The Illinois African-American Family Commission develops, evaluates and advocates for public policies, plans, research and programs that will strengthen and preserve families, family economics, workforce participation, health status, safety, education, training, and quality of life for African-Americans.
## COMMISSIONERS & STAFF 2005

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    - *Southern Illinois University, Carbondale*

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### STAFF

- Terry A. Solomon, MSW, MPH
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- Deidra Wilson, MBA
  - *Community Outreach Specialist*
December 29, 2005

To the Governor and the Honorable Members of the General Assembly:

The Illinois African-American Family Commission (the Commission) is pleased to present its 2005 fiscal year report. The passage of the Illinois African-American Family Commission Act (Public Act 093-0867), which was signed into law in August 2004, set forth certain goals and directions for improving the well-being of African-American children and families.

The challenges facing African-American families today are complex and inter-related. To address these challenges, it is imperative that we have accurate information on the number and characteristics of African-American children and families receiving services in Illinois. It is also critical that the impact of legislative and programmatic changes on African-American families be evaluated. To this end, the Commission has the following objectives:

1. To monitor existing legislation and programs designed to address the needs of African-Americans in Illinois;

2. To assist state agencies in developing programs, services, public policies, and research strategies that will expand and enhance the social and economic well-being of African-American children and families; and

3. To facilitate the participation of African-Americans in the development, implementation, and planning of community-based services.

During fiscal year 2005, fourteen commissioners were appointed to the reconstituted Illinois African-American Family Commission. The commissioners approved a two-year strategic plan to address the economic, physical health, and social well-being of African-Americans. The objectives will be achieved by working with consumers, community leaders, elected officials, and scholars throughout the state.

This annual report focuses on the Commission’s efforts to understand families involved in several systems, including child welfare and criminal justice, and highlights challenges facing families in southern Illinois.

We look forward to building on our partnership with the African-American community, the Illinois State Legislature, the Blagojevich Administration and the general public throughout the state to improve the quality of life for African-Americans.

Sincerely,

[Signature]

Jesse D. Madison
Chair

[Signature]

Terry A. Solomon
Executive Director
Executive Summary

Fiscal year 2005 has been both ambitious and fruitful for the Illinois African-American Family Commission and the community it serves. Its mandate to improve the well-being of the African-American community in Illinois is a mandate that is never taken lightly, and certainly not in the past year, when the community continued to be challenged by exceedingly high incarceration rates, continued overrepresentation in the child welfare system, and lower than warranted employment and health outcomes. During 2005, fourteen commissioners were appointed to the reconstituted Commission. After a process of planning and evaluation, they approved a two-year strategic plan to address the economic, health, and social well-being of African-Americans in Illinois. This annual report outlines the Commission’s major efforts in 2005 and its goals for the upcoming year.

The challenges facing African-American families today are complex and interrelated. The Commission set as its priority in 2005 four areas of public policy that directly or indirectly affect the African-American community in Illinois: the child welfare system, the criminal justice system, education and employment. Its focus on prevention services in these and other areas only grew more pressing, given the clear savings that can accrue to the state—and families—when more money is spent on preventing problems than treating their consequences.

In 2003, one-fourth of the child welfare population nationally was in kinship foster care. In Illinois, that number was even higher, at one-third. The increased reliance on relatives as foster parents is sharply felt especially in the African-American community, where not only are more families taking on these responsibilities, but the caregivers are often older, have lower incomes, and fewer resources. Therefore, a key goal of the Commission is to identify ways to support this critical pillar in the African-American community. The Commission has identified subsidized guardianship—the ability of kin to care for children without forcing parents to cede parental rights and place the child for adoption—as a critical tool in helping to support African-American families. The Commission has worked closely with the Department of Children and Family Services to implement and evaluate an important demonstration program to increase the use of subsidized guardianship. Early results are promising and indicate that subsidized guardianship increased the number of children achieving permanency without compromising well-being. The Commission is also working to amend Title IV-E of the Social Security Act to recognize subsidized guardianship as a permanency exit from foster care.

