherence, and reduce the risk of admission or readmission into a hospital or other long-term care facility

Budget Highlights
Community Care Program

- Enrollment in the Department on Aging's Community Care Program (CCP) has significantly grown over the past 10 years:
  - From 45,746 enrollees in 2007 to 83,590 enrollees in 2016
  - An 83% increase over a decade.
- The growth in Illinois' 60 plus aging population:
  - Expected growth is 25% percent over the next 15 years.
  - CCP projected growth is 62% over the same time period.
- Sustaining CCP without change over the next 5 years:
  - $929,719,755 of additional funds will be needed.
  - That is a 52% growth in spending over 5 years.



*Dip is due to the transfers of clients to MCO

Budget Highlights
Community Reinvestment Program (CRP)

- The Community Reinvestment Program is a new initiative targeted to older adults who are not eligible for CCP who need assistance to live independently in the community.

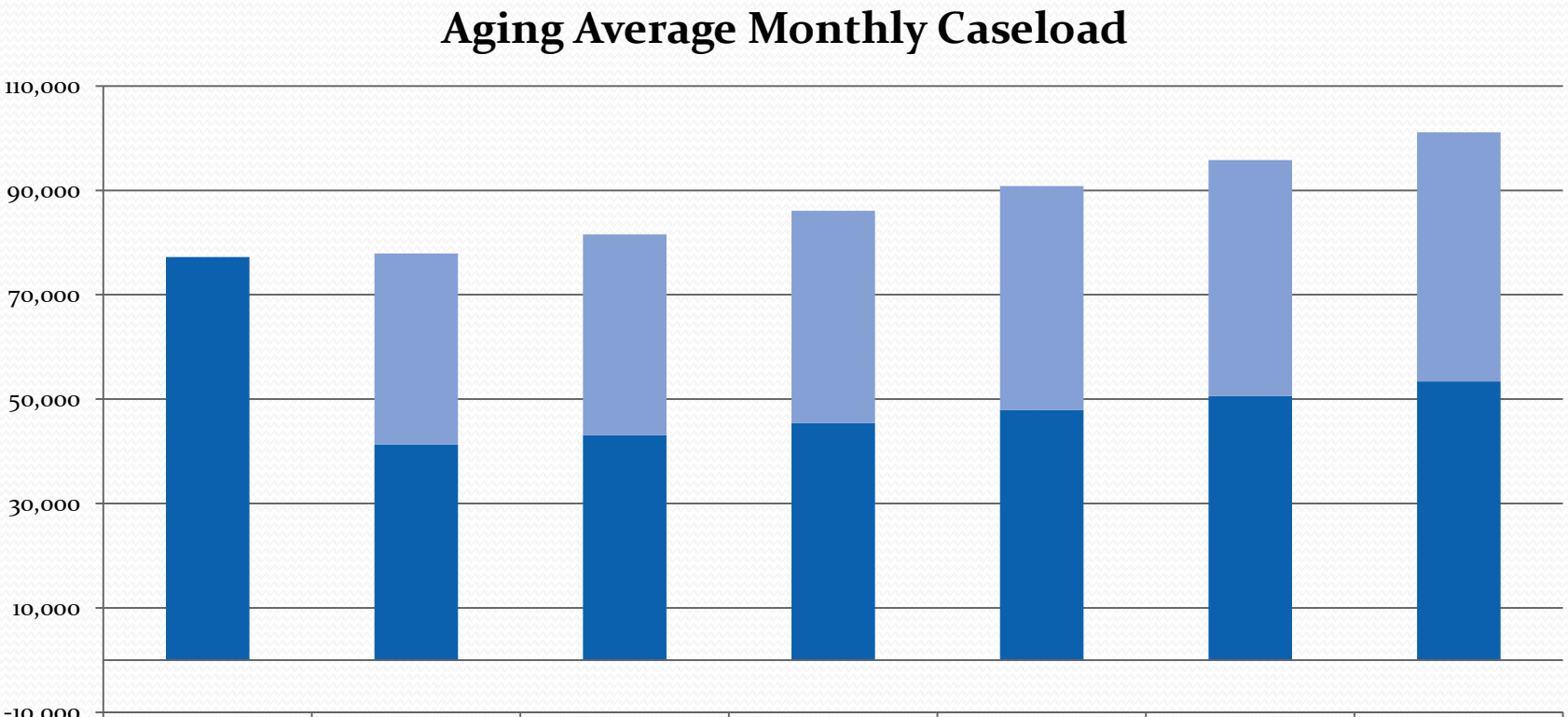
- The initiative represents:
  - A long term strategy to maintain community-based supports for our current and anticipated aging population.
  - This new strategy will also create a new continuum of services that are inclusive of Older American Services and Community Care Program Services.

- The Community Reinvestment Program is designed to provide preventive services as they progress to eligibility for CCP services. For example:
  - Minor Home Modifications
  - Assistive Technologies
  - Services Tailored to Regional Needs
  - Wellness Programming
  - Behavioral Health

Transition of individuals who are non-Medicaid eligible to a new Community Reinvestment Program ("CRP")

