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Urgency in Community Services

IARF and the community agencies it represents, along with agency boards of directors, staff, persons with disabilities and mental illness, family members, and local communities are 2.2 million voters that seek all gubernatorial candidates' immediate attention to the platform issues. At stake are not just people's votes or politics, but rather the quality daily life for persons with disabilities and mental illness.

Education

- There were 16,180 children enrolled in the Early Intervention system from June 2005 to May 2006.
- An estimated 24,000 students per year exit the special education system and may require interagency transition services and/or long term services and supports in the community.

Healthcare (Long Term Services and Supports)

- Over 15 years, admissions to state psychiatric hospitals have declined approximately 60 percent, and the state has reduced inpatient capacity proportionally. Funding for these individuals in state hospitals has not followed to the community to provide the necessary supports. The National Alliance for Mental Illness has given Illinois a grade of "F" for its mental health services (reflects the average grade of the following categories: infrastructure, information access, services, and recovery supports).
- State institution populations of persons with developmental disabilities and mental illness dropped from 4,348 in 1992 to 2,876 in 2004. The state experienced a 7% drop in state institution population from 2002 to 2004. These individuals are now supported in a community living facility and/or at home.
- Crisis prevention, intervention, and stabilization services statewide are severely lacking leading to unnecessary institutionalization and re-institutionalization. For instance, in a six county region, 6% of persons with developmental disabilities had behaviors defined as dangerous to themselves or others in 2005 but had no options for stabilization.

Housing

- An estimated 3,200 persons with a developmental disability have urgent needs for residential services/supports as reflected in the June 26, 2006 Prioritization of Urgency Needs for Services (PUNS) data.
- A huge gap between supply and demand of supportive housing for persons with mental illness exists in Illinois. It is estimated that 10,400 units of permanent supportive housing are needed, nearly double the 5,466 units that exist today.
- The lack of affordable/accessible housing throughout the state is a major crisis preventing many persons with disabilities from living in their own homes with supports.

Jobs

- In Illinois, direct support professionals working in the public sector earned an average of \$16.52 an hour. Based upon a 40 hour work week, that translates to an annual income of \$34,362.
- In Illinois, direct support professionals working for private community agencies earned an average of \$10.12 an hour. Based on a 40- hour work week, that translates to an annual income of \$21,050.
- Health insurance premiums for a family of four now average almost \$11,000 a year, about equal to the full time earnings for a minimum wage worker.

- The Division of Rehabilitation Services (DRS) only accepted 25 percent of referrals for vocational training from the mental health provider community and successfully found work for only 11 percent of those accepted.
- According to a Harris Poll conducted for the National Organization on Disability, over 70% of working age adults with disabilities are unemployed.

Human Rights

- Recent Prioritization of Urgency Needs for Services (PUNS) data shows there are 1,863 people over 60 caring for a family member with a developmental disability.
- Approximately 28,000 persons with mental illness reside in nursing homes or an institutional setting.
- In 2005, 21% of Illinois nursing home residents with disabilities indicated a preference to return to the community.
- The Supreme Court, in the *Olmstead* decision, requires states to have a working plan that provides persons with disabilities and mental illness options to choose to live in the most integrated setting appropriate to the individual.