BUILDING COMMUNITY: DEVELOPING HUMAN AND ECONOMIC RESOURCES

Volume 3

Tracking the Dollars: State Social Service Spending in One Low-Income Community

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by
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The report is one of four in a series entitled *Building Communities: Developing Human and Economic Resources*. The other reports, *Increasing Returns: The Economic Development Potential of Social Service Programs, Rediscovering Local Associations and Their Powers: Tools and Methods,* and *Reforming Human Services: Community Perspectives,* are described at the end of this document. The series is the result of a collaboration among Woodstock Institute staff, John Kretzmann, Stanley Hallett, John McKnight and Nicole Turner at the Center for Urban Affairs and Policy Research, Northwestern University, and Arthur Lyons of the Center for Economic Policy Analysis.

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Preface

Federal and state social service expenditures are currently the topic of furious debate. The debate involves discussions about acceptable federal debt levels, the effectiveness of social services, and the importance of the "safety net" for low- and moderate-income families. This report was written as one of a series discussing another facet of these debates: the degree to which social service expenditures, and other resources in lower-income communities, can be shaped to promote local economic development.

This report analyzes social service expenditures in one low-income urban community as a model for examining the magnitude and composition of these expenditures in all such neighborhoods. It includes descriptions of other neighborhood resources, including the number, level, and wages of local social service entry level jobs that could be held by local residents, the composition of the job market in the community compared to the job market in the rest of the community's metropolitan area, the degree to which local residents hold local jobs, and an estimate of the distances local residents travel to get jobs outside their community.

These data have been gathered to permit local residents to ask a series of questions as they develop strategies to promote their community's economic well-being. These questions concern the wisdom of the current distribution of social service expenditures, the degree to which social service employment can be part of a jobs and economic development strategy, and the tactics for increasing local nonprofit and for profit employment and for promoting residents' access to jobs outside the community.

As many lower-income communities continue to experience population loss, decreased employment opportunities and a greater concentration of poverty, community leaders may wish to examine every resource that could be used to turn the tide. This report describes resources that often flow to individuals and families, but which might also be used to promote the economic life of the whole community.

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Tracking The Dollars

Introduction

The debate over the 1996 Federal budget saw proposals for massive cuts in government spending. Those proposals included eliminating public housing development funding, halving assistance to the homeless, sunsetting the Low-Income Housing Tax Credit, phasing out the earned income tax credit at incomes several thousand dollars below the poverty line, abolishing Medicaid as an entitlement, and eliminating subsidized child care for welfare recipients. These proposed cuts would dramatically weaken the safety net for low- and moderate-income families. Levels of social service expenditures are also debated as part of a broader discussion on the effectiveness of social services.

The key statistics for these debates are national and state spending trends. This report documents the level of social service spending in *one* low-income community, the Grand Boulevard neighborhood on Chicago's South Side.

Low-income communities, by definition, lack economic resources. Grand Boulevard's 36,000 residents had a median family income in 1989 of $8,371 compared to a Chicago-wide median of $30,707. Nonetheless, these communities receive a variety of government expenditures. Some are those residents of every community enjoy - funds for roads, schools and police protection, for example. Others are funds generally spent only on behalf of lower-income people. This report focuses mainly on state and federal social service expenditures which are most often spent on behalf of lower-income residents.

This unusual analysis of spending levels in a single community has several purposes. It will allow the residents of this community to examine what money is being spent on their behalf, and will give the residents of any other community a model for a similar examination. Residents can debate the expenditures and decide whether they make sense from a neighborhood perspective. The data also give others a different vantage point to think about the use of resources which are usually aggregated to billions of dollars in state budgets. It is one thing to know that the Illinois Department of Public Aid spent $6.4 billion in 1994. A different picture is painted by the facts that in the same year this Department spent $21 million on medical care for residents of one low-income community, including $13 million on hospital care for just over 300 people, and $1 million on employment training and assistance for 500 people, while the federal government spent $24 million on food stamps for 21,000 community residents. Finally, the information will correct some persistent myths about levels of spending on such programs as welfare.

These expenditures are not usually thought of as community resources that can be shaped to promote the neighborhood economy. But there are examples around the country of how these resources have been spent to produce such goals in addition to funding the original social service. This report is part of a larger project which examines how social service spending and other community assets can be used more creatively to increase economic opportunity, particularly employment. Other reports in this series address social service employment as an economic development tool, and the social and economic power of local

voluntary associations.[1] This report, as a first step toward the imaginative use of community assets, documents in detail social service spending in one community, and describes several other community assets that could be used to foster community development.

The report is divided into three sections. The first section describes patterns of social service spending in Illinois. These patterns provide a context for thinking about the local budget numbers. Two important patterns are how the state social service budget is divided among different social service departments, and, within a department, how funds are divided among key service programs. Another important issue is how these distributions have changed over the past several years. While it may be interesting to know how much a state spent in one community on, for example, foster care, that figure becomes more useful in the context of foster care spending as a percent of all child welfare spending, and child welfare spending as a percent of all social service spending. That information is itself placed in context by considering the changes in child welfare spending as a percent of all social service spending over a five year period, a period when the number of children in foster care increased dramatically.

Since the Bureau of the Budget has only broken down state fiscal year (FY) 1994 budget for the target communities we cannot compare local spending in 1994 with prior years' local spending. So changes in spending patterns over time for different social services are described at the level of total state spending for each social service department and for the major service they provide.

Although the budgeting process differs from state to state, overall patterns of spending may be similar. The pattern and distribution of Illinois expenditures figures provide a frame of reference for social service spending in other states as well as a context for the actual local budget numbers.

The second section starts with a brief description of the target low-income community, the Grand Boulevard community in Chicago. Low-income communities, like other communities, differ from one another. Grand Boulevard is a particular community with some interesting characteristics. This section also provides some insight into the form, accuracy and magnitude of the Grand Boulevard social service budget numbers. The major source for these numbers was the Illinois Bureau of the Budget and the FY 1994 budget is the first budget in which the Bureau has broken down spending for the target communities. The numbers are, in consequence, somewhat rough as different social service departments used different decision rules to arrive at particular totals.

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[1] These reports are described at the end of this document. This project complements an attempt by the State of Illinois, with funding from the Annie E. Casey Foundation, to experiment with ways to make social service spending more effective by empowering local leaders to set priorities, and to develop ways to rationalize the delivery of services to achieve these priorities. The social service reform experiment was devised by the Governor's Task Force on Human Services, which chose five communities in Illinois to test the idea of local collaboration to improve social service delivery. Social service budgets for these communities were developed by the Illinois Bureau of the Budget. The five communities were: Grand Boulevard in Chicago, the seven southern-most counties in the state (which are also the most impoverished), the capital city of Springfield, the northeastern Illinois blue-collar city of Waukegan, and the wealthy, rapidly growing Du Page county just west of Chicago's Cook County.

The third section details the actual budget numbers for FY 1994 in Grand Boulevard, broken down by major categories or line items in each of the major social service departments. The tables include explanatory footnotes.

Low-income communities have many resources in addition to social services. The Appendix describes several additional resources available in the low-income community of Grand Boulevard. Local jobs are a potential source of employment for local residents and some low-income communities have a disproportionate number of social service jobs. Some social service jobs are entry-level jobs and can provide employment for people with relatively little job experience or training. The Appendix documents the number of social service jobs available in the key parts of the nonprofit and public sector in Grand Boulevard, and the job qualifications and wages associated with those jobs.

Private sector employment and jobs outside the community are also resources for community residents. Sometimes local residents may not have access to local jobs and sometimes low-income residents lack the means to get to jobs outside their own community. The patterns of where residents work, and who works in local jobs, is an important source of information for community leaders trying to help community residents find employment. For this reason, the Appendix includes a description of where local residents work in the metropolitan area and where those who work in the community reside. This information gives some perspective on what share of local jobs are held by local residents and the commuting time experienced by local residents who work outside the community. The Appendix also provides information about the composition of jobs in the community compared with the larger Chicago metropolitan area.

These data and the social service spending data can help community leaders develop strategies to increase the employment of local residents and promote community development.

Key Trends in the Data

The report contains a large amount of information, different parts of which will be of interest to different people. There are, however, some striking trends and patterns of general interest.

<u>The Allocation of Illinois State Funds</u>

1. In Fiscal Year (FY) 1995, the programs receiving major amounts of state spending included education (24 percent), income and health assistance (22 percent), transportation (16 percent), and health and human services (12 percent).

2. In 1995, medical assistance accounted for 17 percent of state spending, income assistance (including welfare payments) 3 percent, and other Department of Public Aid spending 2 percent.

Changes in Illinois State Spending

1. Between 1974 and 1994, state General Funds (the main source for social service and educational spending) increased in 1974 dollars from $4.5 billion to $5.1 billion, an increase of 13 percent.

2. State spending on education (as opposed to *total* spending on education, which includes state and local expenditures) declined in 1978 dollars from $3.2 billion in 1978 to $2.5 billion in 1995, a decrease of 22 percent.

3. Between 1974 and 1994, spending on welfare or Aid to Families with Dependent Children (AFDC) declined in 1974 dollars from $1.3 billion to $0.6 billion, a decrease of 54 percent.

4. Between 1970 and 1995, the maximum welfare benefit for a family of three declined 47 percent in inflation-adjusted dollars.

5. State spending for medical assistance for low-income and other eligible persons increased from just over $2 billion in 1990 to almost $6 billion in 1995.

6. Between 1990 and 1995, state spending on prisons increased from about $500 million to about $700 million. (The number of prison inmates in Illinois increased from 5,000 in 1970 to 40,000 in 1995.)

7. The child welfare budget in Illinois increased from $415 million in 1990 to $1.3 billion in 1995, reflecting an increase in the number of children in foster care from 17,000 to 42,000.

8. Public funding does not imply the public provision of services. Some 60 percent of the caseload of children under the official care of the Department of Children and Family Services are under the management of contracting nonprofit agencies. All of the Department on Aging's services are contracted out to nonprofit organizations, as are most of the Department of Alcoholism and Substance Abuse programs.

Social Service Spending in a National Context

1. In 1992, total federal spending for Medicaid amounted to $68 billion. In the same year, the federal government spent another $14 billion on welfare and $24 billion on the Food Stamp program. These three expenditures amounted to 8 percent of the federal budget for that year.

2. In 1993, the cost to the federal government of federal tax deductions on mortgage interest, property taxes for owner-occupied homes and capital gains deferrals on the sale of principal residences amounted to $70.1 billion. The cost to the federal government of the net exclusion of pension contributions from taxation amounted to $66.3 billion, and the cost of tax exclusions for employer contributions to medical insurance premiums and medical care to $46.4 billion. These three (tax) expenditures amounted to about $183 billion or 13 percent of the 1993 federal budget.

3. The main difference in these expenditures is that spending on social services for low- and moderate-income families contributes to basic subsistence, while many of the tax breaks for middle- and upper-income families promote the accumulation of assets.

Public Spending in Grand Boulevard

1. The total public spending on Grand Boulevard residents for the services listed in this report in 1994 (see Figure 9) was about $167 million.

2. In 1994, about $70 million were spent in Grand Boulevard on public aid. This total included $24 million for food stamps (which are paid for by the federal government), $21 million for medical assistance of which $13 million was for hospital care, and $19 million for AFDC.

3. Approximately $35 million were spent in state and local funds on education in the community, an estimated $22 million by the Chicago Housing Authority on public housing, and an estimated $15 million to house Grand Boulevard residents who were incarcerated and under the jurisdiction of the Illinois Department of Corrections.

4. The state government also spent $12 million on child welfare for community residents, $5 million through the Department of Mental Health and Developmental Disabilities, $3 million on services for the elderly, and $2 million on public health.

5. The child welfare total includes $2.3 million spent on foster care homes, $3.6 million spent on relative foster care (where neglected or abused children are placed in the homes of relatives), $2 million for institution and group home care, and $300,000 for services to keep children in their parents' homes.

How to Use the Data

Community residents and leaders can use breakdowns of public spending in their neighborhood to ask a variety of questions. The following are examples of questions about community building the data suggest.

1. Do the comparative amounts of money spent for different purposes reflect the community's sense of the most pressing needs and the highest priorities?

2. Some of the money spent on social services stays in the community (e.g., funds for locally provided daycare), and some money goes outside of the community (e.g., Department of Corrections spending on the incarceration of local residents). Money spent locally may circulate to the benefit of local residents in local purchases or capital improvements. Could more of the existing social service funds be spent locally and provide this multiplier effect for local residents?

3. Social services are a major source of employment in low-income communities. Could more local residents be employed by social service organizations?

