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Gender Disparity in Human Services

THE IMPACT OF ILLINOIS' STATE BUDGET CUTS ON HUMAN SERVICES SUPPORTING WOMEN

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December 2010

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INTRODUCTION

With the first quarter of Fiscal Year 2011 rapidly coming to an end, Illinois is faced with a difficult set of challenges surrounding its budget. Even after \$1.4 billion in cuts announced by the Governor's office in July¹, the state still has a revenue shortfall of over \$9 billion—or 36.7%—in its \$24.9 billion General Fund.² Considering nine out of every ten dollars in the General Fund budget goes to four areas – Education (37% of the FY2011 General Fund budget), Healthcare (33%), Human Services (21%), and Public Safety (5%), if the revenue shortfall remains, cuts to these core service areas are inevitable.

Illinois's dismal fiscal reality is further complicated by the fact that during periods of recession, when individuals are losing jobs and employer-provided healthcare, the demand for two of these four core areas, Healthcare and Human Services, increases. This increased demand is in addition to pre-existing need for health and human services.

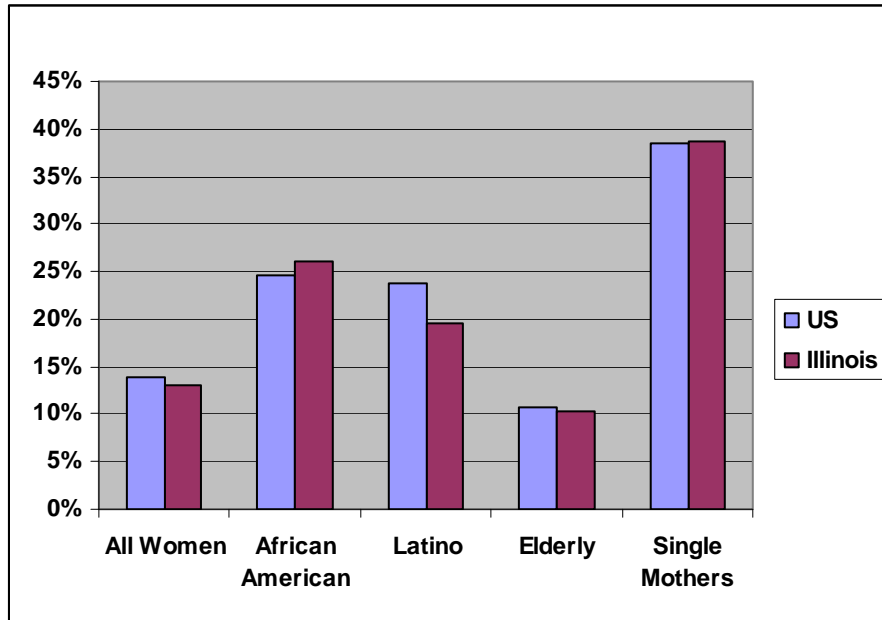
Due to both fiscal and political realities, human service providers should be concerned that they will be affected disproportionately by any budget cuts necessitated by the aforesaid \$9 billion revenue shortfall in the FY2011 General Fund. From a fiscal standpoint, cutting healthcare services that qualify for federal matching dollars under the Medicaid program would be ill-advised, since every dollar of state spending that is cut will result in the loss of at least an equal amount of federal match—making the revenue shortfall worse. This is especially the case now that the federal government has extended and enhanced the Medicaid matching rates under the stimulus bill.³

From a political standpoint, it is easier for elected officials to cut spending on human services than any other core public service. That is because the other three core services, education, healthcare and public safety, have universal appeal to voters: everyone at some point or another in their life consumes those services. The human services sector, on the other hand, covers demands generated by more discreet segments of the population. Not everyone has direct experience, for instance, with mental health, developmental disability, substance abuse or child abuse concerns. In a political system which allocates scarce public financial resources among competing, legitimate public services, those services with the smaller constituencies are most likely to be cut.

Illinois' recent history indicates that these political concerns are in fact at play. Over the last decade, the state has cut its real investment in various human service programs collectively by more than \$4.4 billion. None of the other three core service areas have experienced cuts of that magnitude. Hence, human service providers, especially those who do not qualify for federal funds, are particularly at risk.

Women—both directly due to losing access to services, and indirectly due to losing employment providing these services—are likely to bear the brunt of a substantial portion of human service budget cuts. Women are already over-represented as a percentage of those in poverty.⁴ In 2009, national poverty rates for women in were the highest in 15 years, with more than 16 million women living in poverty, the largest number since the Census Bureau began collecting this information in 1966⁵. The 2009 poverty rate for female headed households with children was 38.5%, compared to 23.7% for male headed households with children, and just 8.5% of married couple households with children⁶. Illinois, despite being the 5th most populous state, and 13th nationally in GDP per state, is barely average in terms of poverty rates for women, as Figure 1 illustrates. Whether you look at it in terms of population, or state GDP, Illinois should be more fully funding human services, yet Illinois lawmakers are instead slashing the budget for human services, at time when more and more people are in need of these core services.