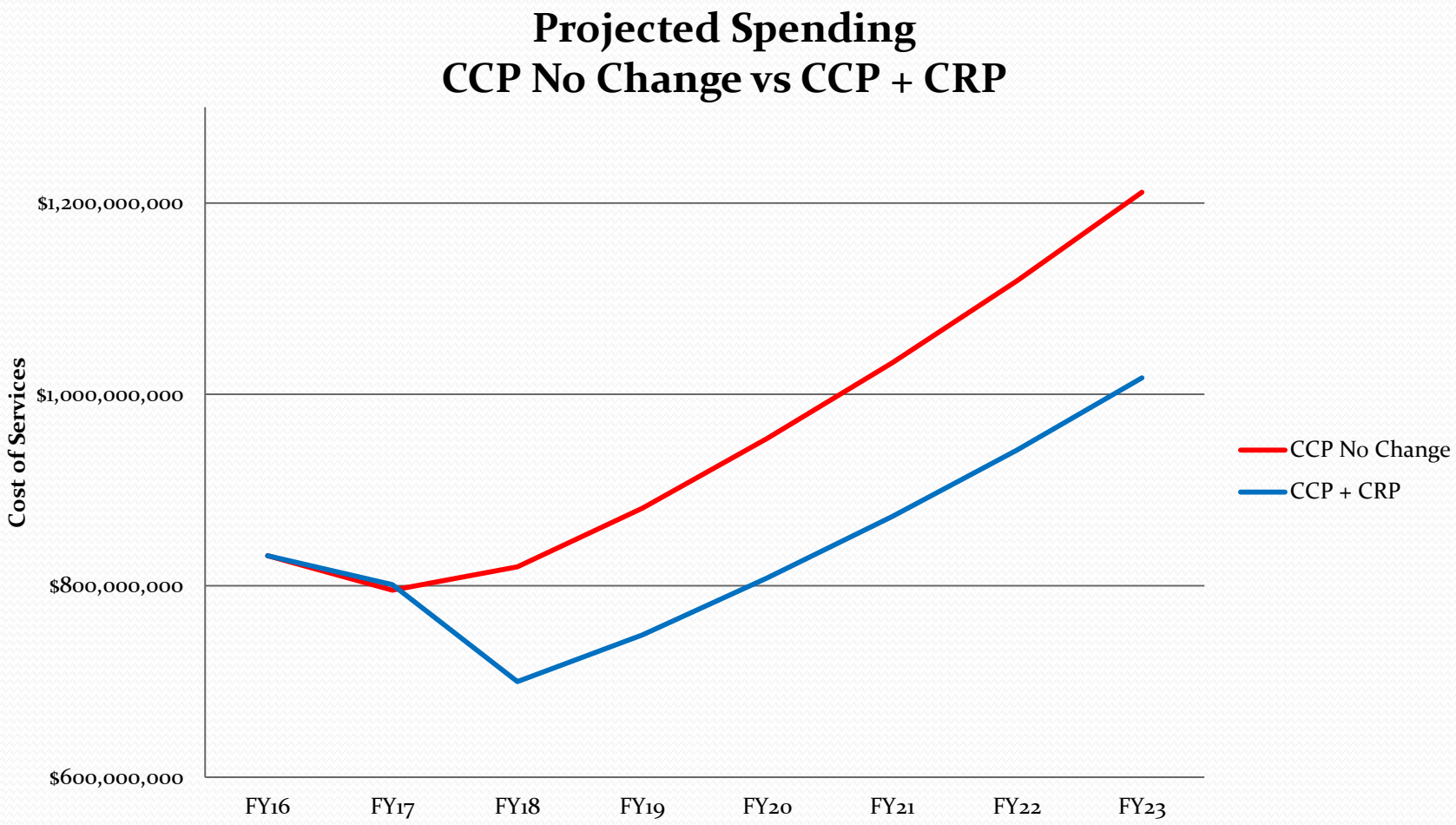
- Similar to other states, Illinois' approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
- To better accommodate person centered planning, CRP will provide greater flexibility of services.
  - The AAA Network (Area Agency on Aging) will be utilized for the development and coordination of regional optional and preventative services.
- Non-Medicaid eligible clients will have their DON score applied to a risk category table to derive a new individual spending allocation.
- This approach will maintain the Department's commitment to maintaining individuals in their own home and community and delay the number of admissions in nursing facilities.
- Illinois has committed $260,000,000 to this new exciting and innovative program.