4. Some public money gets spent on services for people in trouble (e.g., for abused and neglected children), and some gets spent on people who are not in trouble to enable them to become productive citizens (e.g., public health spending on immunizations, or spending on elementary and secondary education). Is the balance between these two types of services appropriate?

5. The data show that a higher percent of jobs in Grand Boulevard are government jobs than is true for the metropolitan region as a whole, and that a lower percent of jobs are in the private sector. Can community leaders develop a strategy for increasing the number of local, private sector jobs?

6. Employed residents of Grand Boulevard are less likely to work in their own neighborhood than residents of other Chicago metropolitan area communities, and they are, in consequence, likely to spend more time on their commute to work. What strategies do these patterns suggest for increasing employment options for residents?

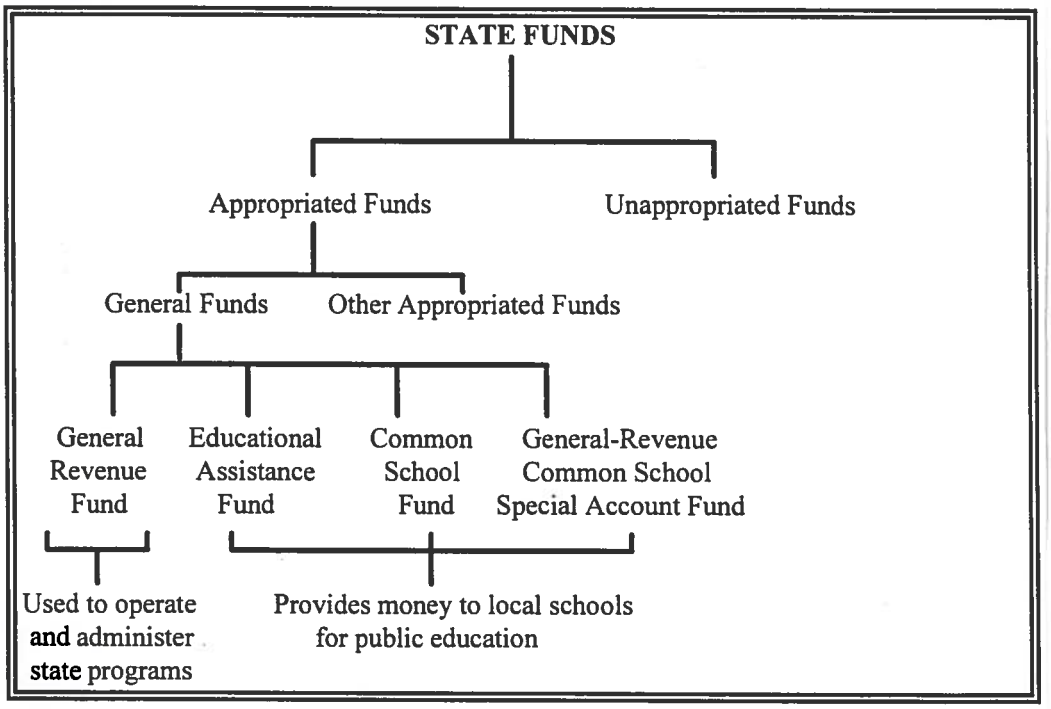
These are specific questions about specific resources. The larger lesson of this project is that a community possesses a number of resources that serve particular goals but which could be used for other community building purposes. The first step in exploiting those resources for community building is to recognize them.

Section I. Social Service Spending In Illinois

The Structure of State Spending

Every year, the Governor of Illinois is required by the Illinois Constitution to prepare and submit to the state legislature a state budget that includes recommended spending levels for state agencies, the estimated funds available for those expenditures, and an account of the level of state debt and liabilities.[1] After the Governor has presented his budget, the General Assembly considers that budget and proceeds to shape and adopt appropriation bills. The Governor signs these bills or subjects them to a line-item veto, a reduction veto, or total veto. An appropriation adopted by the legislature and approved by the Governor represents spending authority for the fiscal year.

Figure 1
Flow of Illinois Funds



The basic elements of the state budget are "funds". Funds are a means of segregating money collected for state spending to cover distinct functions of government. There are

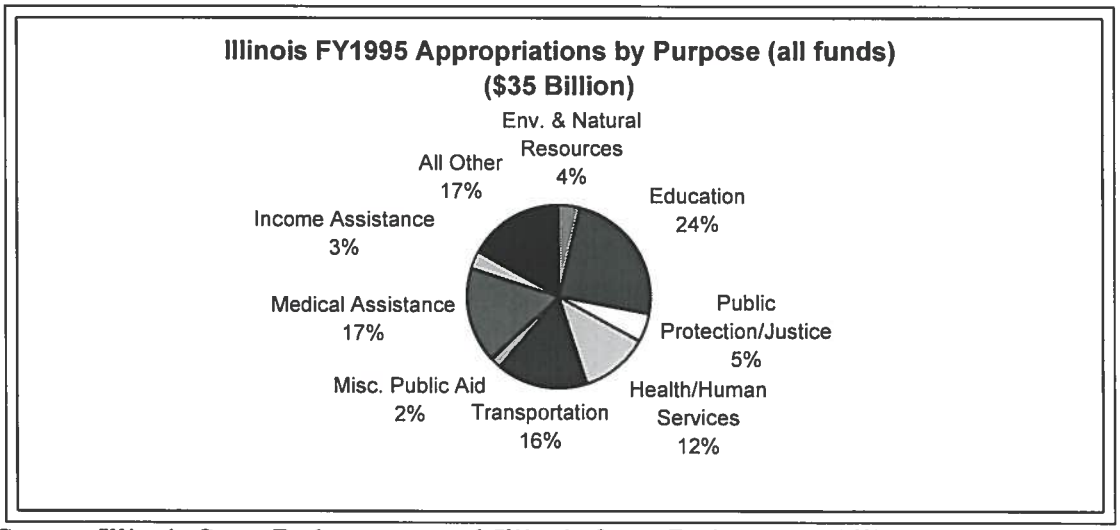
[1] Information on the Illinois Budget is taken from a variety of sources, including the Illinois State Budgets for 1990-1996 (Illinois Bureau of the Budget, Springfield, IL); the 1995 Pocket Guide to the Illinois State Budget (Illinois Tax Foundation, Springfield, IL, 1995); Two Decades of Illinois State Spending by Randy Erford (unpublished mss. Illinois Tax Foundation, 1995); and Illinois Politics and Government: The Expanding Metropolitan Frontier by Samuel K. Gove and James D. Nowlan (University of Nebraska Press, forthcoming, June 1996).

over 500 active funds in the Illinois accounting system. The primary division of funds is that of appropriated and unappropriated funds. Unappropriated funds comprise state and federal trust funds for certain statutory programs. The most important appropriated funds are together called the General Funds (see Figure 1). These four funds support education, social services and state administration. The General Funds account for about half of all spending by Illinois state government and include the General Revenue Fund, the Educational Assistance Fund, the Common School Fund, and the General Revenue-Common School Special Account Fund. The General Revenue Fund is used to operate and administer state programs including all health and human services, while the other three funds provide money for public education in Illinois, which is then administered by local school districts.

The Distribution of Current Spending

The total Illinois state budget in FY95 was $35 billion. Education accounted for the largest share of the budget, 24 percent. The next largest category was public welfare, which accounted for 22 percent of expenditures. These expenditures are broken down into medical assistance, income assistance and miscellaneous Public Aid in Figures 2 and 3. The two next highest categories of expenditures were transportation (16 percent) and health and human services (12 percent).

Figure 2

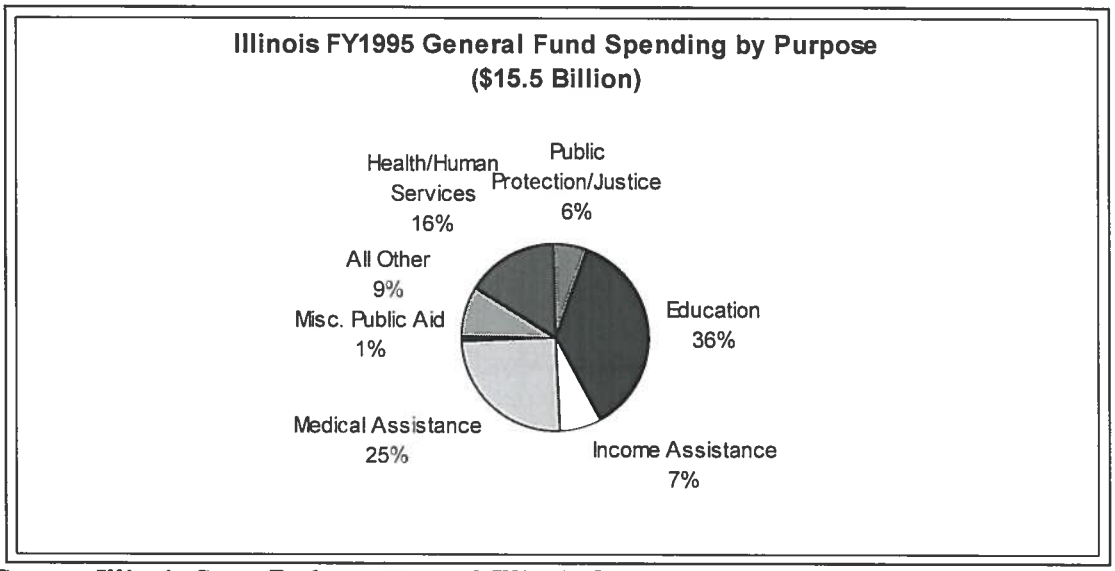


Source: Illinois State Budget 1995 and Illinois State Budget 1996 (Illinois Bureau of the Budget, Springfield, IL).

General Funds appropriations comprised about half of all state appropriations, and were about $15.5 billion in FY95. The major non-General Funds expenditures were, in order of magnitude, Special State Funds (direct, limited obligation debt instruments for capital

expenditures primarily funded by dedicated state sales tax revenue bonds), Highway Funds, Federal Trust Funds (for educational, employment, and other programs), and General Obligation Bond Funds (bonds issued for capital expenditures and secured by general tax revenues).

Figure 3



Source: Illinois State Budget 1995 and Illinois State Budget 1996 (Illinois Bureau of the Budget, Springfield, IL). The percentile breakdown of Public Aid expenditures on Medical Assistance, Income Assistance and Other Public Aid for the general fund was estimated using expenditure figures from the 1996 budget.

Revenues to pay for expenditures are provided by both federal and state income taxes as well as a variety of other sources, and are documented in Figure 4. Income taxes make up 23 percent of state revenue, sales taxes 19 percent, and federal aid provides another 27 percent of revenue. (These three sources make up an even larger part of the General Revenue Fund, totaling 83 percent). Road taxes and fees and lottery income are the next largest sources of revenue, while all other fees including utility and cigarette taxes comprise 21 percent of all Illinois revenue.

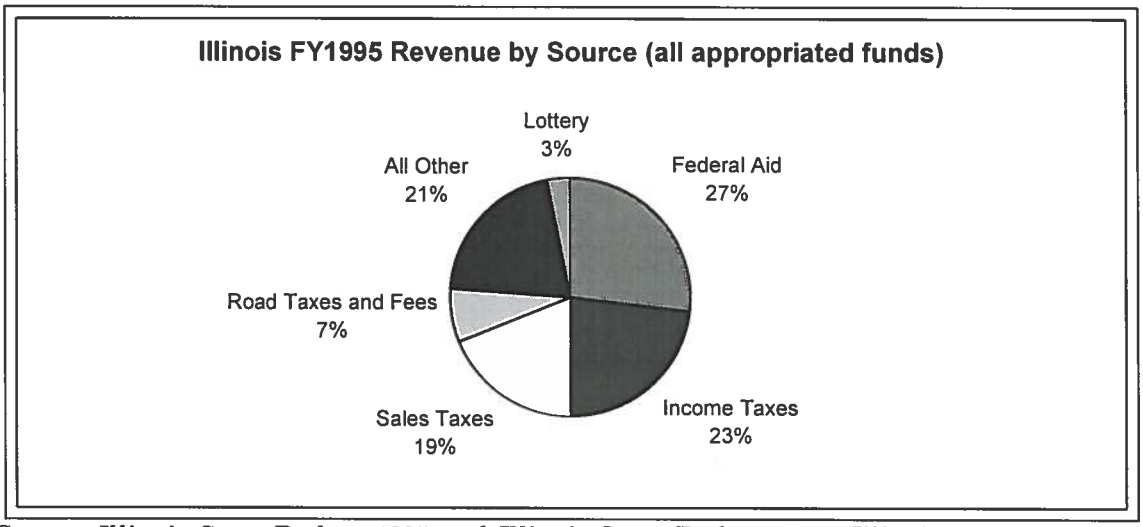
While education spending is the single largest item in the state budget, state revenues accounted for only 32 percent of total spending on elementary and secondary education in 1995. Most of the remaining revenue came from local property taxes.