Figure 1
2009 Poverty Rates of Women, US Average vs. Illinois



Beyond the rhetoric, consider that the data above are from 2009; Illinois has made additional cuts since then, the first of which will be felt in FY 2011. Add to the poverty rates the over-representation of women in the fields of healthcare and human services delivery, and it becomes clear that women will be particularly impacted by state budget cuts to human services, whether they are recipients or providers of such services. At a time when more women are in need of critical state services, and Illinois is barely keeping pace with the US average, lawmakers' additional cuts will only exacerbate the problem further, leading to more Illinois women in poverty.

Following is an analysis of how the current FY2011 Illinois Human Services budget has targeted severe cuts to important service areas of particular concern to women. To provide some perspective and context, each service area reviewed includes a long-term analysis of spending since FY 2003, and of funding levels for that services dating back to FY2003, which has been adjusted for inflation and population change. Adjusting funding levels for the impact of inflation and population growth provides an accurate measure of whether, in real terms, state government is truly increasing or decreasing its support of particular service areas, or just keeping up with growing costs of providing the same level of service over time, generated by the economy. Since 80% or more of the costs of providing public services are labor costs, this study uses the "ECI", or Employment Cost Index published by the US Bureau of Labor Statistics, as its inflation metric, rather than the "CPI" or Consumer Price Index. The reason for this is simple. While the CPI provides an excellent measure of the increase in the costs of all goods and services across the national economy as a whole, it includes thousands of products and services (e.g. breakfast cereal, haircuts, lawn care) that have nothing to do with the cost of delivering public services. The ECI, on the other hand, tracks changes in labor costs, which are the vast majority of costs incurred to deliver public services.

1. SEXUAL ASSAULT SERVICES

In 2008, over 5600 cases of sexual assault were reported to the Illinois State Police.⁷ Current estimates are that only 3 in 10 cases of sexual assault are typically reported, meaning the true number of sexual assaults in Illinois is likely around 18,600.⁸ The Illinois Department of Human Services (DHS) plays a fundamental role in assisting victims of sexual assault or rape return to a normal life, by providing a panoply of services designed to assist both recently assaulted adults, as well as adult survivors of child sexual abuse. Services are available regardless of race, ethnicity, religion, income, disability or sexual orientation, and extend to friends and families of sexual assault victims.⁹

Some of the primary support services DHS provides to victims of sexual assault include: a 24-hour hotline; 24-hour response to victims at hospital emergency rooms and police stations; assistance with follow-up medical care and criminal justice procedures; advocacy for victims; and counseling for victims, their families and friends. In addition, rape crisis centers conduct training and prevention programs for local schools, law enforcement officers, hospitals and civic groups.

Additionally, the state runs the Sexually Violent Persons Program, a program that identifies individuals who have committed a sexually violent crime and have a mental disorder that makes it likely that if released, s/he will engage in future acts of sexual violence. The program supervises and monitors these individuals throughout their lives to help prevent them from becoming repeat offenders.

In FY 2009, DHS programs for victims of sexual assault served over 18,000 individuals, from victims to their friends and families.¹⁰ As Figure 2 shows, due to the state’s significant revenue shortfall, the General Fund appropriations for DHS sexual assault services will be 18% less in FY2011 than a mere two years ago, in FY2009. This will make it impossible for Illinois to maintain existing levels of support or to meet the needs of sexually abused women and their families.

Figure 2
From Fiscal Year 2009 to Fiscal Year 2011
GRF Appropriations for Sexual Assault Services
Decreased by 17.94%