Caseload Trends

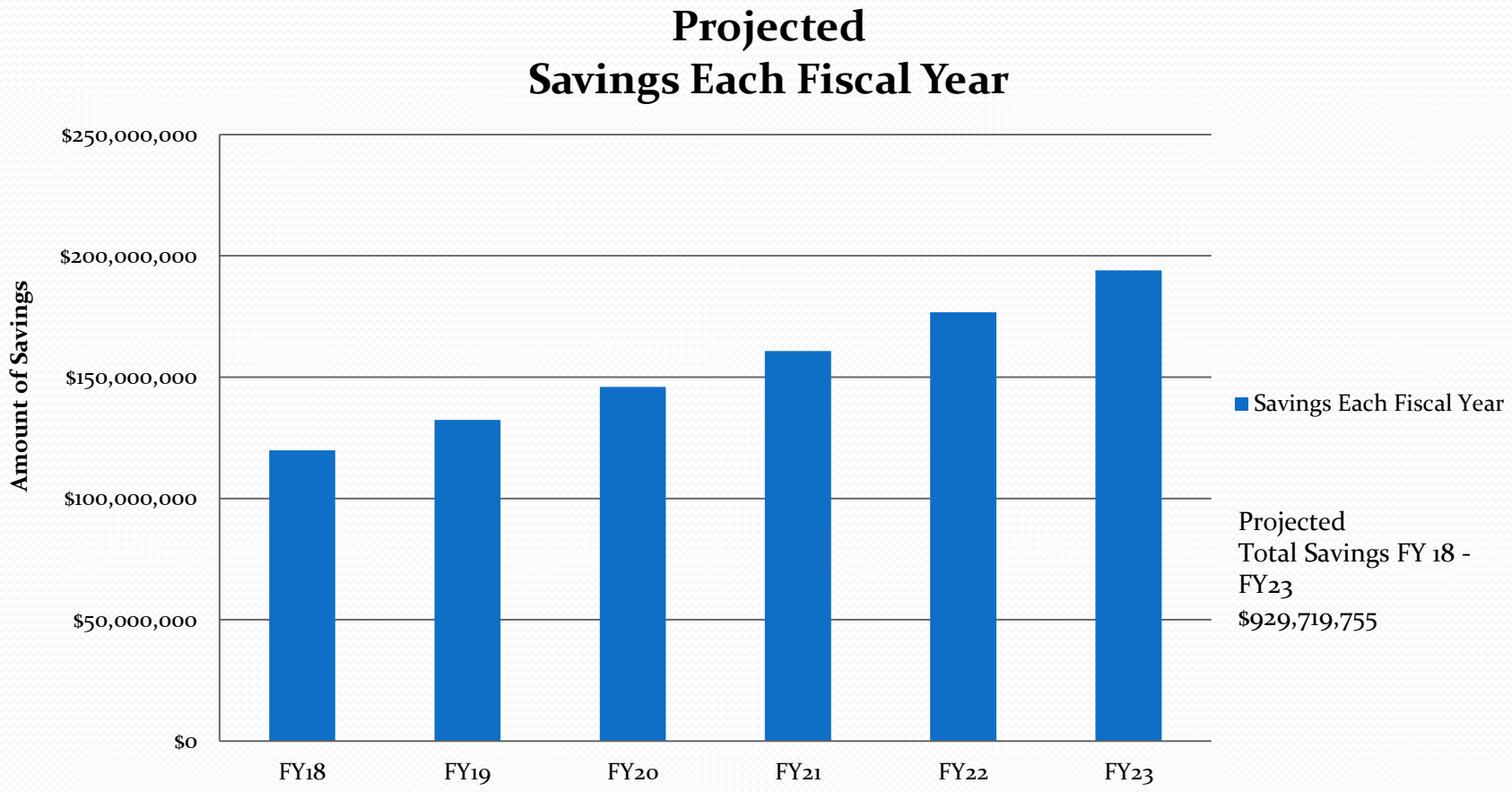


	FY17	FY18	FY19	FY20	FY21	FY22	FY23
CRP		36,550	38,516	40,634	42,869	45,227	47,716
CCP	77,222	41,357	43,083	45,453	47,953	50,592	53,377

Forecasted Spending



Forecasted Spending



Illinois Department of Human Services

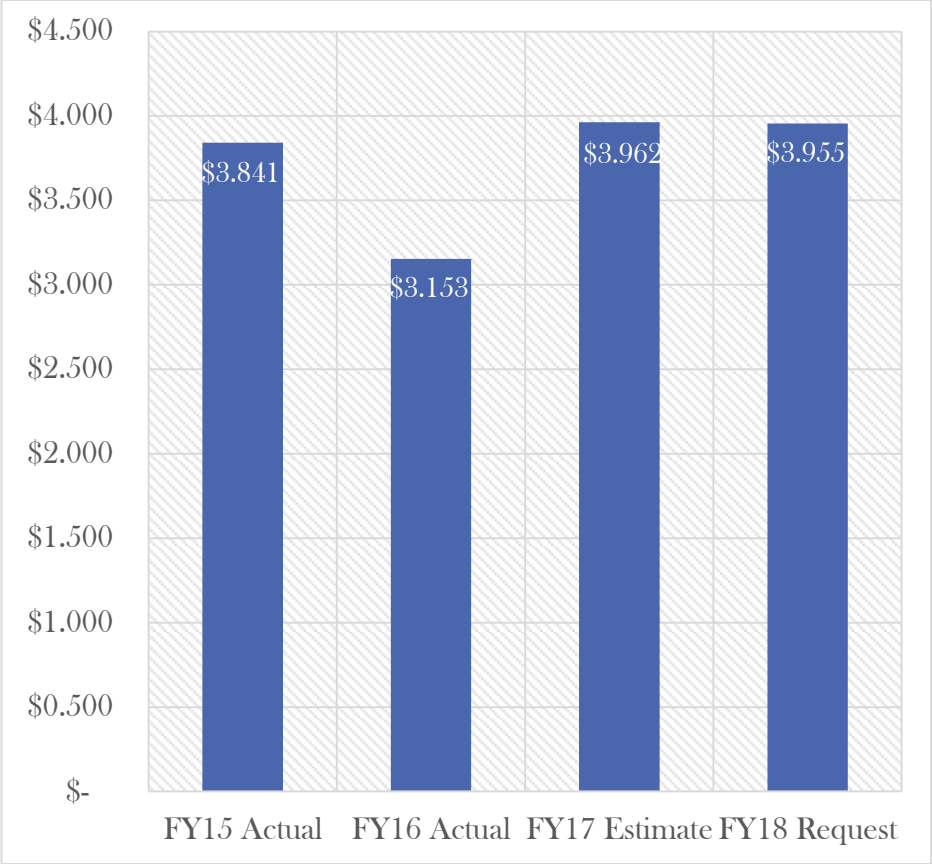
Fiscal Year 2018 Budget Request
Agency Briefing – February 15, 2017

Bruce Rauner, Governor
James Dimas, Secretary
Robert Brock, CFO

Illinois Department of Human Services

Budget Request – FY2018

- General Revenue Fund (Dollars in billions)
- FY15 Actual Expenditures: $3.841B (includes 644 and 793 fund)
- FY16 Actual Expenditures: $3.153B
- FY17 Estimated Spending: $3.962B
- FY18 Appropriation Request: $3.955B