Changes in State Spending Patterns

Two common beliefs about state expenditures are that they have increased dramatically over time, and that the bulk of the increase is due to an uncontrolled explosion in welfare

or Aid to Families with Dependent Children. Neither belief is true. In recent years, welfare spending has actually decreased in inflation adjusted dollars, the payments per family have decreased dramatically, and state social service spending has increased only modestly.

Figure 4



Source: Illinois State Budget 1995 and Illinois State Budget 1996 (Illinois Bureau of the Budget, Springfield, IL).

While annual state spending on all appropriated funds increased from $5 billion in 1974 to $22 billion in 1991, a 356 percent increase, constant dollar (adjusting for inflation) spending increased from the original $5 billion to $7 billion in 1974 dollars, an increase of 39 percent. While that increase is substantial, General Funds constant dollar expenditures (the source of education and social service spending) increased from about $4.5 billion to $5.1 billion between 1974 and 1994, an increase of just 13 percent. In the same time period, total constant dollar spending on welfare *decreased* from $1.3 billion to $0.6 billion in 1974 dollars. This decrease hit welfare recipients hard. The constant dollar value of the maximum benefit for a family of three declined 47 percent from 1970 to 1995. The value of the welfare check is clearly not a *growing* burden on the state budget, nor are the number of welfare recipients. In 1990, 771,500 people received income assistance from the Illinois Department of Public Aid. In 1995, 799,545 received such assistance. A peak in the number of income assistance recipients in 1992, at 846,900, was met by a decrease in expenditures, from $1,164 million in 1991 to $1,146 million in 1992. In 1995 even less than that was spent on income assistance, $1,086 million in 1995 dollars.

But while these two myths do not hold up under scrutiny, Illinois, like many other states, has suffered a number of budget crises. The size of the current crisis can be gauged by several measures of fiscal health. The Illinois Constitution requires that the Governor present a balanced budget, but that requirement does not mean that the actual budget will

be balanced. Debts can be disguised in several ways. Two of these are not paying bills on time, and not adequately funding the State pension fund to meet future obligations. At the end of FY95, Illinois was sitting on $1.3 billion in unpaid bills. Even more dramatic, at the end of 1995 the state had a $15 billion shortfall in state pension funds. While a 50-year plan to eliminate the shortfall was passed in 1994, the legislature will have to appropriate significantly larger amounts each year to make the plan work. In FY96, for example, the State will have to contribute $600 million to the plan, an increase of $90 million over the FY95 appropriation. In FY2000, just four years away, the state appropriation under the plan will be more than $1.15 billion.

These aggregate spending trends are the result of changes in spending for individual departments and services, and the most important of these individual changes are detailed in the following paragraphs.

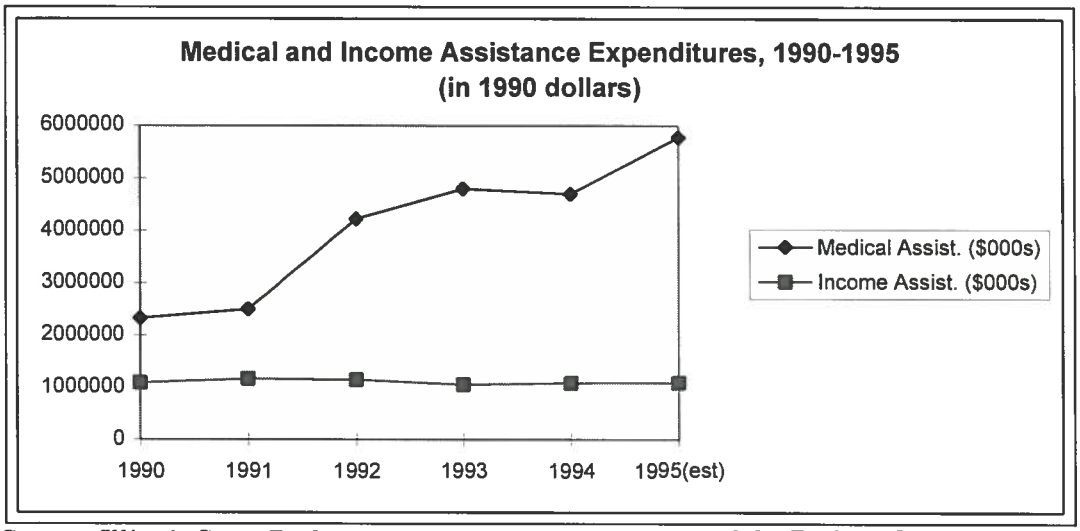
Medical Assistance. While increased welfare payments cannot explain these budget problems, other spending pressures have contributed significantly to the shortfall. The most important of these pressures is state spending on medical assistance, particularly Medicaid. Medicaid is public assistance financed jointly by the state and federal governments to provide medical care for individuals who meet certain eligibility criteria including low-income. Medicaid's share of the State's General Revenue Fund increased from about 13 percent in 1974 to about 25 percent in 1995. General Funds spending for the Illinois Department of Public Aid, which funds medical assistance as well as welfare, more than doubled from FY90 to FY95. A comparison of the relationship between Medicaid and education expenditures highlights the magnitude of the Medicaid expansion. Inflation adjusted spending for Medicaid went from less than half of total state spending on elementary and secondary education in 1972 to slightly more than the state spent on public education in 1995. In FY95, Medicaid in Illinois was a $5.8 billion program serving 1.5 million people. The relationship between medical assistance and income assistance spending is even more dramatic. Figure 5 compares changes in medical assistance spending between 1990 and 1995 with changes in income assistance spending.

The main cause of this huge increase in medical spending has been double digit inflation for health care services. While the overall cost-of-living index increased about 45 percent from 1983 to 1993, health care costs increased by 100 percent in that time period. There are other reasons for these cost increases, including an aging population. Two-thirds of the current Illinois Medicaid budget is spent on care for the elderly and disabled although these clients constitute only 24 percent of all Medicaid users. The state's elderly population, which grew 23 percent in the last 20 years to 1.9 million people, is expected to grow another 41 percent by the year 2020. Still other reasons include an increase in the number of people living in poverty; federal mandates on what services must be provided and on who is eligible for Medicaid; and federal court pressure to pay "reasonable" rates to hospitals, nursing homes, pharmacies, and other health care providers.

Nursing home costs are a dramatic illustration of increases in demand for services. Nursing home care for elderly recipients is the largest single expense in the Medicaid budget. In FY96, it will cost $1.3 billion to provide nursing home care to approximately

58,000 elderly people. That sum is about a quarter of the state's total spending on medical assistance. The state's bill for nursing home care has increased by 118 percent in five years.

Figure 5



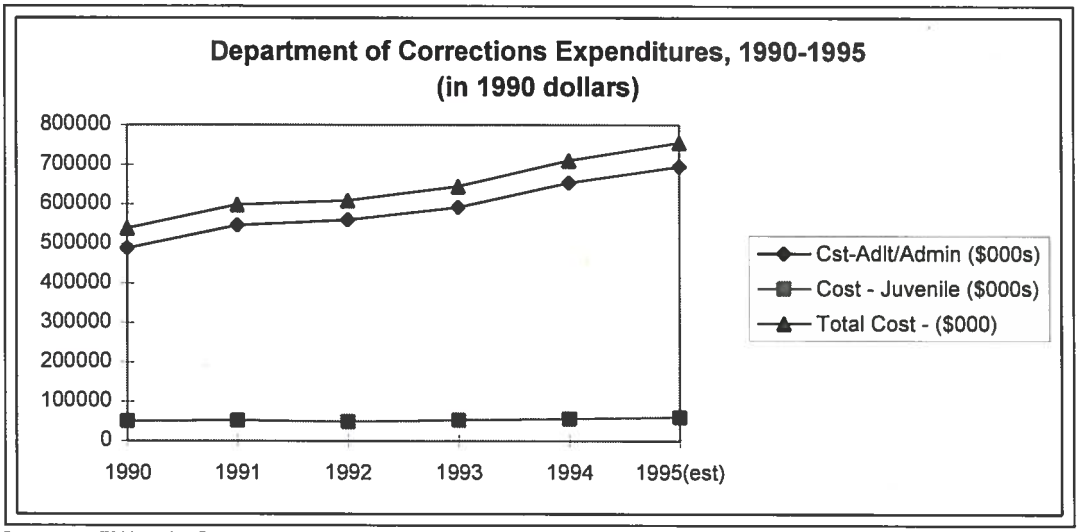
Source: Illinois State Budgets, 1990-1995 (Illinois Bureau of the Budget, Springfield, IL).

Prison Spending. Another state department experiencing spending pressures is the Department of Corrections (DOC). The number of prison inmates in Illinois rose dramatically in the last two decades and consequently, so has the cost of incarcerating them

The number of prison inmates in Illinois increased from 8,000 in 1970 to about 38,000 in 1995. Between FY72 and FY91, state spending on corrections increased from $67 million to $643 million in current dollars. (The change in 1972 dollars was from $67 million to $170 million, an 195 percent increase). By FY95 total DOC spending was $755 million.

While crime grew dramatically in the 1980s, the crime rate has been leveling off or indeed dropping slightly since 1992. The increase in crime in the 1980s is, however, only one cause of the increase in the prison population. Determinate sentencing, whereby judges are required to impose strict mandatory sentences, and a prohibition of early release for good behavior, increase time served and hence the size of the prison population. A new truth-in-sentencing measure designed to ensure that prisoners serve at least 85 percent of their terms is estimated to cost $5.8 billion over ten years, including $1.5 billion to construct 28 new 1,600 inmate prisons and $4.3 billion to pay operating expenses. Over 70 percent of these expenditures are taken up in staff salaries. DOC expenditures, which are detailed in Figure 6, do not reflect increases in juvenile crime because these costs are covered mainly by local spending.

Figure 6



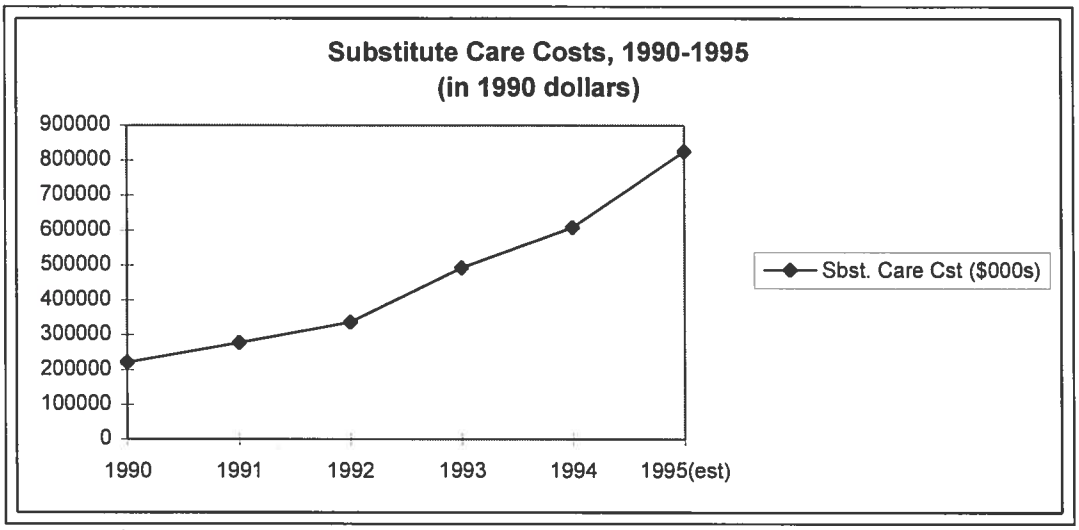
Source: Illinois State Budgets, 1990-1995 (Illinois Bureau of the Budget, Springfield, IL).

Child Welfare Spending. The Illinois Department of Children and Family Services (DCFS), which provides foster care for children who are removed from their homes because of neglect or abuse, has also faced a dramatic increase in the demand for its services. Between 1990 and 1995, the number of children served in foster care by DCFS has risen from 17,000 to 42,000, an 147 percent change. To pay for this increase in the number of foster children, the DCFS budget appropriation increased from $415 million to $1.3 billion.