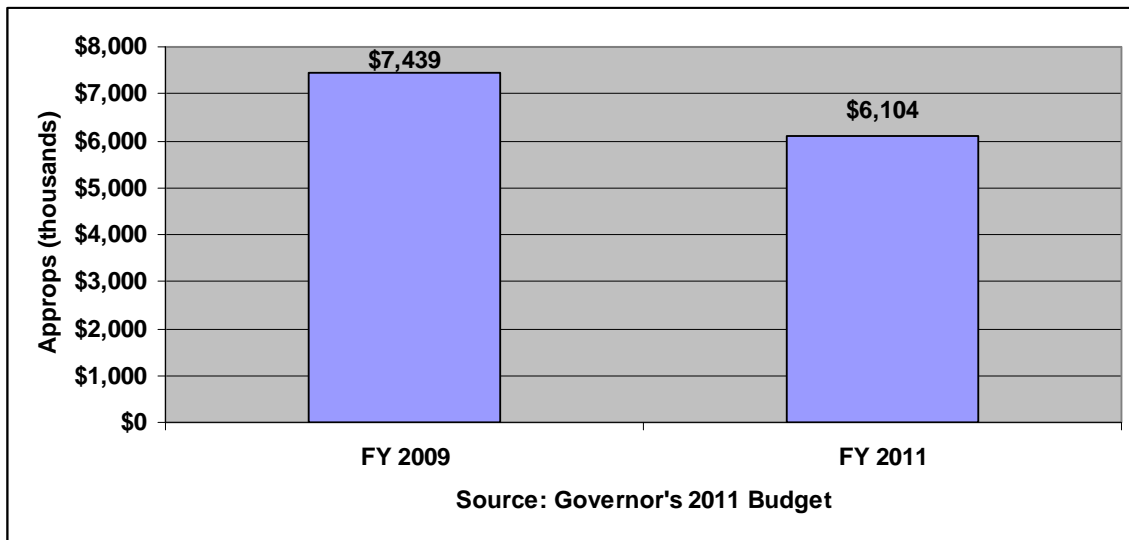


Figure 3
Historical Sexual Assault Spending: Inflation Adjusted ECI¹¹

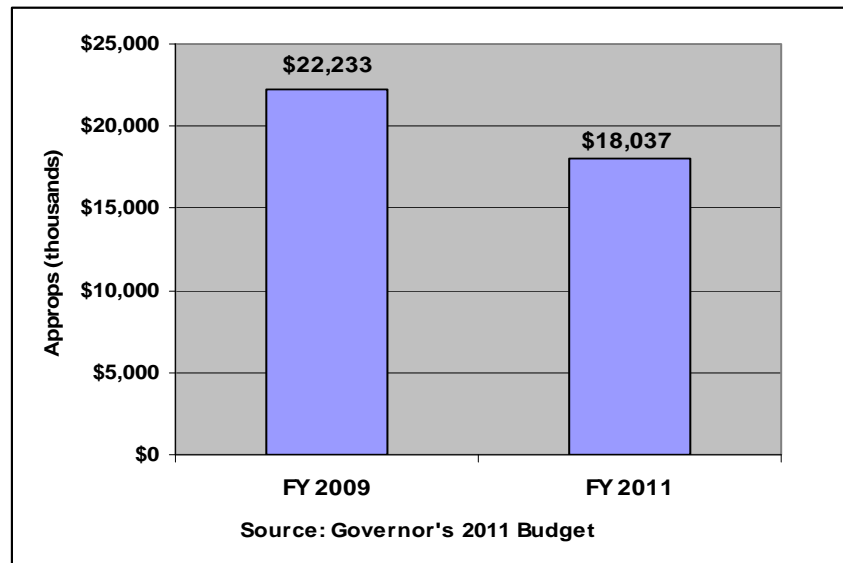
Program (\$ in thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Eight Year Change
Rape Victims/Prevention Act	\$5,542	\$5,431	\$5,542	\$5,632	\$5,632	\$5,811	\$5,811	\$4,707	\$4,236	
Sexually Violent Persons Program	\$16,720	\$17,621	\$17,447	\$18,989	\$22,010	\$29,222	\$1,628	\$1,868	\$1,868	
TOTAL	\$22,262	\$23,053	\$22,989	\$24,621	\$27,642	\$35,033	\$7,439	\$6,575	\$6,104	\$153,455
Prior FY Adjusted via ECI I & Population Growth		\$23,237	\$23,924	\$23,890	\$25,586	\$28,532	\$35,776	\$7,755	\$6,855	\$175,554
Difference via ECI I & Pop Growth		-\$184	-\$935	\$731	\$2,056	\$6,501	-\$28,337	-\$1,180	-\$751	-\$22,100
Percentage Change										-12.59%

2. DOMESTIC VIOLENCE

Domestic violence crosses racial and ethnic lines, and disproportionately affects women.¹² In FY 2009, domestic violence programs administered by DHS served almost 60,000 individuals.¹³ These DHS programs offer: 24 hour crisis hotlines; counseling and advocacy; safety planning; shelter; and children's services. Services provided to victims of domestic violence are geared toward both helping victims overcome their current hardship, as well as helping prevent future cases of domestic violence. All services are available whether the person leaves the relationship or not.