Budget Request Highlights

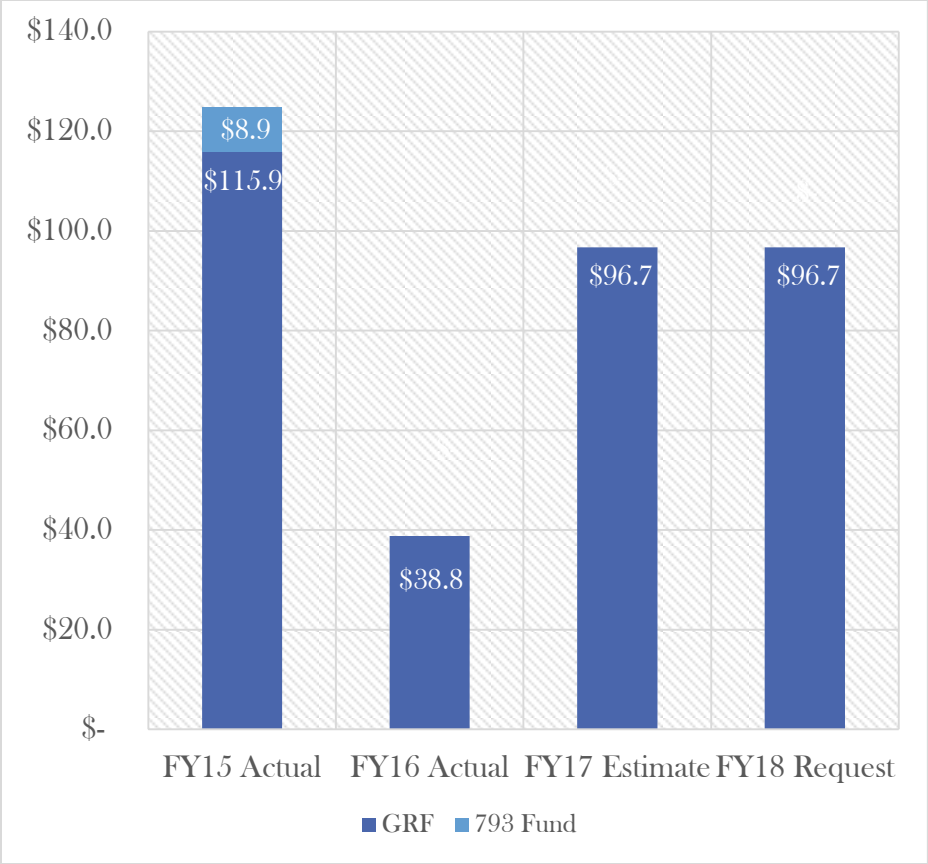
- The FY18 proposed budget is relatively flat to the FY17 estimated spending. The FY18 request represents a ($7.0M) GRF decrease from FY17 Agency estimated expenses.
- The proposed budget for FY18 continues to provide critical services to the most vulnerable in Illinois. The Agency continues its commitment to rebalancing—moving individuals with developmental disabilities, mental illness or physical disabilities out of institutional care and into community settings. In addition, the Agency will continue to provide child care services and critical services to needy families.

Budget Request

- Division of Alcohol and Substance Abuse (DASA)
- Division of Developmental Disabilities (DDD)
- Division of Family and Community Services (DFCS)
- Division of Mental Health (DMH)
- Division of Rehabilitation Services (DRS)

Division of Alcoholism and Substance Abuse – FY2018

- General Revenue Fund (Dollars in millions)
- FY15 Actual Expenditures: $124.9M (includes 793 fund)
- FY16 Actual Expenditures: $38.8M
- FY17 Estimated Spending: $96.7M
- FY18 Appropriation Request: $96.7M

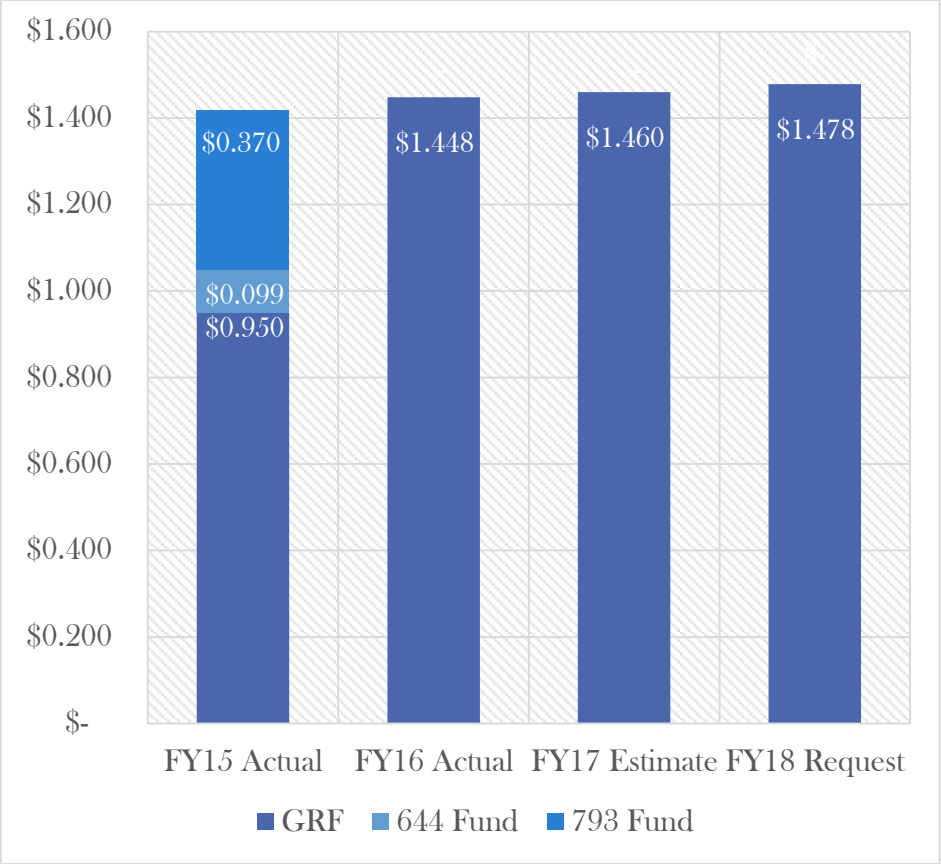


DASA Budget Request Highlights

- The FY18 budget request is flat to the FY17 estimated spending.
- DASA is working with HFS to capture Federal Financial Participation on state spending for Opioid Maintenance therapy services. As we wait to implement the proposed Medicaid State Plan amendment, DASA will continue to provide funding for OMT services from contract dollars.
- In FY17, The Tobacco Enforcement Program is transferring from the Illinois Liquor Control Commission to DASA. This program is necessary for the state receipt of the Federal Substance Abuse & Prevention Block Grant award.