The increase in the number of children in care partly reflects increased family poverty and family dislocation. More children come into care when the quality of children's lives deteriorates. But the total number of children in care is also a reflection of how long children stay in care. In recent years, DCFS has increasingly placed foster children in the home of relatives. This sensible policy of placing children with adults whom they know rather than with strangers has, however, increased the average length of time children spend in foster care. The reason for this is that children placed with relatives return home more slowly than children placed in other families. As the length of time children spend in care increases, all things being equal, so does the total number of children in care. Child welfare costs have also risen as a result of a federal court consent decree that required the department to increase the quality of its operations by hiring more staff, reducing caseloads, and improving quality control strategies. Substitute care costs, detailed in Figure 7, make up about 75 percent of the DCFS budget.

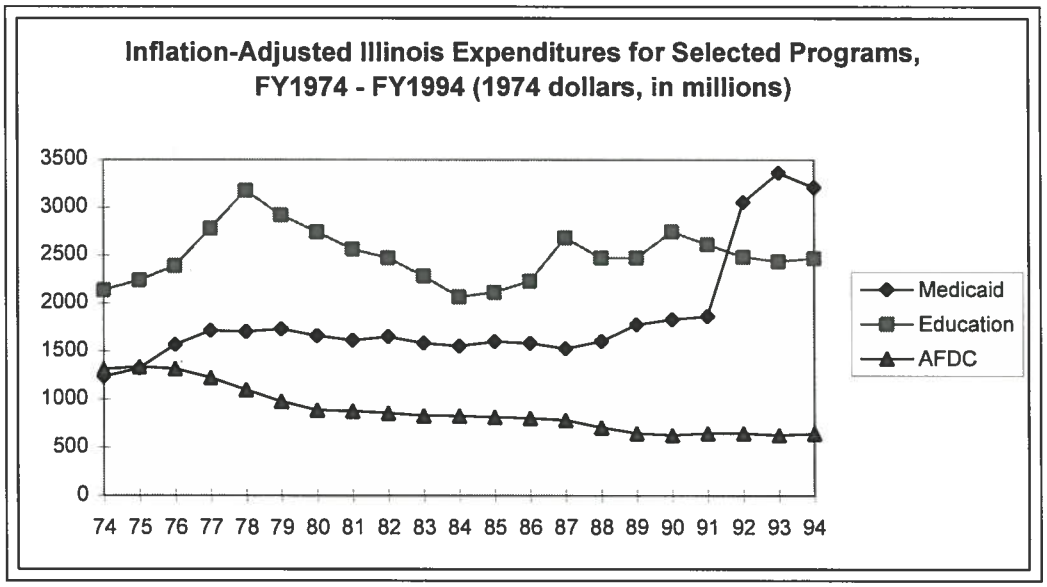
Perhaps the most important investment any state makes in its future is spending on education. While many of the expenditures described above have increased in constant dollars in the recent past, Illinois state spending on education (as opposed to *total* spending on education which includes state and local expenditures) has not increased. Illinois spending on education in 1978 amounted to $3.2 billion. Those expenditures in 1995 were $2.5 billion in 1978 dollars. Figure 8 compares constant dollar spending for education, Medicaid and welfare (AFDC).

Figure 7



Source: Illinois State Budgets, 1990-1995 (Illinois Bureau of the Budget, Springfield, IL). Education Spending.

Figure 8



Source: Illinois Tax Foundation using Illinois Bureau of the Budget figures.

Social Service Spending Versus Tax Expenditures

Large increases in spending for certain social services foster the belief that government spending favors the poor and people in trouble over the "forgotten" middle classes. It is

difficult to make a straightforward comparison of government spending on low- and middle-income people because spending for the two groups is often made in different ways and by different units of government. It is, however, possible to get a sense of the magnitude of expenditures for low-income and middle-income people by comparing select federal budget categories. While states contribute a large percentage of the costs of some social service and income support programs, we can use the federal expenditures on some of those programs to compare relative expenditures by one unit of government. Total federal spending for Medicaid in 1993 amounted to $68 billion. The federal government spent another $14 billion in the same year on AFDC and about $24 billion on Food Stamps. These expenditures, totaling $105 billion, while significant, amounted to about 8 percent of all federal spending in 1993.[1]

These expenditures can be compared to tax expenditures -- tax income forgone as deductions -- many of which benefit middle and upper income families. These tax expenditures are subsidies to qualifying families and individuals. In 1993, the General Accounting Office estimated that federal tax deductions on mortgage interest, property taxes for owner-occupied homes, and capital gains deferrals on sales of principal residences amounted to $70.1 billion in tax expenditure benefits. Net exclusions of pension contributions and earnings from taxation, as well as exclusion of Keogh plans and contributions and earnings from individual retirement plans added another $66.3 billion in such benefits. Tax exclusions for employer contributions for medical insurance premiums and medical care contributed another $46.4 billion to qualifying taxpayers.[2] These three groups of tax expenditures total $182.8 billion or 13 percent of all federal spending in 1993.

The main difference in these expenditures is that spending on social services for low- and moderate-income families contributes to basic subsistence, while many of the tax breaks for middle and upper-income families promote the accumulation of wealth. Since the size of any individual's benefit from tax expenditures depends on the individual's tax bracket and the size of the initial expenses, the bulk of the benefits go to wealthier taxpayers. Almost half of the mortgage subsidy, for example, goes to the 5.2 percent of taxpayers who have incomes over $100,000.[3] Families earning in excess of $200,000 or more had average tax expenditure benefits from itemized deductions in 1994 of $15,700.

There are, of course, arguments in favor of each of these tax expenditures. They are described here because the current debate about the size of federal and state government spending tends to concentrate on the level of spending on low-income people. A fairer debate about government spending would examine every aspect of public expenditures.

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[1] Statistical Abstract of the United States 1994, 114th Edition. U.S. Department of Commerce Economic and Statistics Administration, Bureau of the Census. Washington, D.C. 1994.

[2] Tax Policy: Tax Expenditures Deserve More Scrutiny. U.S. General Accounting Office. Washington, D.C. 1994.

[3] Peter Dreier and John Atlas, "Housing Policy's Moment of Truth", The American Prospect, Summer 1995, p. 74.

Section II. Human Service Expenditures In Grand Boulevard

The Grand Boulevard Community

Contrary to popular belief, low-income urban communities differ from each other in as many ways as other communities. Grand Boulevard, a low-income community on Chicago's South Side, is unique in several ways. A community of about 36,000 residents, Grand Boulevard is about 99 percent African-American. In 1989, 82 percent of children in the neighborhood lived in families with a cash income below the poverty line. (Nationally, 17.1 percent of children live in poverty). Median family income, at $8,371 in 1989, was less than a third of median income for the city of Chicago ($30,707). The 1989 income figure represents a 30 percent decline in family income, after adjusting for inflation, since 1979. The shifting of manufacturing employment out of Chicago and the growth of the suburbs have hastened the decline of the community. Between 1970 and 1990, Grand Boulevard's population halved, and, in the same period, almost 10,000 housing units were lost. Much of the community's population lives in high-rise public housing. The loss of population and housing stock, and the concentration of high-rise public housing, impose strains in addition to those of poverty.

Grand Boulevard residents, despite these depressing economic figures, have organized to rebuild their community. The community is the home of creative and vigorous community organizations, and is part of an ambitious economic development scheme, the Mid-South Plan, to reinvigorate that part of Chicago. The community is also home to over 300 voluntary associations including churches, youth organizations, block clubs and social associations which maintain the fabric of community life.[1]

The Data

Most of the expenditures documented in this report are income assistance and social service expenditures that are largely the administrative responsibility of state government, and are directed mainly to low-income residents. Some of the expenditures, however, attract federal matching funds. One expenditure, Food Stamps, is 100 percent federally funded. Other income assistance and social service expenditures that are not primarily directed to low-income residents have been excluded from the state figures. The most significant of these expenditures are social security payments and Medicare, both of which are 100 percent federally funded.

Three other major expenditures are excluded from the state tables in Section III. These expenditures include spending by the State Board of Education, the Department of

[1] Grand Boulevard's voluntary associations are described in a companion report, *Rediscovering Local Associations and Their Powers: Tools and Methods.*

Corrections, and the Chicago Housing Authority. We can, however, estimate the size of spending on these categories for residents of Grand Boulevard.

Education funding is not included in the state tables because it is not an expenditure primarily directed at low-income children, and because local units of government pay more than 50 percent of the cost of education in Illinois. It is a major public expenditure, however, and includes sub-items that are directed primarily to low-income children. In Chicago, per-pupil expenditures are about $5,600, and with 4,800 Grand Boulevard children enrolled in school, the elementary and secondary school expenditures for that community would be about $27 million. Most of these children would also attract special state funds for low-income children of about $800 per child, adding another $4 million to the total. At least another $4 million is spent on a combination of Head Start programs for pre-school children and a state-funded preschool program.[1]

Expenditures on local residents who are incarcerated were unavailable for the Department of Corrections, and were hence excluded from the state tables. As of April 1995, however, some 821 residents of Grand Boulevard were incarcerated in Department of Corrections facilities. In Illinois it costs about $18,000 a year to house, feed, and clothe an inmate. The yearly cost to the State for Grand Boulevard residents who are incarcerated, then, is about $15 million.

Expenditures for the Chicago Housing Authority (CHA), the body which administers public housing in Chicago, were also excluded from the state figures because it is a local authority. Funding for public housing, which comes from three different funding streams -- federal, state and local -- is, however, a significant social service expenditure. The Center for Economic Policy Analysis in Chicago estimated 1995 CHA spending in Grand Boulevard to be about $22 million. CHA, Department of Corrections, and education spending are included in Figure 9, which breaks down major social service spending in Grand Boulevard by state department or other source.

The data included in this report represent the first effort by the Illinois Bureau of the Budget to break down public expenditures by neighborhood. Data for the expenditure totals were collected by using the home addresses of the individuals receiving the service. They represent, therefore, expenditures on individuals whose current or last home address was in Grand Boulevard. The data include, for example, foster children whose foster home may or may not be in Grand Boulevard, but whose family lives in the community. Individual state departments rarely analyze numbers by zip codes or aggregate these zip codes up to neighborhoods or communities. The fact that this is a first time effort means that this data is subject to some error.

There are several possible sources of error in the data. Some of the departments, for example, included lapse spending in their calculations while others did not. Lapse spending is the portion of a budget appropriation that is not spent during the fiscal year but which may still be spent in the three months following the end of the fiscal year for which the money was appropriated. Another reason for caution is that departments have

[1] These education totals are calculated from preschool and elementary and secondary school enrollment figures for 1993 for Grand Boulevard which are described in Chicago Kids Count: Community by Community Profiles of Child Well-Being, Voices for Illinois Children, Chicago, undated report.

different decision rules for the inclusion of certain items. No overhead costs are included in the figures. The overhead or administrative costs for a department vary widely and are partly dependent on how much of the department's work is contracted out. Every department has a different overhead structure.

Figure 9

Major Social Service and Income Assistance Spending in Grand Boulevard (1994)

Department or Source	Grand Boulevard Expenditures
Aging	$ 2,728,332
Alcoholism and Substance Abuse	944,304
Children and Family Services	12,414,500
Mental Health/ Developmental Disabilities	5,242,600
Public Aid	70,981,971*
Public Health	2,224,200
Rehabilitation Services	1,208,942
State and Local Boards of Education (est.)	35,000,000
Chicago Housing Authority (est.)	21,690,939
Corrections (est.)	15,000,000
Total	**$167,435,788**

***Sources:** Illinois Bureau of the Budget. John Howard Association and the Center for Economic Policy Analysis.*

****Public Aid spending includes $24,240,807 of federal funding for Food Stamps. Without this funding, Department of Public Aid spending is $49,475,257.***

A department may or may not have solved the problem of "double-counting", the multiple inclusion in the client count of a client who receive funding from more than one source or on more than one occasion. For this reason, it is not possible to use the client counts and expenditures described below to develop a "per-client expenditure" figure. An added complication is that some of the client counts are monthly figures while others are yearly figures. Most of the differences in accounting rules among the departments are described in the footnotes of the budget figures.

The fact that a service is funded by public funds does not mean that the service is delivered by public employees. The services described in the budget section are delivered by a mix of public employees and the employees of nonprofit organizations. There are two mechanisms for funding the delivery of services in the nonprofit sector. The first is called purchase-of-service. Under this arrangement, public dollars fund a nonprofit to perform a service on a per-client basis. For example, public dollars might fund a job-placement agency by providing $2,000 for each client placed in a job. The other mechanism, grants-in-aid,

provides nonprofits with dollar awards to provide a particular service or group of services by other criteria, for example, serving eligible clients in a particular geographic area.