As Figure 4 shows, due to the state's fiscal problems, FY2011 General Fund appropriations to DHS for domestic violence will be 18.87% less than two years ago, in FY2009.¹⁴ Generally speaking, during recessionary periods the chances of domestic violence increase. If one considers the costs associated with not addressing domestic violence (legal fees, the cost of incarcerating offenders, the costs of treating the victims, their children, and families and the families' loss of the abuser's income if incarcerated), it becomes very clear that domestic violence reduction programs not only make sense from a social standpoint, but also from an economic standpoint, as they reduce and/or avert altogether what in many cases will be greater costs in the future.

Figure 4
From Fiscal Year 2009 to Fiscal Year 2011
GRF Appropriations for Domestic Violence Services
Have Decreased by 18.87%



Viewed over time, it is clear that Illinois has increasingly moved away from funding services targeted to victims of domestic violence. Figure 5 shows that in both nominal and inflation adjusted dollars, Illinois funding of services for victims of domestic violence has declined precipitously.

Figure 5
Historical Domestic Violence Spending: Inflation Adjusted ECI¹⁵

Program (\$ in thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	8 Year Change
Dom Viol & Subs Abuse Demo Proj	\$661	\$642	\$642	\$642	\$642	\$642	\$642	\$549	\$549	
Domestic Violence Shelters	\$21,794	\$20,854	\$21,262	\$21,055	\$21,024	\$21,828	\$21,591	\$19,432	\$17,489	
TOTAL	\$22,455	\$21,496	\$21,904	\$21,696	\$21,666	\$22,469	\$22,233	\$19,981	\$18,037	\$169,482
Prior FY Adjusted via ECI I & Population Growth		\$23,439	\$22,308	\$22,763	\$22,547	\$22,364	\$22,946	\$23,180	\$20,831	\$180,377
Difference via ECI I & Population Growth		-\$1,943	-\$405	-\$1,066	-\$881	\$106	-\$713	-\$3,199	-\$2,794	-\$10,895
Percentage Change										-6.04%

3. CHILDREN'S SERVICES

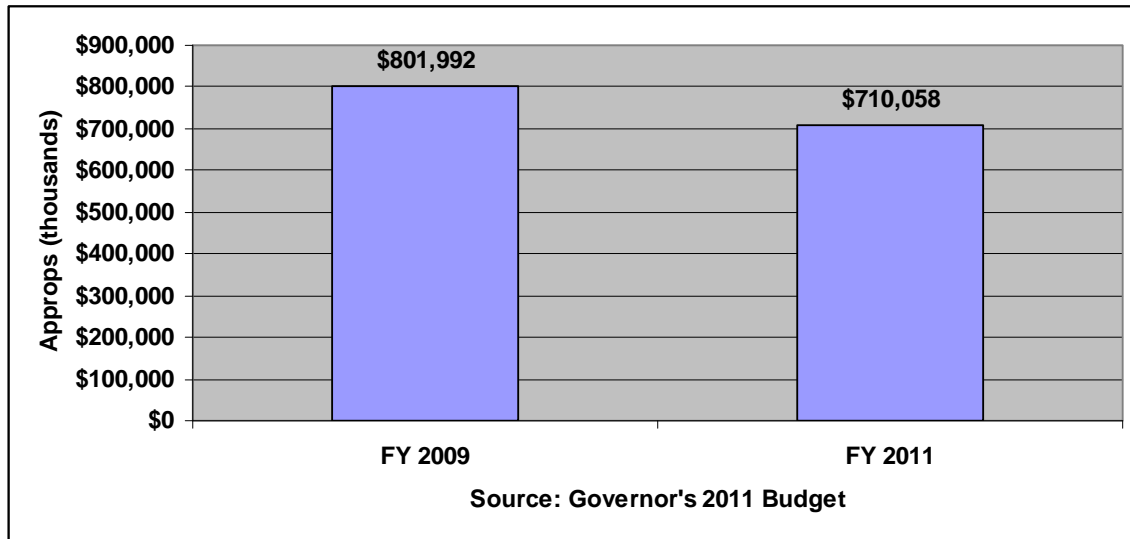
When services that are disproportionately utilized by women are cut, their children feel the impact as well. In 2008, 17% of all children under 18 in Illinois were living at or below the poverty level.¹⁶ For single-mother households, the rate is much worse, estimated at about 37%.¹⁷ When compared with the estimated poverty rate among all families in Illinois of only 9%¹⁸, the disproportionate impact poverty has on women and children becomes clear.

DHS's Child Care Assistance Program provides low-income, working parents with access to quality, affordable child care. This is in many cases what allows single working parents to remain employed. It also contributes to the healthy, emotional and social development of the child. Families participating in the program are required to shoulder a portion of the cost of the child care support received, under a sliding scale that accounts for family size, income and number of children in care. Families can get a child care subsidy through the use of certificates or contracts. DHS also extends services to: those receiving benefits under the federal government's Temporary Assistance for Needy Families (TANF) program; teen mothers working towards the completion of a high school degree; and individuals who are pursuing other educational degrees.