Division of Developmental Disabilities – FY2018

- General Revenue Fund (Dollars in billions)
- FY15 Actual Expenditures: $1.419B (includes 644 and 793 fund)
- FY16 Actual Expenditures: $1.448B
- FY17 Estimated Spending: $1.460B
- FY18 Appropriation Request: $1.478B



DDD Budget Request Highlights

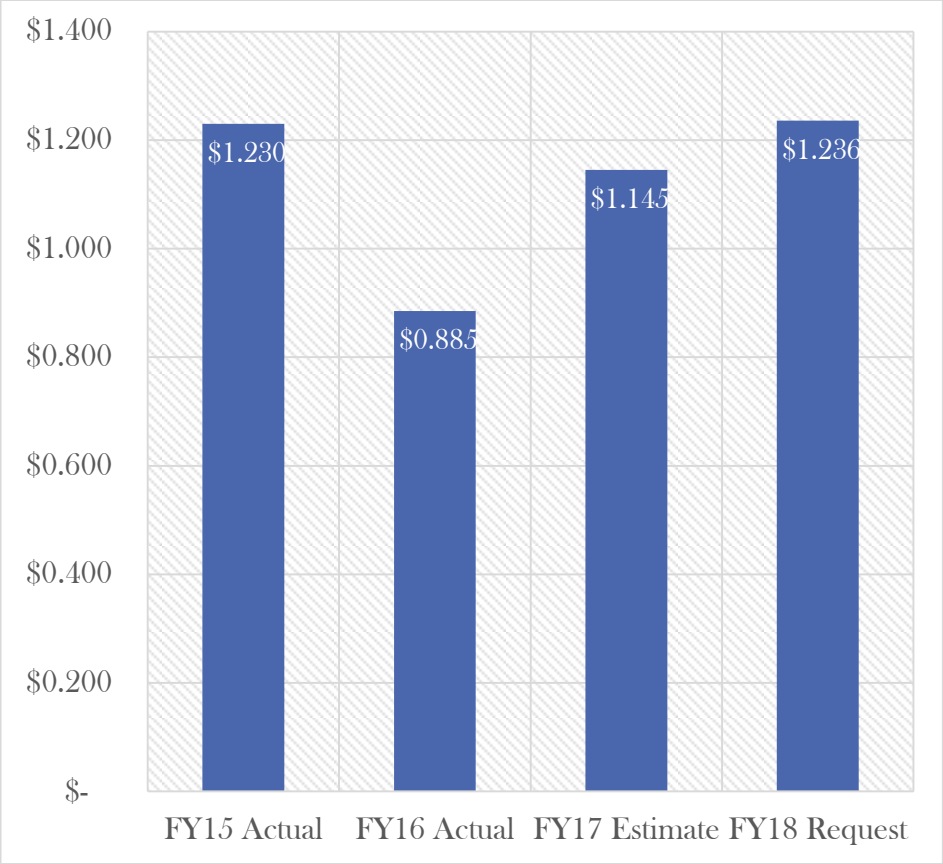
- The FY18 proposed budget includes an additional $25.6M to continue the Agency commitment to transitioning 200 individuals with developmental disabilities from long-term care facilities, and 500 persons off PUNS to community-integrated services in compliance with the Ligas Consent Decree.
- The budget request also includes $2.5M for annualization of FY17 transitions from institutional settings and new DCFS ward transitions planned in FY18.

DDD Budget Request Highlights

- Funding for Respite Services are maintained at the same level as FY17.
- The FY18 budget request reflects a shift of ($2.0M) off general revenue fund to the DHS Community Services (509 Fund) due to increase in revenues made available to DHS for programs for the developmentally disabled.
- The FY18 request does not include funding for ARC of Illinois Life Span Project, Best Buddies, Epilepsy Grants or Project for Autism.

Division of Family and Community Services – FY2018

- General Revenue Fund (Dollars in billions)
- FY15 Actual Expenditures: $1.230B
- FY16 Actual Expenditures: $.885B
- FY17 Estimated Spending: $1.145B
- FY18 Appropriation Request: $1.236B



DFCS Budget Request Highlights

- The FY18 proposed budget includes $70.9M to support the Child Care estimated liability with eligibility increased to 185% of the federal poverty level. It also restores the education & training component.
- The Child Care funding proposed also reflects $75.0M to support the federal reauthorization of the Child Care Development Block Grant, as well as another $20.0 M for monitoring.
- The FY18 budget for Child Care has a ($18.2M) GRF shift to the Special Purposes Trust Fund (408 fund) due to available revenues.
- The Child Care budget will enable the Department to serve a monthly average of 140,000 children through certificate care in FY18.

DFCS Budget Request Highlights

- The FY18 budget request includes an additional $4.0M to support the estimated liability for the Early Intervention Program.

- Domestic Violence Shelters are funded at $18.6 M in the FY18 proposed budget, the same level as the FY17 budget request.

DFCS Budget Request Highlights

- The FY18 proposed budget does include program discontinuations and reductions.