These dollars might fund general operating expenses for a mental health clinic, but without regard to the exact number of people served. Whatever the funding mechanism, it is important to note that public spending does not necessarily imply the public provision of the service. In the case of the Department of Children and Family Services, for example, some 60 percent of the caseload of children served by the Department is administered by nonprofit providers. All of the Department on Aging's service dollars are contracted out to nonprofit providers.

For the reasons discussed above, there are errors in the data presented in the budget section. The figures, however, do provide for the first time a useful account of the magnitude of social service, service by service, in a single community. Such information is essential to any community attempting to promote human and economic development by rethinking the use of the resources it receives.

Section III: Social Service Expenditures In Grand Boulevard

The following tables detail state social service spending in Grand Boulevard in FY94. Expenditures and estimated client counts are listed first in a department summary page, which breaks down figures by major programs or categories. Specific program descriptions for each department follow the summary page. Departments used different methods to calculate expenditures and client counts; each table contains explanatory footnotes to clarify the method used to calculate them. Discrepancies in departmental counting are discussed in detail in Section 2. The information in the tables was provided by the Illinois Bureau of the Budget.

Department of Aging
Grand Boulevard Expenditures

	All Funds	Population Served[1]
Alternative Care		
Case Management	$ 73,381	725
Homemaker	2,410,920	712
Adult Day Care[2]	31,906	13
Subtotal	**$2,516,207**	
Community Support Services		
Social Services	$ 8,940	442
Nutrition Services (Congregate and Home Delivered Meals)	180,497	479
Foster Grandparent Program	1,188	15
Subtotal	**$ 190,625**	
Elder Rights[3]		
Elder Abuse Investigations	$ 21,500	57
Subtotal	**$ 21,500**	
Total	**$2,728,332**	

[1] Population served for the Department of Aging is based on an estimate of the FY94 Average CCP Monthly Caseload. This estimated caseload may reflect a duplicate client count due to some clients receiving both homemaker and adult day car services or due to the collapse of chore-housekeeping services into hmemaker service which occurred in February 1994.

[2] All Adult Day Care figures include transportation expenditures.

[3] Expenditures were calculated based on the number of clients served multiplied by $252.00 (investigation reimbursement) plus the number of clients consenting to services multiplied by $504.00 (additional casework reimbursement) with an additional $150.00 (6 x $25.00) for cases eligible for follow-up.

Department of Aging Programs

Program: **Alternative Care**

Description: The Community Care Program (CCP) provides options to nursing home placement. The core services of the CCP are case management, homemaker/chore-housekeeping, adult day care and senior companion services. Nursing home pre-admission screening confirms the client's need for long term care, and informs clients and their families of care options prior to nursing home placement.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$102,892,000	N/A	$102,892,000
Grand Boulevard:	$ 2,516,207	N/A	$ 2,516,207

Program: **Community Support Services**

Description: The Illinois Department on Aging funds a wide range of services under Title III of the Older Americans Act (OAA) through grants to the 13 Area Agencies on Aging (AAA's). Title III services address needs of senior citizens in five areas: access services; elderly rights; volunteerism; in-home care services; and community support services. All persons age 60 and over are eligible for services under the OAA; however, in accordance with federal law, preference is given to those older persons in greatest economic or social need, with special attention to low-income minority older persons.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$5,275,993	$47,666,768	$52,942,761
Grand Boulevard:	$ 15,889	$ 174,736	$ 190,625

Program: **Elder Rights**

Description: The Elder Abuse and Neglect Act directs the Department on Aging to establish an intervention program to respond to reports of alleged elder abuse, neglect, and exploitation (ANE) of older persons who live at home, and to work with the older persons in resolving the abusive situations.

FY94 Data	GRF	Other Funds	Total Funds
Statewide:	$3,152,000	N/A	$3,152,000
Grand Boulevard:	$ 21,500	N/A	$ 21,500

Department of Alcoholism and Substance Abuse
Grand Boulevard Expenditures

	All Funds[1]	Population Served
Prevention And Treatment		
Alcohol, Tobacco and Other Drug Abuse Treatment (ATODA)	$887,884	766
ATODA Prevention	56,420	10,075
Subtotal	**944,304**	
Total	**$944,304**	

[1] Agency expenditures were calculated based on the number of area residents served in that community.

Department of Alcoholism and Substance Abuse Programs

Program: **Alcohol, Tobacco And Other Drug Abuse Treatment (ATODA)**

Description: Alcohol, Tobacco and Other Drug Abuse (ATODA) Treatment programs provide screening, diagnostic assessment, and development of individual treatment plans for clients with identified ATODA problems. Case coordination during treatment and aftercare services following treatment are also provided by these programs. Clients of all ages, from youth to the elderly, are served in ATODA treatment programs across the state.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$79,113,634	$46,167,320	$125,280,954
Grand Boulevard:	$ 560,690	$ 327,194	$ 887,884

Program: **Alcohol, Tobacco, And Other Drug Abuse Prevention (ATODA)**

Description: Alcohol, Tobacco, and Other Drug Abuse (ATODA) Prevention programs are designed to promote healthy lifestyles and healthy communities and to prevent alcohol, tobacco, and other drug problems in individuals and communities. Programs are based in non-profit, community-based agencies, local health departments, local and regional education agencies, and statewide advocacy groups. All citizens and communities of Illinois are eligible to be served by prevention programs.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$2,763,400	$14,176,447	$16,939,847
Grand Boulevard:	$ 9,591	$ 46,829	$ 56,420

Department of Children and Family Services
Grand Boulevard Expenditures

	All Funds [1]	Population Served
Adoptions		
Casework Services	$ 70,700	64
Adoption Services (Counseling, Subsidy and Listing Services)	13,800	6
Subtotal	**$ 84,500**	
Day Care		
Employment and Training Related Day Care	$ 2,168,300	718
Subtotal	**$ 2,168,300**	
Family Maintenance And Preservation		
Casework Services	$ 129,000	51
Intact Family Services	175,700	23
Subtotal	**$ 304,700**	
Family Reunification And Substitute Care		
Casework Services	$ 857,100	1,478
Foster Care	2,390,100	908
Relative Care	3,665,000	771
Institution/Group Home	2,011,600	79
Counseling	104,100	91
Homemaker Services	75,200	47
Family First Reunification	13,200	11
Foster Parent Support	18,300	84
Child Personal Physical Maintenance	86,100	376
Protective and Foster Day Care	12,600	22
Independent Living Services	34,900	12
Subtotal	**$ 9,268,200**	
Protective Services		
Investigations	$ 193,500	412
Contracted Investigations	14,300	(included above)
Subtotal	**$ 207,800**	
Youth Services		
Community Services	$ 162,200	1,200
(Comprehensive Community Based Youth Services) CCBYS	150,000	218
Independent Living for Delinquents Demonstration	68,800	35
Subtotal	**$ 381,000**	
Total	**$12,414,500**	

[1] With the exception of casework and investigations, expenditure numbers reflect actual spending based on zip codes. Population served reflects unduplicated client counts across program areas. For example, a foster child who was adopted during the fiscal year will be counted in the adoption subsidy population only. Expenditures, however, will be counted in both the foster care and adoption programs and reflect actual spending.

Department of Children and Family Services Programs

Program: Adoptions

Description: Adoption becomes the primary permanency option when family reunification is not possible or not in the best interest of the child. To free a child for adoption, the juvenile court must find the parent(s) to be unfit and issue an order terminating parental rights. In addition to the identification and legal freeing of adoptable children, adoption services include the provision of training, financial support, and crisis stabilization services to adoptive families. The goal of the adoption program is to achieve stable permanency for children who are wards of the Department.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$32,360,800	$1,479,300	$33,840,100
Grand Boulevard:	$ 70,000	$ 14,500	$ 84,500

Program: Day Care

Description: Day care services can be divided into two basic types: 1) employment and training related day care for low- to moderate-income families; and 2) protective day care for children involved with DCFS, including both intact family and foster care cases. Employment and training day care enables parent(s) to work or secure training that will lead to employment with priority given to special needs kids, children of teen parents, and children in families with incomes less than 50 percent of the median income. DCFS also is responsible for developing standards, licensing, and monitoring day care centers and day care homes.

Note: Day care that is included as part of an intact family service plan as well as day care for medically needy infants on DCFSs caseload are *included under the Family Maintenance/ Preservation program. Most of the day care provided to foster children whose foster parents are working or in training is included in the Family Reunification/Substitute Care program.*

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$28,388,500	$43,815,800	$72,204,300
Grand Boulevard:	$ 14,600	$ 2,153,700	$ 2,168,300

Department of Children and Family Services Programs

Program: **Family Maintenance / Preservation**

Description: Family Maintenance/Preservation services are family interventions intended to enable children to remain in the home and to stabilize families who recently have been reunified (i.e., a child returning from substitute care). These services are designed to foster safe, secure, and nurturing home environments for the children. Professional judgments are made regarding a family's ability to provide this environment through the application of "minimum parenting standards" and through regular family assessments. The federal Adoption Assistance and Child Welfare Act of 1980 requires states to provide family maintenance, preservation, and reunification services to families as a condition of receiving federal monies.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$10,162,500	$10,767,800	$20,930,300
Grand Boulevard:	$ 119,600	$ 185,100	$ 304,700

Program: **Family Reunification And Substitute Care**

Description: Family Reunification and Substitute Care services are intended to provide a safe, healthy environment for children determined to be abused or neglected. Children remain in substitute care until such time as the biological family, with the assistance of child welfare services, can demonstrate the ability to properly care for the children, or until an alternative permanent placement (e.g., adoption, independent living) can be established. Substitute Care involves placing a child in a foster family home, group home, institution, or an independent living arrangement, while Family Reunification involves assisting the parent(s) in making the behavioral changes and developing the skills necessary to adequately care for children in their custody. When the child's permanency goal is reunification, services are provided in conjunction with the Family Maintenance/Preservation program. When the child's permanency goal is adoption, services are provided in conjunction with the Adoption program.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$482,621,200	$47,353,300	$529,974,500
Grand Boulevard:	$ 9,031,100	$ 237,100	$ 9,268,200

Department of Children and Family Services Programs

Program: **Protective Services**

Description: Protective Services are interventions to determine whether a child is a victim of abuse or neglect, and assessments of the risk of further harm to the child. This is accomplished via investigations of all reports of alleged child abuse or neglect taken by the department's 24-hour statewide hotline. The investigative process determines if credible evidence of the alleged abuse or neglect exists. Protective services may include taking the child immediately into DCFS custody as well as the provision of emergency caretaker services.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$16,958,100	$4,208,900	$21,167,000
Grand Boulevard:	$ 168,100	$ 39,700	$ 207,800

Program: **Youth Services**

Description: Youth Services encompass a comprehensive and integrated set of programs designed to prevent youth from entering the child welfare and juvenile justice systems. Youth services are comprised of diversion, intervention, and treatment services intended to stabilize youth and families in times of crisis. Through its Division of Youth and Community Services, DCFS contracts with local area agencies to address the needs of troubled families. The emphasis is on broadbased prevention, keeping families intact whenever safely possible, and quickly reuniting families when a temporary placement has occurred.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$15,829,400	N/A	$15,829,400
Grand Boulevard:	$ 381,000	N/A	$ 381,000

Department of Mental Health and Developmental Disabilities
Grand Boulevard Expenditures

	All Funds [1]	Population Served [2]
DD - Community Based Programs [3]		
Adult Residential, Day Training and Supported Employment	$ 356,600	52
In-Home Supports	50,700	18
Case Coordination and Specialized Services (nursing facilities)	25,300	42
C&A (Children and Adolescents) Residential and Early Intervention	105,000	28
Other	5,000	15
Subtotal	**$ 542,600**	
DD - State Operated Facilities [4]	**$1,800,600**	28
MH - Community Based Programs		
Adult Outpatient	$ 846,100	613
Adult Day Treatment and C&A Residential	210,200	32
Subtotal	**$1,056,300**	
MH - State Operated Facilities	**$1,843,100**	20
Total	**$5,242,600**	

[1] Clients served may include clients from other agencies (eg., Dept. of Rehabilitation Services), although dollar amounts shown are DMHDD funds only.

[2] Client counts are unduplicated by program or provider. Therefore, grand totals may duplicate individuals served in multiple programs or by multiple providers.

[3] Community based program data represents the area of origin of the person served (estimated by the service provider), not the location of the program.

[4] State operated facility data is an allocation of total state facility spending, based on total days of care for persons originating from the field trial site. Population served is done in client-years.