DHS also administers: Early Intervention programs designed to help children aged 0-3 with development disabilities; and programs designed to reduce the rate of infant mortality in Illinois. The aforesaid early intervention programs help very young children who are demonstrating issues with behavior, social interaction, learning or movement. Via one on one interaction with these children and their families, areas of concern are identified, and treatment plans and outcome-based goals are developed. Infant mortality reduction is a joint project of local, state and national governments. The project seeks to understand the causes of continued infant mortality, and develop methods to reduce and eliminate causes of infant mortality in Illinois.

Due to the state's revenue shortfall, the FY 2011 General Revenue Fund appropriation to DHS for children's services has been cut by nearly 11.5% from FY2009 levels, as shown in Figure 6. Providing childcare allows women to not only find paid employment, and thereby reduce dependence on more costly programs such as TANF, but also allows them to contribute to their local and state economies by spending the money they earn while working. Addressing key developmental issues early on in a child's life reduces the probability they will need more costly social services later.¹⁹ If one considers the future costs associated with not providing childcare services and addressing developmental issues early on, it is obvious that investing in such services now reduces future costs to taxpayers.

Figure 6
From Fiscal Year 2009 to Fiscal Year 2011
GRF Appropriations for Children's Services
Has Decreased by 11.46%



Over time, after accounting for inflation and population growth, overall state spending on these core children's services is down by almost \$115 million from FY2003, a real decline of 14 percent.

Figure 7
Historical Children's Services Spending: Inflation Adjusted ECI²⁰

Program (\$ is thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Eight Year Change
Chi Depart Health Maternal & Child Health Svcs	\$306	\$300	\$295	\$0						
Childcare Services	\$474,179	\$522,168	\$560,854	\$558,660	\$524,106	\$586,039	\$641,201	\$641,201	\$565,003	
Children's Mental Health Partnership					\$1,958	\$3,000				
Children's Place	\$780	\$764	\$753	\$753	\$753	\$753	\$753	\$657	\$657	
Early Intervention Program	\$64,447	\$64,447	\$61,192	\$58,041	\$61,041	\$71,641	\$79,077	\$76,709	\$69,038	
Elim Christian School	\$722	\$0								
Infant Mortality	\$17,445	\$17,098	\$44,245	\$44,265	\$44,254	\$45,639	\$44,726	\$43,385	\$41,424	
Infant Mortality-Medicaid	\$28,598	\$28,028								
MH Children and Adolescent Grant	\$10,350	\$10,510								
MH Children and Adolescent Grants	\$23,725	\$23,137	\$35,621	\$36,975	\$36,908	\$36,975	\$36,236	\$33,936	\$33,936	
TOTAL	\$620,552	\$666,452	\$702,959	\$698,695	\$669,018	\$744,047	\$801,992	\$795,887	\$710,058	\$5,789,107
Prior FY Adjusted via ECI I & Pop Growth		\$647,732	\$691,644	\$730,515	\$726,084	\$690,561	\$759,820	\$836,145	\$829,779	\$5,912,279
Difference via ECI I & Population Growth		\$18,720	\$11,315	-\$31,820	-\$57,065	\$53,486	\$42,172	-\$40,258	-\$119,721	-\$123,172
Percentage Change										-2.08%