Addiction Prevention $1.0M

Children's Place Funding $371.7K

Community Services $5.4M

Emergency Food $210.0K

Funeral & Burial $8.8M

Immigrant Integration $5.9M

Teen Parent Services $1.4M

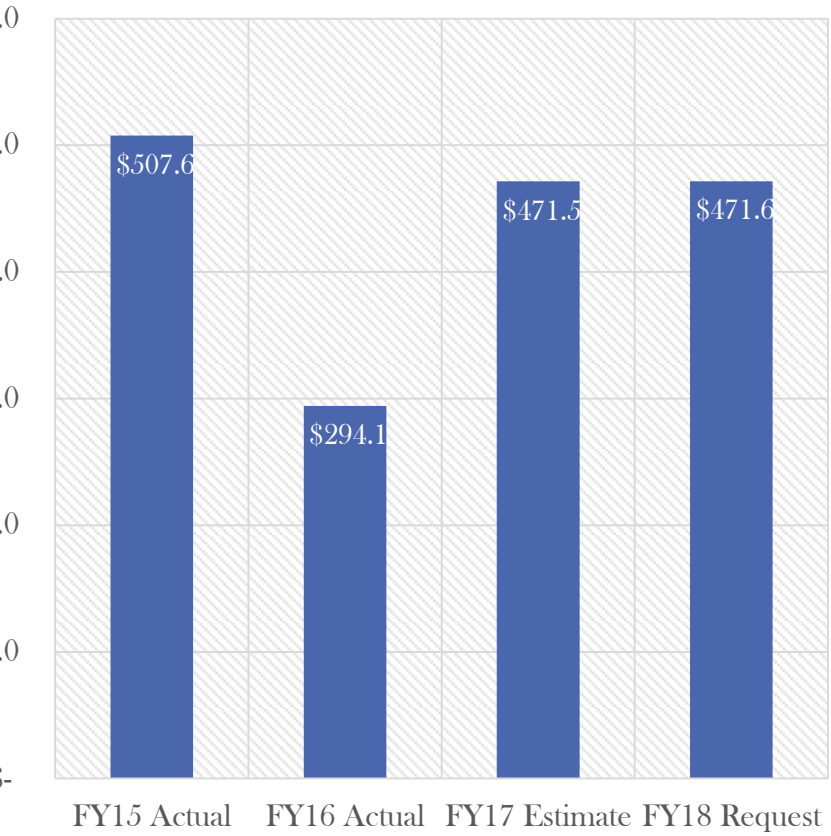
Welcoming Centers $1.5M

Westside Health Authority $286.0K

Youth Employment $12.2M

After School Youth Program $13.2M

Division of Mental Health – FY2018



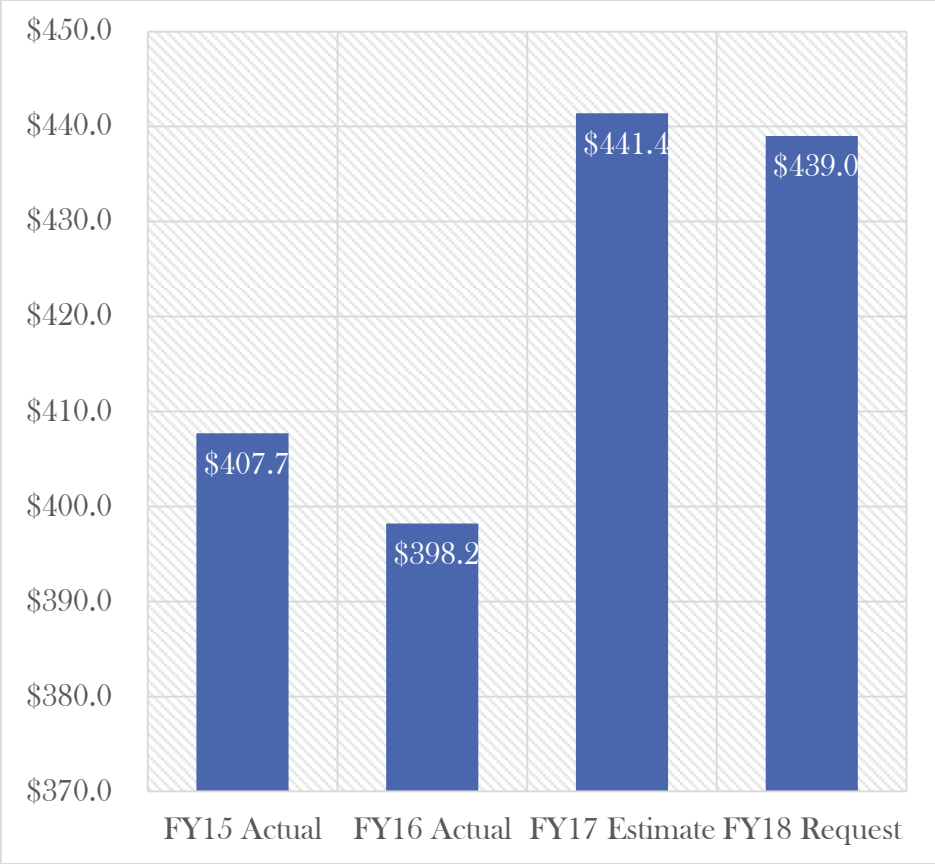
- General Revenue Fund (Dollars in millions)
- FY15 Actual Expenditures: $507.6M
- FY16 Actual Expenditures: $294.1M
- FY17 Estimated Spending: $471.5M
- FY18 Appropriation Request: $471.6M

DMH Budget Request Highlights

- The FY18 proposed budget reflects an additional $2.2M to support the implementation of Williams Consent Decree.
- The FY18 request also includes $3.0M to fund forensic capacity expansion at Elgin Mental Health Center.
- The Mental Health BIPP appropriation of ($5.1M) has been eliminated due to federal grant expiring.
- The budget proposed supports the continued implementation of the Colbert Consent Decree.

Division of Rehabilitation Services– FY2018

- General Revenue Fund (Dollars in millions)
- FY15 Actual Expenditures: $407.7M
- FY16 Actual Expenditures: $398.2M
- FY17 Estimated Spending: $441.4M
- FY18 Appropriation Request: $439.0M



DRS Budget Request Highlights

- Consistent with provisions in the federal Workforce Innovation and Opportunity Act, DRS' federal Vocational Rehabilitation Program will expand pre-employment transitional services for students with disabilities.
- In FY18, the Vocational Rehabilitation Program is expected to achieve another year of growth in employment outcomes.
- The FY18 budget request includes the elimination of the DRS BIPP appropriation line of ($2.4M) due to federal funding expiring.

FY 2018 Budget Briefing

February 15, 2017

Bruce Rauner
Governor

George H. Sheldon
Director

Illinois Department of
DCFS
Children & Family Services

Child Welfare Reform Initiatives

- **Fewer Youth in Residential Care**—continuing work to step down to community care has yielded 15% fewer youth in congregate care since June, 2015.
- **Fewer Children in Emergency Shelters**—current population is the lowest in over 20 years, at 30 children, just a fourth of the level two years ago.
- **Foster Homes for Hard-to-Place Youth**
  - Emergency Homes: less traumatic emergency placements
  - Therapeutic Homes: community alternatives to Residential and Juvenile Justice

Community-Based Care Investments

- **Immersion Sites** – innovative approach applies a new core model of case practice, empowers more decision-making at the local level with engagement of all stakeholders, and identify policies, procedures, and rules preventing effective practice.
- **Regenerations Program** – reduces recidivism in juvenile delinquency among youth 12-20 through pilot program of wraparound services, including therapy and education.
- **Residential Monitoring** – expanding beyond traditional compliance monitoring to integrate institutional change management, quality assurance and clinical evaluations of individual youth, with goal focus on improved outcomes for youth.
- **IB3 Expansion** - expansion of the Nurturing Parenting Program (NPP) to immersion sites.