Department of Mental Health Programs

Program: **Developmental Disabilities - Community-Based Programs**

Description: The Department provides funding to community agencies across the state through both grants-in-aid and fee-for-service contracts for an array of services. These services range from 24-hour supported living arrangements to in-home support services. In addition, services include the following: developmental training, respite care, supported employment and vocational development, residential schools, and group homes.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$254,953,700	N/A	$254,953,700
Grand Boulevard:	$ 542,600	N/A	$ 542,600

Program: **Developmental Disabilities - State Operated Facilities**

Description: The Department operates 11 state developmental centers, including two facilities that serve both developmentally disabled and mentally ill clients.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$252,486,200	N/A	$252,486,200
Grand Boulevard:	$ 1,800,600	N/A	$ 1,800,600

Program: **Mental Health - Community-Based Programs**

Description: The Department provides funding to over 200 community providers through both grants-in-aid and fee-for-service programs. Services range from individual counseling to 24-hour per day residential programs. In addition, provided services include the following: outpatient programs, day treatment, respite care, group homes and residential schools.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$157,041,400	$44,330,000	$201,371,400
Grand Boulevard:	$ 823,764	$ 232,536	$ 1,056,300

Department of Mental Health Programs

Program: **Mental Health - State Operated Facilities**

Description: The Department operates 12 facilities that serve persons with mental illnesses, including two facilities that serve both the mentally ill and developmentally disabled.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$256,746,900	N/A	$256,746,900
Grand Boulevard:	$ 1,843,100	N/A	$ 1,843,100

Department of Public Aid
Grand Boulevard Expenditures

	All Funds	Population Served
Child Support Enforcement	$ 278,798	22,272[1]
Employment[2]		
Project Chance - AFDC/JOBS	$ 1,109,014	530[3]
Earnfare	228,518	97
Transitional Assistance	3,439	155
Opportunities	231,716	83
Youth	335,894	97
Social Services		
Domestic Violence	19,473	77[4]
Transitional Child Care	201,696	48[5]
Donated Funds Initiative (Comm. Ag. - eg. United Way)	1,077,546	2,906[4]
Title IV-A (Child Care after Transitional Child Care if avail.)	303,596	61[4]
Subtotal	**$ 3,510,892**	
Income Assistance		
Aid to Families with Dependent Children (AFDC)	$18,932,770	15,090[6]
State Transitional Assistance	698,756	383[6]
Interim Assistance	1,208,477	655[6]
SFCA	166,944	122[6]
Aid to the Aged, Blind, or Disabled (AABD) (Certified Only)	499,767	1,095[6]
Food Stamps (100% federally funded)	24,240,807	20,968[6]
Subtotal	**$45,747,521**	
Medical Assistance (Mag & Mang)[7]		
Hospitals	$13,268,453	323
Long Term Care	4,631,627	202
Medical Practitioners	993,817	1,042
Prescribed Drugs	1,161,126	1,151
Other	1,389,737	808
Subtotal	**$21,444,760**	
Total	**$70,981,971**	

[1] Population served is based on the boundaries of Grand Boulevard.
[2] Expenditures are for the 12 month fiscal year ending June 30.
[3] Cumulative total of clients served for the year.
[4] Annual cases.
[5] Average cases per month.
[6] Average persons per month.
[7] DPA's database reports expenditures according to when the claims are adjudicated by the department regardless of appropriation year, or when the claims were paid by the Comptroller. Therefore, the expenditures on these documents are estimated. The estimated Comptroller expenditures were derived based on reported DPA percentage of expenditures per region and by applying the percentage to comptroller expenditures per appropriation category. Annual unduplicated number of clients served. MAG - Medical Assistance, Grant. MANG - Medical Assistance, No Grant.

Department of Public Aid Programs

Program: **Child Support Enforcement**

Description: This program helps Illinois residents regardless of income to collect child support payments from non-custodial parents. Services include: parent locating services, blood testing to establish paternity, child support order establishment and order modification reviews. A small application fee may be charged to some families with the means to pay.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	N/A	$73,367,900	$73,367,900
Grand Boulevard:	N/A	$ 278,798	$ 278,798

Program: **Employment And Social Services**

Description: The JOBS program, which includes Project Chance, Opportunities, and Young Parent Services/Teen Parent Initiative, provides education, job training and job placement services to help individuals move from welfare to self-sufficiency. JOBS offers transportation, child care, physical exams, books and supplies and initial employment expenses, such as uniforms, tools, and auto insurance.

The Earnfare program gives adults on food stamps the opportunity to earn a paycheck and gain work experience. Public or private sector employers receive an advance payment to cover the wages of Earnfare workers. The State of Illinois provides workers' compensation coverage for Earnfare employees.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$61,860,541	$37,080,909	$98,941,450
Grand Boulevard:	$ 2,117,366	$ 1,393,526	$ 3,510,892

Department of Public Aid Programs

Program: **Income Assistance**

Description:

Aid to Families with Dependent Children (AFDC) provides financial assistance to families with one or more dependent children. Families receiving AFDC are also eligible for medical assistance and food stamps. Many of these families receive social services.

General Assistance (GA) is available in the city of Chicago. Adults with no dependent children and considered "not employable" by the DPA receive monthly cash assistance, food stamps and limited medical coverage through the Transitional Assistance program.

Low-income persons who are aged, blind or disabled may receive supplemental state payments through the Aid to the Aged, Blind, or Disabled (AABD) program if they are eligible for the federal Supplemental Security Income (SSI) program. The supplemental payment represents the difference between a client's state-determined need and his or her income, including SSI benefits. Interim assistance was available to individuals who had applied for SSI and were awaiting a decision on their SSI application.

Families who need financial help but are not eligible for the AFDC program receive cash assistance, food stamps and a medical card through the Family and Children Assistance program. For children under 18, the card offers hospital services, but other services may be limited.

The Food Stamp Program is a federal nutrition program administered by the department. Food stamps are coupons that are used like cash to buy food.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$1,038,437,512	N/A	$1,038,437,512
Grand Boulevard:	$ 12,040,329	N/A	$ 45,747,521

Department of Public Aid Programs

Program: **Medical Assistance**

Description:

Medicaid is a jointly-funded state and federal government program that pays for medical care for the medically needy. Medically needy includes those who qualify for AFDC, those who are aged, blind or disabled and those whose income does not exceed 133 percent of the AFDC payment level for a family of the same size. Medicaid recipients with some income or assets pay a portion of their medical expenses, while Medicaid pays the remainder. This extends the program to many working poor.

Primary services funded through Medicaid are physician, hospital and long-term care. Additional coverage includes drugs, equipment, and transportation. Additional coverage for children includes dental, podiatry, chiropractic and optometry services.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$3,255,888,100	$1,355,382,700	$4,611,270,800
Grand Boulevard:	$ 15,141,540	$ 6,303,220	$ 21,444,760

Department of Public Health
Grand Boulevard Expenditures

	All Funds	Population Served
Community Health		
Maternal and Child Health (MCH) Services	$ 269,700	
Health Promotion	74,300	
Women, Infants and Children (WIC) Services[1]	277,400	4,760
Women, Infant and Children (WIC)Food[2]	1,545,600	
Subtotal	**$ 2,167,000**	
Office of Health Protection		
Distribution of Medical Preparations[3]	$ 23,600	1,619
AIDS/HIV Program	33,600[4]	135[5]
Subtotal	**$ 57,200**	
Total	**$ 2,224,200**	

[1] Funding amount based on assigned monthly WIC caseload of 2,667 x $104 (per client per year).

[2] Funding amount based on average monthly food packages of 2,800 x average cost of $46 x 12 months. (Actual participation rate exceeds assigned caseload.)

[3] Distribution of Medical Preparations (vaccines, antibiotics and AIDS drugs) expenditures are based on cost of products supplied by IDPH to clients in each area, including vaccines provided as direct assistance by the Centers for Disease Control. (Does not include funding for Vaccines for Children Plus Program. Grand Boulevard receives additional support from the city of Chicago, which is funded at $508,708 from the General Revenue Fund.)

[4] Expenditures based on contracts let from IDPH to each area for AIDS/HIV Programs (prevention education, counseling, testing, referral and partner notification, and local HIV Care Consortia).

[5] Population served only reflects counseling, testing, referral, partner notification and care consortia services. It does not include prevention/education. (Grand Boulevard receives support from the city of Chicago, which is funded at $693,735 from the General Revenue Fund.)

Department of Public Health Programs

Program: **Community Health**

Description:

Maternal and child health (MCH) services are provided through grants awarded to local governments and private, not-for-profit organizations. These services include: family case management; prenatal care; genetic screening and counseling; prenatal care; family planning; primary pediatric care; early intervention; school health; childhood lead poisoning prevention; and coordinated health care and health promotion services for adolescents.

Health promotion programs motivate the public to know their risks and act to reduce their risks.

The Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental food packages to low-income pregnant, postpartum and breast feeding women, as well as infants and children up to age five who are at nutritional risk. WIC Services include health screening, eligibility determination, food prescription and nutrition education. WIC food is in the form of food coupons issued to participants based on their specific needs.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$17,320,000	$185,577,100	$202,897,100
Grand Boulevard:	$ 117,800	$ 2,049,200	$ 2,167,000

Department of Public Health Programs

Program: **Office Of Health Protection**

Description:

Distribution of Medical Preparations - Provides funding for the following:

* Purchase of antibiotics to facilitate the treatment and cure of indigent persons infected with chlamydia, gonorrhea and syphilis.

* Purchase of vaccines for administration to children for protection against diphtheria, tetanus, whooping cough, polio, measles, mumps, rubella, a prominent form of meningitis, and Hepatitis B. In addition, the Centers for Disease Control provides vaccines as direct assistance (in lieu of cash).

* Purchase of life-prolonging drugs for eligible persons with AIDS or HIV disease through the AIDS Drug Reimbursement Program.

AIDS/HIV Programs provides funding for the following:

* HIV prevention programs conducted by local health departments, community-based organizations and other agencies, as well as distribution of informational materials.

* A statewide network of counseling and testing sites that provide pre-test counseling, HIV antibody testing, post-test counseling, referral and partner notification services. These services are offered at sites for anonymous services, as well and family planning clinics.

* Local HIV Care Consortia that provide primary health care and support services to eligible persons with HIV disease.

FY94 Data:	**GRF**	**Other Funds**	**Total Funds**
Statewide:	$8,330,300	$15,870,600	$24,200,900
Grand Boulevard:	$ 26,000	$ 31,200	$ 57,200

Department of Rehabilitation Services
Grand Boulevard Expenditures

	All Funds [1]	Population Served
Disability Determination Services[2]	$ 501,000	2,275
Educational Services[3]	81,000	2
Home Services Program[4]	496,949	123
Independent Living[5]	7,000	32
Vocational Rehabilitation - Blind[3]	11,044	21
Vocational Rehabilitation - General[3]	111,949	174
Total	**$1,208,942**	

[1] Expenditures exclude Central Office and Regional Office operations, but do include local operations that include field staff.

[2] Population served generated by the Bureau of Disability Determination Services using zip codes. Estimated expenditures are based on multiplying the number of applicants by estimated cost per person.

[3] The spending data represent DORS funds spent on individuals who live in this geographical area. Services may have been provided to these individuals outside the geographical area.

[4] Individuals who received services in FY94 were identified by zip code. Expenditures are based on actual dollars spent per customer, but local level operations costs were estimated for direct service staff.

[5] Prorated cost based on client count.

Department of Rehabilitation Services Programs

Program: **Disability Determination Services**

Description: The Bureau of Disability Determination Services, which is funded entirely by the federal Social Security Administration, decides the medical eligibility of people applying for cash benefits under two federal programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	N/A	$52,276,600	$52,276,600
Grand Boulevard:	N/A	$ 501,000	$ 501,000

Program: **Educational Services**

Description: The department's three residential schools -- The Illinois School for the Deaf and the Illinois School for the Visually Impaired, both in Jacksonville, and the Illinois Center for Rehabilitation and Education-Roosevelt in Chicago- offer fully accredited educational programs, vocational rehabilitation (VR) and independent living skills for children ages 3 through 21.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$19,844,500	$816,600	$20,661,100
Grand Boulevard:	$ 77,800	$ 3,200	$ 81,000

Program: **Home Services Program**

Description: This program assists people with severe disabilities, under the age of 60 (at the time of application), who are at risk of institutionalization. Services include personal assistants, home-makers, home health care, home-delivered meals, electronic home response, respite care and assistance for people who are ventilator dependent. The Home Services Program also operates a case management system for people with AIDS.