4. SERVICES FOR TEEN PARENTS

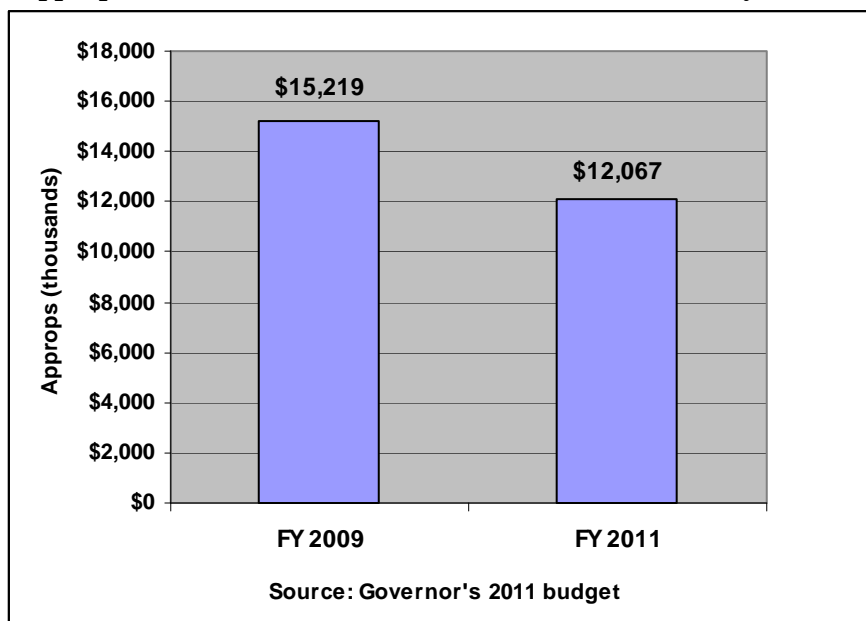
In addition to cutting funding for infant mortality and children's services, FY2011 appropriations for programs designed to serve teen mothers are over 20% less than in FY2009,²¹ in nominal, non-inflation adjusted dollars. Teen Parent Services (TPS) helps parents who are under age 21 receive or apply for Temporary Assistance for Needy Families (TANF); or receive All Kids²², Women, Infants and Children (WIC)²³, Family Case Management (FCM)²⁴ or food stamps. Basically, recipients are young, poor to low income high school dropouts. The goals of the program are to increase educational credentialing for participants to the high school or high school equivalency level; reduce subsequent pregnancies; improve parenting skills; and increase the rate of immunizations, well baby visits and screening for developmental delay for the children of program participants. Services include assessment, service plan, development and delivery to alleviate barriers to self sufficiency and good parent and child health to ensure school readiness.

The "Parents Too Soon" program serves new and expectant teen parents living in high risk communities. The goals of the program are to: assist teen parents learn effective parenting skills; reduce the rate of subsequent births; improve the health and emotional development of teen parents while enhancing their self sufficiency; and promote healthy growth and development of their children. Services include weekly home visits and peer group meetings on related program topics. PTS programs are operated by 22 community-based service providers located across the state.

Finally, DHS operates five crisis nurseries throughout the state. These nurseries provide care to some of Illinois' most at-risk families, whom experience violence, family dysfunction, or lost employment. Through a combination of services and support, they prevent high-risk children and families from entering the foster care system, improve employment stability/job retention for welfare-to-work families when child care emergencies arise that threaten a parent's ability to report to work dependably, and strengthen families who are coping with mental illness, substance abuse, physical impairment, and other significant risks that jeopardize their children. Through its Crisis Nurseries program, DHS provides services to some of Illinois's most at risk families.

In FY 2011, the General Revenue Fund DHS budget for teen parent services will be over 20% less than it was in FY2009.

Figure 8
From Fiscal Year 2009 to Fiscal Year 2011
GRF Appropriations for Teen Parent Services Has Decreased by 20.7%



As Figure 9 demonstrates, cuts to these programs are nothing new.

Figure 9
Historical Teen Parent Spending: Inflation Adjusted ECI²⁵

Program (\$ in thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Eight Year Change
Crisis Nurseries	\$490	\$480	\$473	\$473	\$487	\$487	\$487	\$425	\$425	
Parents Too Soon	\$7,235	\$7,090	\$7,229	\$7,235	\$7,562	\$7,562	\$7,711	\$6,940	\$6,246	
Teen Parent Services	\$7,066	\$7,233	\$6,734	\$6,894	\$7,004	\$7,164	\$7,021	\$5,996	\$5,396	
TOTAL	\$14,791	\$14,803	\$14,435	\$14,602	\$15,053	\$15,213	\$15,219	\$13,360	\$12,067	\$114,752
Prior FY Adjusted via ECI I & Population Growth		\$15,438	\$15,363	\$15,001	\$15,174	\$15,538	\$15,536	\$15,867	\$13,929	\$121,846
Difference via ECI I & Population Growth		-\$635	-\$927	-\$400	-\$121	-\$325	-\$317	-\$2,506	-\$1,862	-\$7,094
Percentage Change										-5.82%

5. FAMILY PLANNING

DHS helps fund 112 family planning clinics throughout the state, which target high-risk populations, most of whom live in poverty. These clinics provide Illinois women with a variety of services such as: education about birth control, pregnancy, STDs and HIV/AIDs; physical exams for cancer; and testing for pregnancy and STDs. DHS assists with education and training on family planning for schools and community groups. These services help lower the rates of unintended pregnancies, diseases and abortions, all of which are very costly to the state, especially when they occur among those living in poverty.

As Figure 10 shows, FY2011 DHS General Revenue Fund appropriations Family Planning and Contraceptives will be fully 30% less than it was in FY2009. Cutting funding for these preventative services in all likelihood ensures Illinois will be on the hook for more costly services in the future.