Appropriation Summary

Illinois Department of DCFS Children & Family Services

Bruce Rauner
Governor

George H. Sheldon
Director

Line Item / Group	FY 2017 Proposed	FY 2018 Introduced	Change FY17-18 Amount	Pct.
Adoption	$ 170,676,200	$ 167,270,100	$ (3,406,100)	-2.0%
Foster Care	$ 329,503,000	$ 339,493,800	$ 9,990,800	3.0%
Institution & Group Home	$ 209,675,500	$ 203,978,500	$ (5,697,000)	-2.7%
All Other Grants	$ 133,523,500	$ 133,523,500	$ -	0.0%
Personal Services/ Social Security	$ 218,571,300	$ 219,361,300	$ 790,000	0.4%
All Other Operations	$ 50,537,800	$ 56,481,200	$ 5,943,400	11.8%
SACWIS	$ 22,678,300	$ 28,571,200	$ 5,892,900	26.0%
Other CSF Lump Sums	$ 15,042,100	$ 15,042,100	$ -	0.0%
566 / 582 Funds (Fed Projects, Trusts)	$ 11,683,100	$ 12,383,100	$ 700,000	6.0%
GRAND TOTAL	**$ 1,161,890,800**	**$ 1,176,104,800**	**$ 14,214,000**	**1.2%**

FY18 Budget Highlights

- **Adoption**—caseload decrease in subsidized Adoptive and Guardianship homes
- **Foster Care**—increased reliance on and investment in community-based foster care
- **Institution & Group Home**—substantial decrease in reliance on congregate care
- **Personal Services**—increases authorized headcount to 2,600 to manage Child Protection caseloads, improve Clinical Services, and enhance monitoring activities as recommended by the BH expert panel
- **SACWIS**—includes the DCFS portion of the Enterprise Resource Planning (ERP) statewide financial system and funds project planning activities of the planned implementation of a Comprehensive Child Welfare Information System (CCWIS)
- **Fund Balance**—FY18 budget matches Children's Services Fund (CSF) spending with annual revenue; accrued receivables spent down in FY17

Child Welfare Financing Initiatives

Older Youth: Incentives for Independence - increased flexibility, self-determination, and Federal reimbursement

Title IV-E Capped Waiver - increased flexibility to invest in services to reduce foster care caseloads, decreased high cost placements, and increased permanency rates.

Federal Reimbursement Increase

($ in millions)

	FY16	FY17	FY18
Older Youth	$15.2	$6.9	$6.5
Title IV-E Capped Waiver		$5.7	$13.0
Increased Claiming Revenue	**$15.2**	**$12.6**	**$19.5**

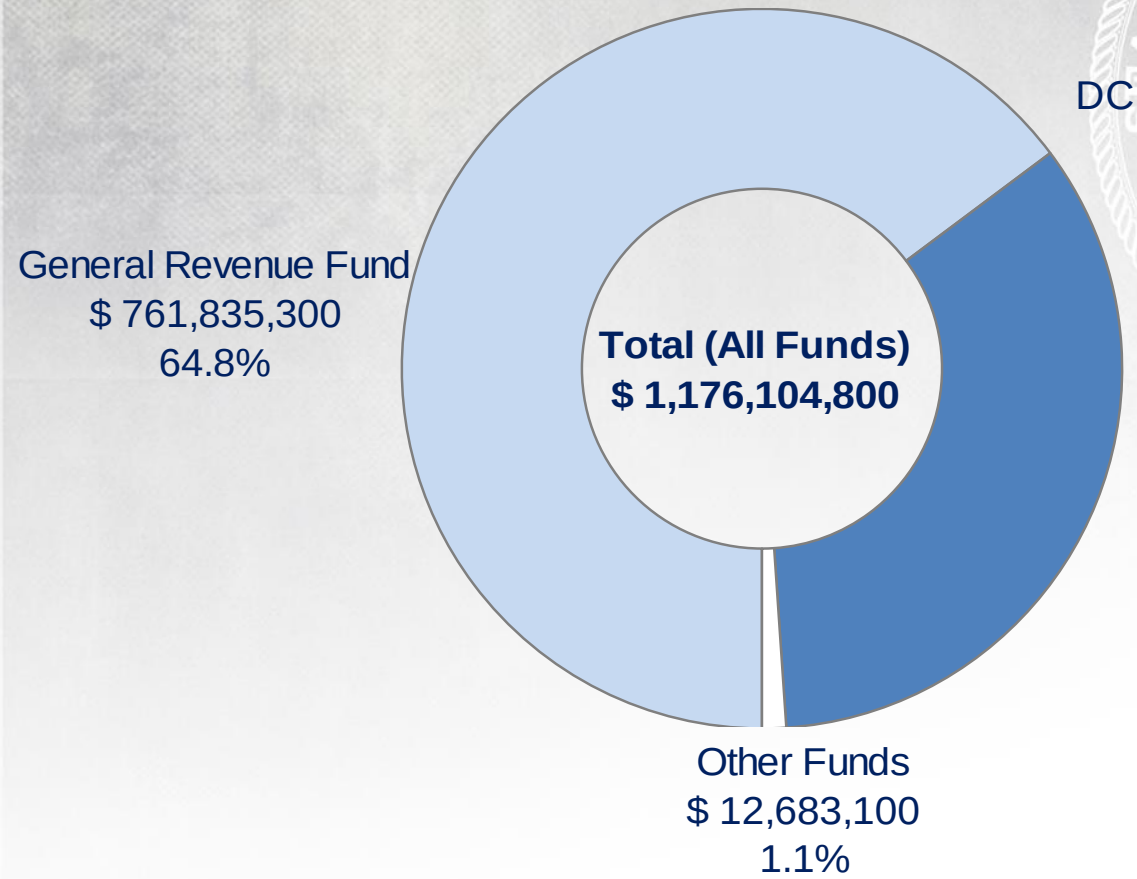
FY18 Budget by Fund

Illinois Department of DCFS Children & Family Services

Bruce Rauner
Governor

George H. Sheldon
Director

FY 2018 Introduced



CONTACT INFORMATION

The DCFS Budget Briefing Book will be available for review or download from the DCFS Website under the "DCFS Features" heading.