FY94 Data:	GRF	Other Funds	Totals Funds
Statewide:	$86,722,107	N/A	$86,722,107
Grand Boulevard:	$ 496,949	N/A	$ 496,949

Department of Rehabilitation Services

Program: **Independent Living**

Description: Through its Division of Independent Living, DORS helps fund a network of 19 Centers for Independent Living, which are community-based, nonprofit, non-residential centers operated by and for people with disabilities. This assistance has proven successful in helping people live more independent lives.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$2,595,300	$709,500	$3,304,800
Grand Boulevard:	$ 6,400	$ 600	$ 7,000

Program: **Vocational Rehabilitation (VR) - Bureau Of Blind Services (BBS)**

Description: The BBS serves the blind or visually impaired and includes a VR program with specially trained staff; a Vending Facility Program, which trains and finds sites for licensed blind vendors to operate vending stands in public and private buildings and roadside rest areas; and Community and Residential Services for the Blind and Visually Impaired, which uses rehabilitation instructors, orientation and mobility instructors and other rehabilitation professionals to teach independent living skills in the community or at an intensive residential program at the Illinois Center for Rehabilitation and Education in Chicago.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$839,139	$3,396,538	$4,235,677
Grand Boulevard:	$ 207	$ 10,837	$ 11,044

Program: **Vocational Rehabilitation (VR) - General**

Description: This program assists people with disabilities to obtain or maintain employment. Counselors provide evaluation and guidance, job development, placement and follow-up. Contracting with community rehabilitation programs, the VR program also funds job training, supported employment, medical services, physical and/or occupational therapy, educational assistance and assistive devices.

FY94 Data:	GRF	Other Funds	Total Funds
Statewide:	$7,368,515	$46,892,710	$54,261,225
Grand Boulevard:	$ 984	$ 110,965	$ 111,949

Appendix: The Distribution of Jobs In Grand Boulevard

Neighborhood jobs are key local resources. This Appendix describes three characteristics of jobs and employment in Grand Boulevard in order to help community leaders develop employment strategies for local residents.

One job strategy for low-income neighborhoods is to employ residents in entry level social service jobs. This strategy partly depends on how many social service jobs exist in a given neighborhood. The general economic health of a neighborhood is partly a function of the size of the total job pool in a community and who is employed in those jobs. This Appendix is a first estimation of these three numbers for Grand Boulevard.

There are comparatively few jobs in Grand Boulevard itself, but substantially more close by. According to 1990 census data, there are 5,400 jobs in Grand Boulevard, an additional 48,000 jobs in a one-mile border surrounding the community, and a total of 105,000 jobs in Grand Boulevard and a two-mile border surrounding the community.

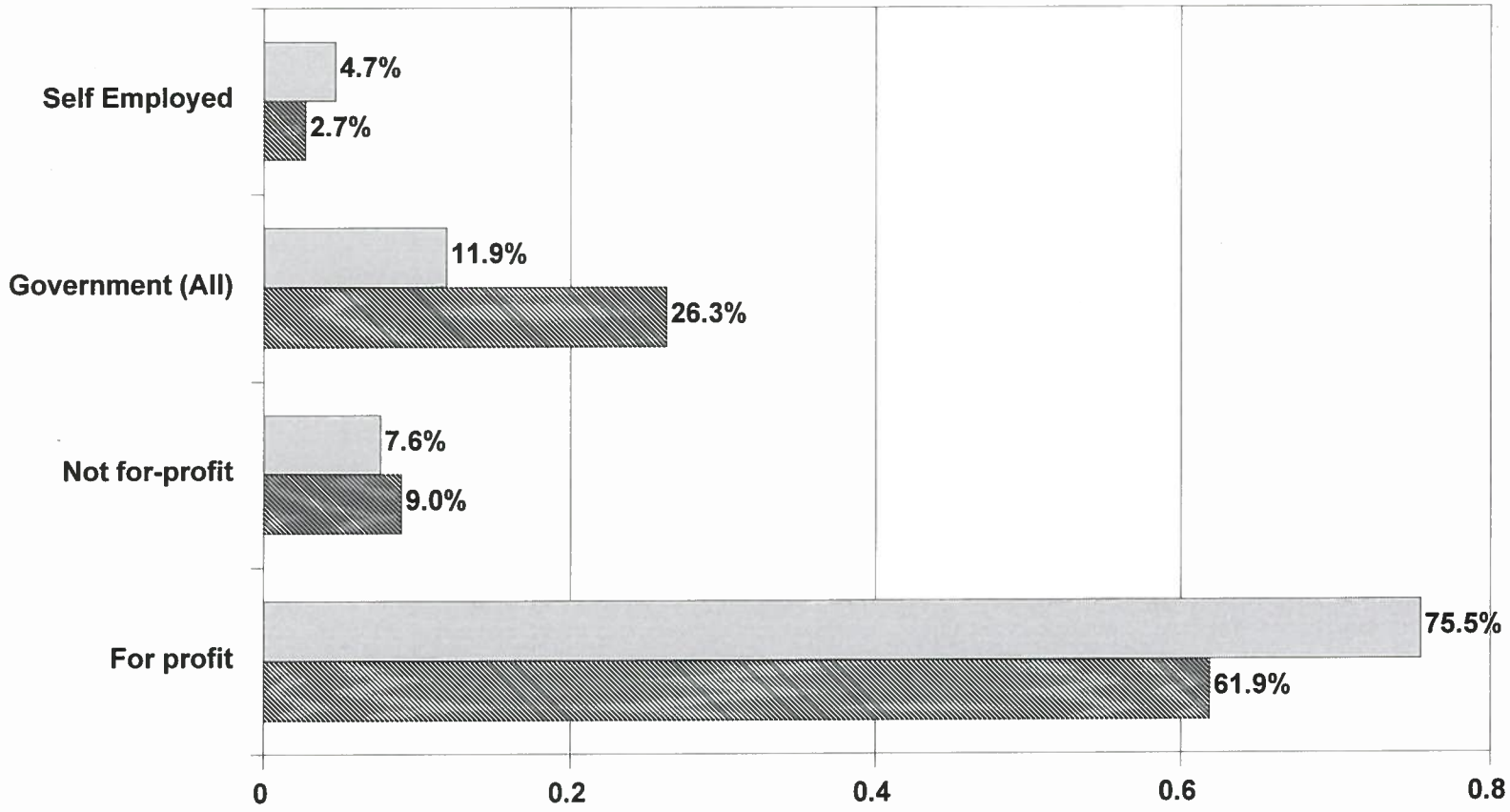
Moreover, the composition of the job market in the community differs from the metropolitan area. Figure 10 shows the breakdown of jobs in Grand Boulevard and the nine county Chicago metropolitan area by the categories of self-employed, government, nonprofit and for-profit organizations. Twenty-six percent of the community's jobs are in government agencies compared to 12 percent for the region; 75 percent of the region's jobs are in the private sector compared to 62 percent in Grand Boulevard; and almost 5 percent of the region's employed persons are self-employed compared with just under 3 percent for the community.

Figure 11 reports jobs by industry (a finer categorization than sector), and shows that far higher percentages of the region's jobs are in construction and durable and nondurable manufacturing than for the community, but that higher percentages of the community's jobs are in public administration, education services, health services, and personal services than in the region as a whole. These percentages reinforce the figures in Table 1, which show a higher percentage of government jobs in the community than in the region.

Figure 12 reports a third job categorization, occupation, and once more the community shows different patterns than the region. A higher percentage of the region's jobs are in precision production, craft and repair, technician and related support, professional specialties, and executive, administrative and managerial positions than is true for the community. Conversely, a higher percentage of the community's jobs are in the service, administrative support and protective services occupations.

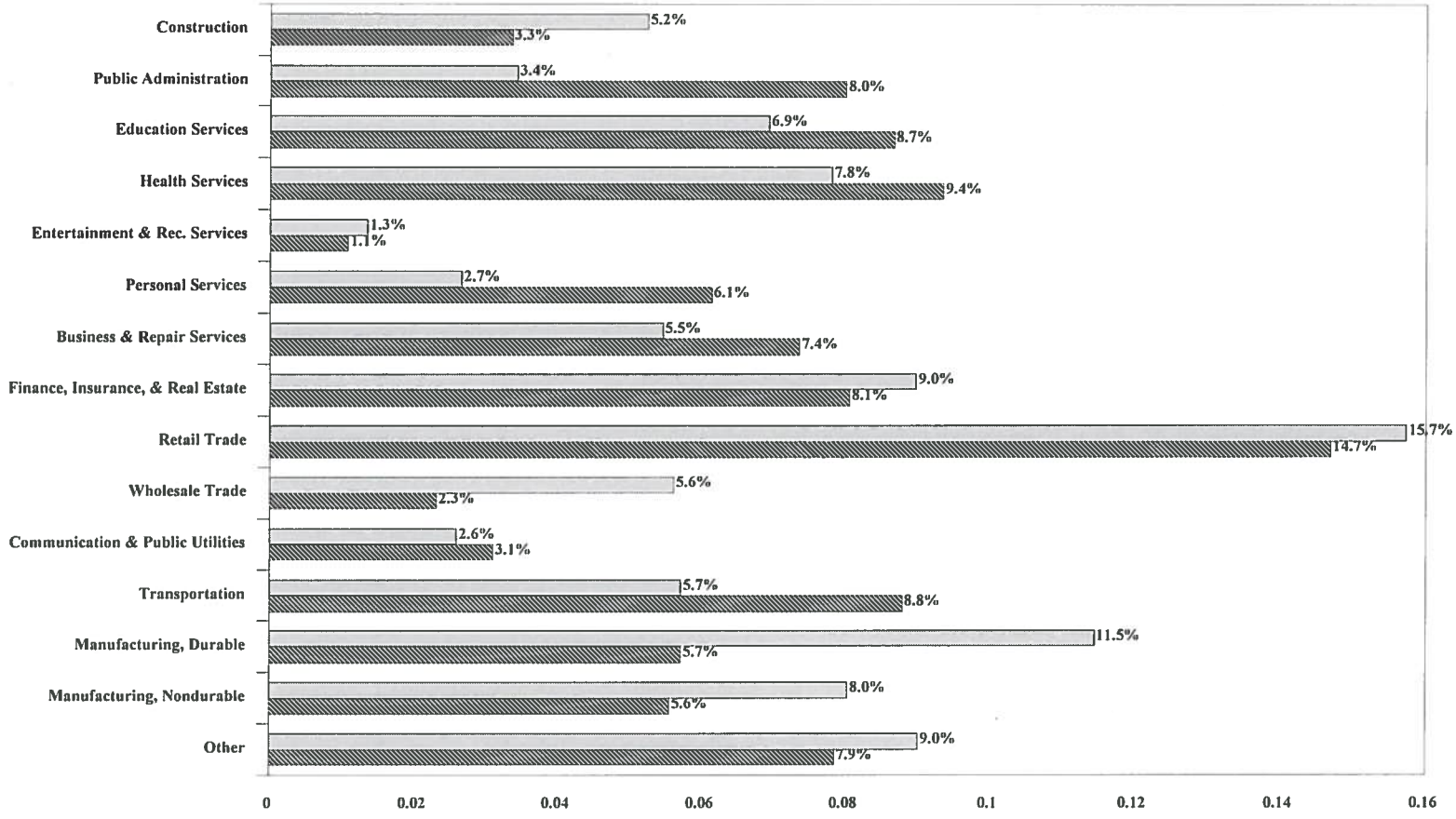
These tables report the character of jobs by a variety of classifications. Grand Boulevard is, in general, job poor, and the jobs that do exist are heavily weighted toward the governmental and nonprofit sectors. Social services are a key component of the governmental and nonprofit sectors; Tables 1 and 2 describe characteristics of those jobs in