Figure 10
FY2011 GRF Appropriations for Family Planning Services Are 30.98% Less than in FY2009

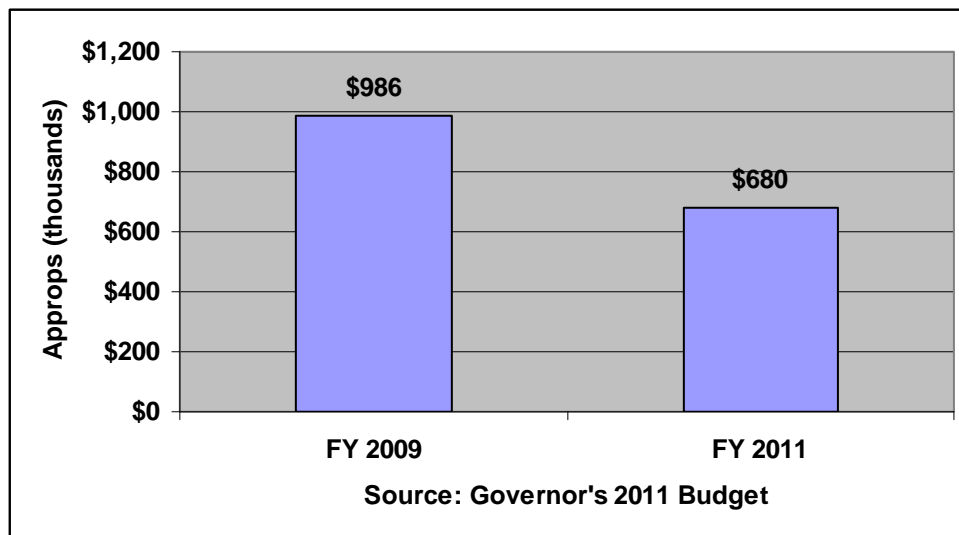


Figure 11
Historical Family Planning Spending: Inflation Adjusted ECI²⁶

Program (\$ in thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Eight Year Change
Family Planning Contraceptive	\$745	\$735	\$724	\$724	\$724	\$986	\$966	\$756	\$680	
TOTAL	\$745	\$735	\$724	\$724	\$724	\$986	\$966	\$756	\$680	\$6,294
Prior FY Adjusted via ECI I & Population Growth		\$778	\$763	\$752	\$752	\$747	\$1,006	\$1,007	\$788	\$6,593
Difference via ECI I & Population Growth		-\$43	-\$39	-\$28	-\$28	\$238	-\$41	-\$251	-\$108	-\$300
Percentage Change										-4.55%

6. HOMELESSNESS

On any given night in Chicago, about 14,000 individuals are homeless.²⁷ The recent economic downturn has caused a change in the make-up of the homeless population, with the number of homeless families with at least one child rising by 30% between 2007 and 2009. Of these families, almost 80% of the adults are women.²⁸

DHS' largest program to combat homelessness is the "Homeless Prevention Program". This program serves individuals and families who are homeless or in imminent danger of eviction, foreclosure or homelessness. It provides services such as rental/mortgage assistance, security deposit assistance, utility assistance, case management and supportive services. In the current economic crisis when foreclosure rates in Illinois are 39% higher in the second quarter of 2010 than at the same time a year ago,²⁹ these programs are essential.

The "Emergency and Transitional Housing Program" (formerly Emergency Food and Shelter) also serves Illinois' homeless population. It provides overnight, transitional and emergency shelter and food to homeless families and individuals. These shelters also provide support services to the homeless including counseling, transportation, training, abuse prevention and other programs designed to promote self-sufficiency.

Considering the General Fund alone, it appears that Homelessness spending has increased by over 8% between FY 2009 and FY 2011. However, total state spending on homelessness reveals a different story. Prior to FY 2010, the Illinois Homelessness Prevention program was funded by a special state fund. The Homelessness Prevention Fund was eventually repealed and the general fund took over the financial support of the program. Looking at total state spending on homelessness then, between FY 2009 and FY 2011, funding fell by almost 40%, even with the 8% increase in GRF funding. Illinois is in the middle of a recession characterized by high foreclosure rates, where homelessness by families, especially women and children, are on the rise. These populations are the most vulnerable when homeless and most in need of emergency assistance. GRF funding to fight homelessness should not only be increased, but must be increased enough to make up for the loss in funding from other funds. This means an increase of far more than the 8% currently proposed.