www.DCFS.illinois.gov

Bruce Rauner
Governor

George H. Sheldon
Director

Illinois Department of DCFS Children & Family Services

FY2018 Budget

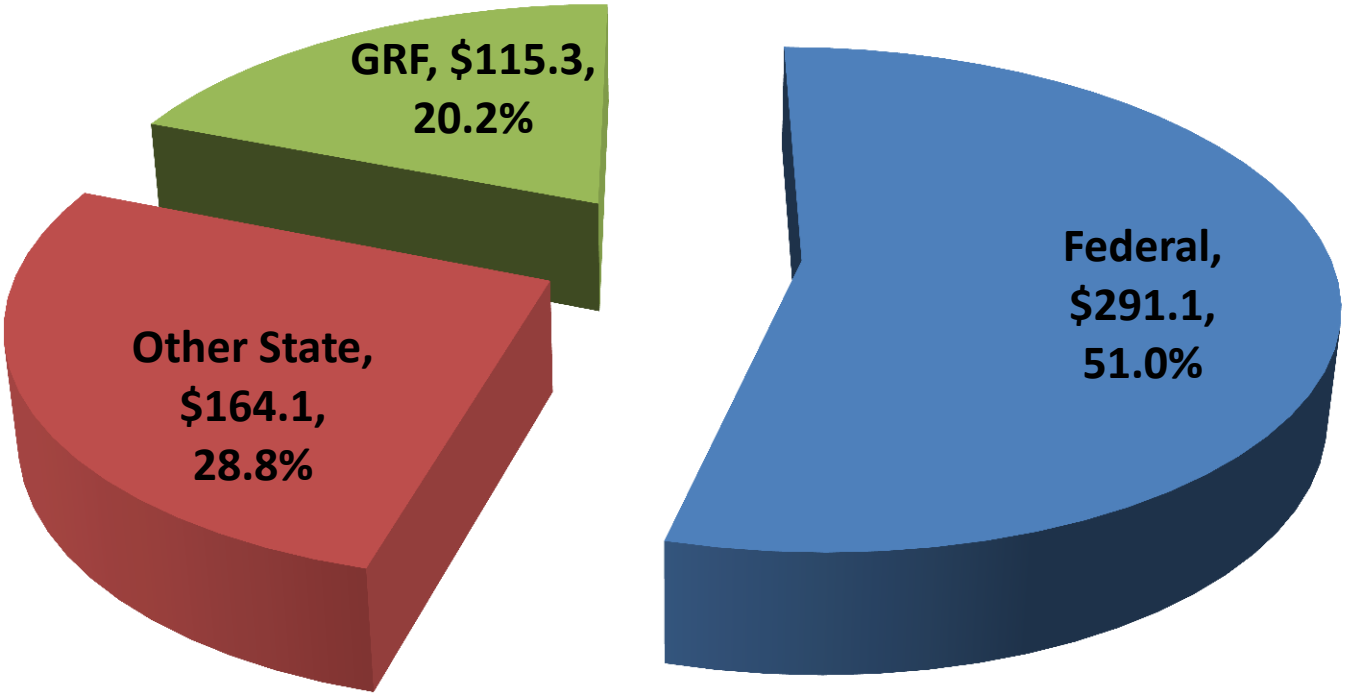
Nirav D. Shah, M.D., J.D.

Human Services Budget Briefing

Howlett Auditorium

February 15, 2017

FY2018 IDPH Appropriations
$570.5 Million



IDPH
Illinois Department of Public Health

Budget Comparisons: Requested FY2018 – Working FY2017 (millions)

Funding Source	Requested FY2018	FY2017 Estimated Spending	Change from FY17	
			$	%
General Revenue (GRF)	$115.3	$109.0	$6.3	5.8%
Other State	$164.1	$157.3	$6.8	4.3%
Federal	$291.1	$317.5	($26.4)	(8.3)%
Total	**$570.5**	**$583.8**	**($13.3)**	**(2.3%)**

IDPH
Illinois Department of Public Health

FY2018 Budget Recommendations

GRF Changes

- **Opioid Overdose Prevention:** $1.6 million initiative
- **IBCCP:** $2.0 million increase
- **Operational Expenses related to Department of Innovation and Technology:** $5.7 million
- **HIV/ADAP:** $3.0 million adjustment of appropriation to match spending
  - Federal Ryan White match requirements are sufficiently met and the level of coverage will be consistent with previous fiscal years.
  - Federal Medicaid rebates will continue to be used to help meet match obligations.

IDPH
Illinois Department of Public Health

FY2018 Budget Recommendations

Other State Fund Changes

- **Lead Poisoning Screening Fund:** $4.1 million increase
- **Plumbing Licensure Fund:** $1.5 million increase
- **Renewable Energy Resources Trust Fund:** $4.0 million for one-time deposit to the Lead Poisoning Screening Fund

Federal Funding Changes

- Appropriation decreases for scaled-down federal programs (ACA navigators, ARRA)

Capital Projects

- As part of the Governor's comprehensive response to lead, CDB will start a $50 million School Construction Grant Program to allow certain schools to obtain funding for lead abatement.
- Also, through a $30 million capital appropriation, IDPH will begin partnering with local contractors to remove sources of lead exposure from the residences of children with Elevated Blood Lead levels.

IDPH
Illinois Department of Public Health

FY2018 Budget Recommendations

New/Expanded Programs

- **Opioid Overdose Prevention Initiative**
  - Develop a Statewide public health opioid preparedness and prevention strategy;
  - Provide training and outreach to community-based organizations to expand knowledge of opioid prevention strategies;
  - Improve data quality and timely reporting to better track trends, identify communities at risk, and evaluate prevention strategies; and
  - Evaluate the incidence and distribution of deaths and other public health data associated with opioid and heroin use.
- **Childhood Lead Reduction Initiative**
  - Lower the current action level for an elevated blood-lead level from ≥10µg/dL to the CDC's recommended level of ≥5µg/dL.
  - Implementation of Public Act 099-0922 (S.B. 550): Lead in Water Testing.

IDPH
Illinois Department of Public Health