Figure 10
Jobs by Sector:
Grand Boulevard and Chicago Area



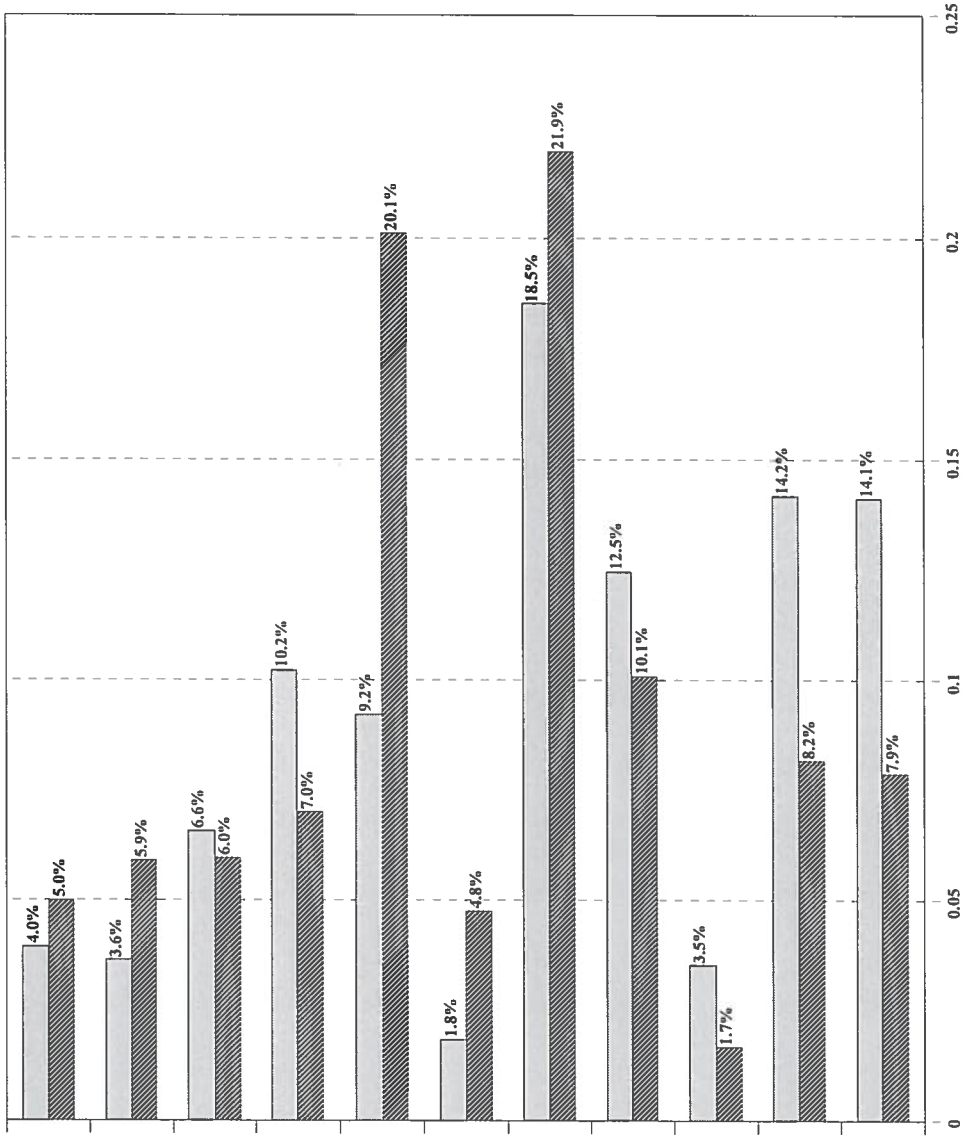
Data is for the nine county metropolitan area.
Source: 1990 Census of Transportation Planning Package

Figure 11
Jobs by Industry:
Grand Boulevard and Chicago Area



Data is for the nine county metropolitan area.
Source: 1990 Census of Transportation Planning Package

Figure 12
Jobs by Occupation:
Grand Boulevard and Chicago Area



Data is for the nine county metropolitan area.
Source: 1990 Census of Transportation Planning Package

Grand Boulevard. The data come from a Woodstock Institute survey of all nonprofit organizations listed in United Way of Metropolitan Chicago directory of social service organizations in Grand Boulevard. These data represent social service jobs physically located in the community, not the number of social service jobs in agencies which serve the community, which would be a higher number and would include agencies located both inside and outside the boundaries of Grand Boulevard. Some 29 surveys were mailed and 12 were returned, representing a 41 percent return rate. The respondents include, however, most of the largest nonprofit and city social service agencies in the community, but do not include state social service agencies. Many of the nonprofit agencies in the neighborhood, however, do receive state funds.

The chances of employing low-income and previously unemployed or underemployed residents in social service jobs is partly determined by the number of entry- and lower-level jobs in social service agencies. Table 1 is a summary of jobs by job category in responding social service agencies in Grand Boulevard. Different agencies have different job categories and some agencies have many more categories that the ten listed in this table. The survey instrument collapsed the large number of existing job categories into these major categories.

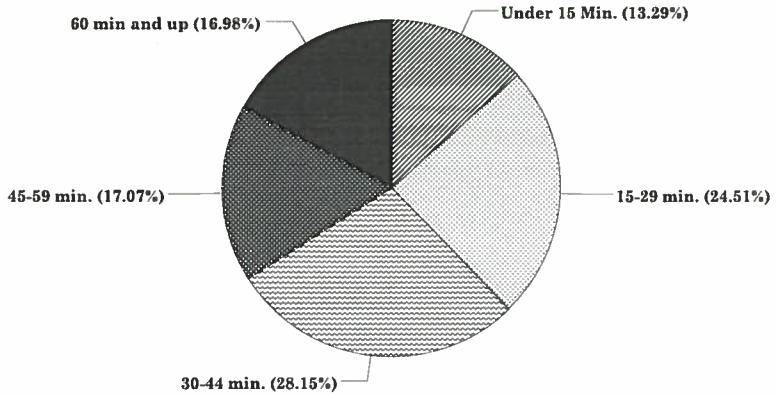
Table 1
Social Service Jobs in Grand Boulevard

Service Area/Job Category	Aide[1]	Worker[2]	Supervisor[3]	Director[4]	Total
Child Development & Education	98	85	25	7	215
Community Development	7	15	6	3	31
Counseling/Casework	35	60	13	9	117
Employment		1		1	2
Group Activity Programs	24	12	10	3	49
Legal Services		3		8	11
Nursing/Home Health Care	18		4	1	23
Residential Services	15	6	5	3	29
Administrative	37	40	21	14	112
Maintenance/Support	7	36	2		45
Total	**241**	**258**	**86**	**49**	**634**

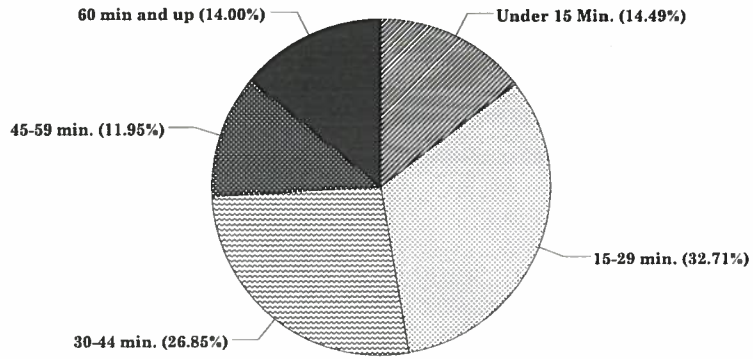
[1] Includes Group Care Aide, Community Aide, Teacher Aide, Group Activity Aide, Homemaker, Case Counseling Aide, Clerk, Typist, Receptionist and Support Service Worker.
[2] Includes Certified Nursing Assistant, Licensed Practical Nurse, Vocational Instructor, Placement Counselor, Community Worker, Case Worker, Group Care Worker, Group Activity Worker, Paralegal, Bookkeeper, Office Manager, Administrative Assistant, Teacher, Rehabilitation Counselor and Support Service Supervisor.
[3] Includes Nursing and Home Health Care Workers, Community Development and Organization, Registered Nurse, Accountant, Counseling, Casework and Groupwork, Residential Services, Child Development and Education and Group Activity Programs.
[4] Includes Attorneys, Physicians, and Directors of: Nursing and Home Health, Legal Services, Residential Services, Community Development and Organization, Casework and Groupwork, Child Development and Education, Employment and Group Activity Programs.

Figure 13
Mean Travel Time to Work for Grand Boulevard and Chicago Area Residents and Workers

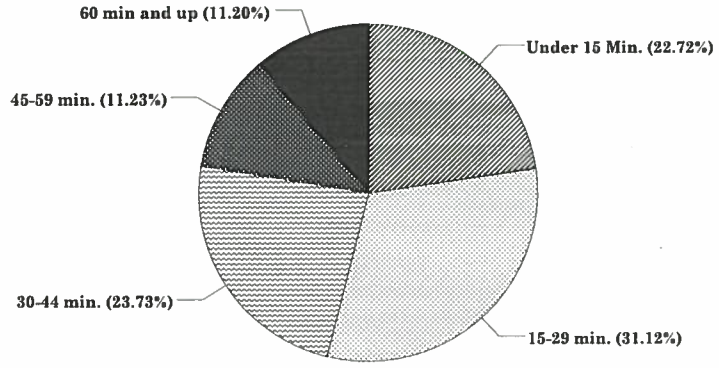
Residents of Grand Boulevard



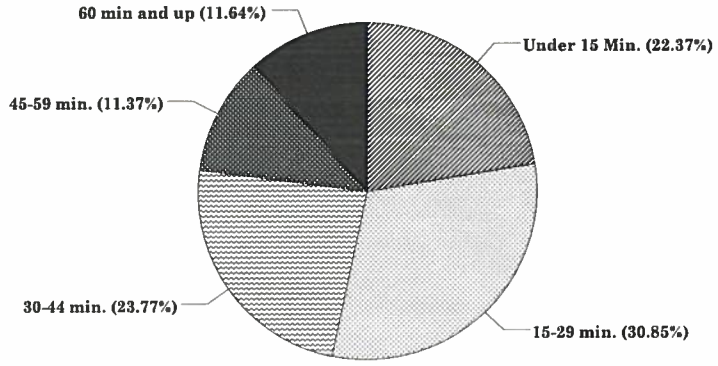
Workers in Grand Boulevard



Residents of Chicago Region



Workers in Chicago Region



Data in these graphs is for the 9 county metropolitan area.
Source: 1990 Census of Transportation Planning Package

percent of community residents have travel-to-work times under 15 minutes, and that 14 percent of those individuals working in Grand Boulevard travel less than 15 minutes to get to their jobs.

These percentages, then, represent the upper limits of the percent of local residents employed locally. In contrast, 23 percent of the region's workforce travels under 15 minutes to work. The data constitute circumstantial rather than direct evidence, but are nonetheless suggestive of employment patterns.

The Figure also shows some differences in how far Grand Boulevard residents have to travel to work compared to residents of the region. Thirty-four percent of the community's residents travel more than 45 minutes to work compared to 22 percent of residents of the region. Grand Boulevard residents, therefore, are less likely to work in their own neighborhood, and more likely to spend significant time traveling to work than their counterparts in the rest of the Chicago region.

Building Community: Developing Human and Economic Resources

At a time of urgent debate about human service systems, four new reports from the Woodstock Institute and the Center for Urban Affairs and Policy Research at Northwestern University sketch the ways in which economic extensions of human service spending and the current and potential activities of voluntary associations can contribute to community building in modest-income communities.

Increasing Returns: The Economic Development Potential of Social Service Programs, by Malcolm Bush, Sidra Goldwater and Sean Zielenbach
Describes how a variety of social service providers have shaped their delivery of social services to promote job-training and placement for unemployed workers, to improve wages, benefits and work conditions, and to act as a catalyst for neighborhood development.

Rediscovering Local Associations and Their Powers: Tools and Methods, by John Kretzmann, John McKnight and Nicole Turner
An empirical analysis of several low-income communities shows how citizens' associations constitute a common and powerful set of tools for solving problems at a neighborhood level and how this resource can be tapped.

Tracking the Dollars: State Social Service Spending in One Low-Income Community, by Malcolm Bush, Anna Maria Ortiz and Ann Maxwell in cooperation with the Illinois Bureau of the Budget
Detailed description of the distribution of human service dollars in a low-income community. Includes analysis of the availability of social service and other jobs in the community and geographic and sectoral breakdowns of where local residents work.

Reforming Human Services: Community Perspectives, by John Kretzmann, Malcolm Bush and Stanley Hallett
An overview of the first three reports with a graphic framework for rethinking the role of voluntary associations and social service resources in community building.

For more information, call the Woodstock Institute at (312) 427-8070 or write to 407 S. Dearborn, Suite 550, Chicago, IL 60605.

Woodstock Institute

The Woodstock Institute is a not-for-profit organization based in Chicago. For the past 23 years, the Institute has carried out applied research and developed and implemented programs which increase private sector investment and promote economic development in modest-income and minority communities for the benefit of those who live there. It designs programs which bridge the gap between the needs of communities and the resources of banks, savings and loan associations, foundations and others. The Institute also analyses and disseminates information about best practices in reinvestment and community development.

The Institute provides a variety of services to community-based organizations, financial institutions, foundations, and government agencies, including applied research, policy analysis, program design, and evaluation.

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