Figure 12
From Fiscal Year 2009 to Fiscal Year 2011
GRF and Total Appropriations for Homelessness
GRF has increased 8.23%
Total Appropriation has decreased by 43.64%

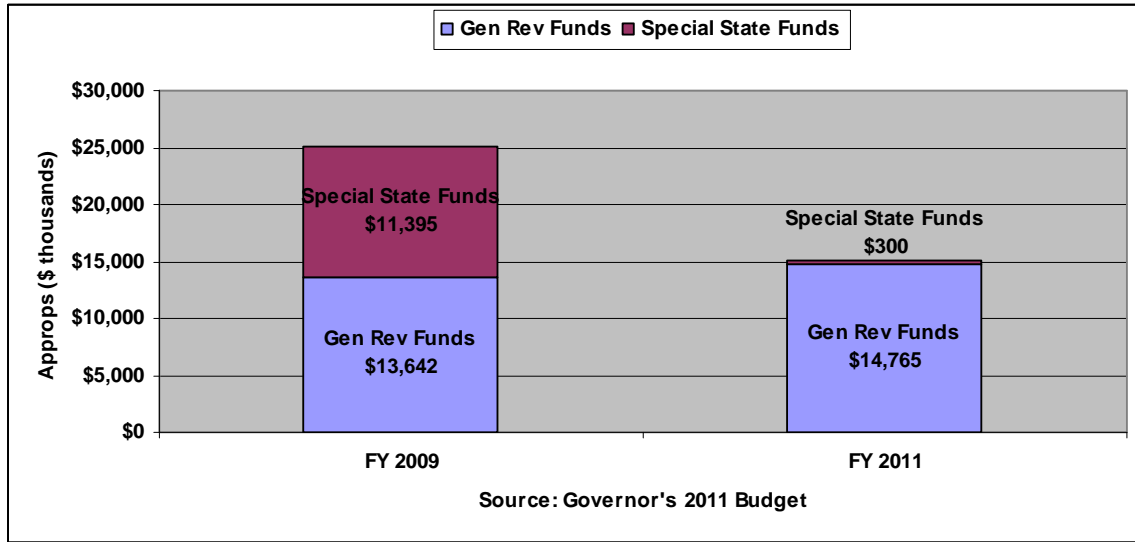


Figure 13
Historical Homelessness Spending: Inflation Adjusted ECI³⁰

Program (\$ in thousands)	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	Eight Year Change
Emergency and Transitional Housing							\$8,989	\$8,924	\$9,105	
Emergency Food and Shelter	\$9,695	\$9,514	\$9,352	\$8,900	\$8,898	\$9,414				
Homeless Youth Services	\$4,167	\$4,681	\$4,601	\$4,609	\$4,721	\$4,748	\$4,653	\$3,622	\$3,260	
Homelessness Prevention			\$3,140	\$3,143	\$0	\$0	\$0	\$2,400	\$2,400	
TOTAL	\$13,862	\$14,195	\$17,094	\$16,652	\$13,619	\$14,162	\$13,642	\$14,946	\$14,765	\$119,073
Prior FY Adjusted via ECI I & Population Growth		\$14,469	\$14,732	\$17,764	\$17,305	\$14,057	\$14,462	\$14,223	\$15,582	\$122,593
Difference via ECI I & Population Growth		-\$274	\$2,362	-\$1,111	-\$3,686	\$104	-\$820	\$723	-\$817	-\$3,520
Percentage Change										-2.87%

7. CONCLUSION

In addition to the budget analysis in this paper, the Governor recently announced an additional \$1.4 billion in cuts to the general revenue fund. \$576 million of this are cuts directly to the Department of Human Services where all these programs reside, and there is still another \$183 million in cuts that has yet to be allocated. Although it hasn't yet been determined how these additional cuts will affect individual programs, it is likely that many of the ones mentioned in this paper will be facing even deeper cuts than what our analysis has revealed.

As the consequences of the recession continue to take a toll on the citizens of Illinois, demand for core public services provided or funded by state government increases. Yet the state's dismal fiscal condition has forced painful budget cuts at the very same time, making it impossible for the state to meet this demand. One of the truest measures of any society is how well it cares for its most vulnerable members. Right now, Illinois is failing to measure up. Deep cuts to programs that disproportionately affect women and children, especially those living in poverty, make it more difficult for them to weather the economic downturn. Assisting victims of sexual assault and domestic violence, aiding children in poverty, promoting maternal health, and helping families avoid homelessness not only helps mitigate the effects of the recession, but also promotes self-sufficiency while reducing future costs for taxpayers. In other words, funding these services is desirable not only from a principled standpoint but also from a fiscal one.

The only solution to balancing the state budget while simultaneously avoiding devastating cuts to education, healthcare, human services and public safety, is to raise state revenue through a comprehensive restructuring of the state tax code in a manner that raises revenue to address the budget shortfall, but also implements a more progressive system that decreases the tax burden on the poor.

ENDNOTES

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