The press for adoption concerns many African-American families, whose children are overrepresented in the foster care system. After years of disturbingly long stays in foster care, with multiple placements, federal policymakers passed laws to increase the chances for a child to find a permanent home outside of the child welfare system by more quickly terminating parental rights. As a result, the adoption rate from foster care rose significantly. In response to concerns in the African-American community that families were being unduly divided, the Commission convened a “Reunification Advisory Committee” of child welfare providers, researchers, and youth in foster care.

The committee will interview families and child welfare officials about the reunification process, with recommendations for needed changes at the policy, practice, and research levels presented to the Department of Children and Family Services in 2006.

Also, focused on the child welfare system, the Commission’s Education Committee examined the educational outcomes of children in foster care, which have historically lagged other children’s performance. Foster children struggle academically in part because they contend with a host of unique issues that affect their ability to learn. Yet educational outcomes of foster children typically improve when their academic, emotional, and social needs are met, and when educators hold high expectations for them. The value of their improved performance in school cannot be underestimated. After all, when children do well in school, they do well in life. Consider the savings to the juvenile and criminal justice system alone of preventing, through higher educational achievement, a downward spiral to crime and delinquency among foster children. The number of Cook County foster children who spent
time in juvenile detention and jails more than tripled from 1997 to 2002, and former wards of the state composed as much as 40% of the Illinois juvenile inmate population. The state of Illinois spends an estimated $65,000 on juvenile incarcerations per offender per year. Critical recommendations of the Commission include more training for public school personnel on the issues facing foster children, stronger collaborations among key stakeholders in the schools, and additional training to public and private child welfare workers, education liaisons, and foster parents to address the special educational needs of foster children.

Education is a pressing issue for African-American adults in the criminal justice system as well. African-American young men are now more likely to serve time in prison than serve time in the military or attend college. In Illinois, 61% of the 77,000 adults under the supervision of the Illinois Department of Corrections were African-American. Most of these men and women will return to their communities on release. Successful futures depend on many things, but high on the list is education and employment opportunities. Yet funding for higher education among inmates has been slashed, and many employment obstacles block success, including stigma and laws barring employment in certain jobs. The Commission is working to reform many of these societal barriers and injustices in the criminal justice system. Working with a large group of state and community organizations, the Commission strongly advocates for public policy initiatives that improve the chances for successful reintegration of the formerly incarcerated into communities and society.

The Commission has focused its efforts on these broad areas because it believes they are the foundation to strengthening African-American families and communities. Its final objective arises naturally from this focus. Investing in services and supports that prevent problems is not only sound public policy, but it is imperative if individuals are to thrive and grow into healthy and vibrant adults in healthy and vibrant communities.

The Commission, in collaboration with a large array of stakeholders, presented a report, “Investing in Prevention” to the Illinois General Assembly in 2005. The report made the strong case that prevention pays. Preventing child abuse can help reduce the nearly $1.5 billion spent on child welfare services in Illinois annually, or the roughly $60,000 spent annually to incarcerate each juvenile, or the $9 billion annual cost of teen childbearing nationally. And these are only direct costs. Encouraging teens to choose peers who do not drink or use drugs can increase their own school performance significantly, which in turn can lead to higher earnings and more successful adult lives down the road. Yet, as the report argues, it is not enough to merely invest. The money must be spent wisely. Training and evaluation should be an integral part of any prevention program. Without knowing what works and why, we will never truly advance in our efforts to prevent the enormous societal costs of very preventable issues.

The annual report details the highly productive and invaluable advances in 2005, both in program development and in fostering collaboration among important stakeholders in the African-American communities and beyond. It is our hope that the next year will see even greater advances. The Commission intends to focus its efforts in the coming year on

- Monitoring existing legislation and programs designed to address the needs of African-Americans in Illinois;
- Assisting state agencies in developing programs, services, public policies, and research strategies that will expand and enhance the social and economic well-being of African-American children and families; and
- Facilitating the participation of African-Americans in the development, implementation, and planning of community-based services.

The objectives of the Commission will only be achieved by working with consumers, community leaders, elected officials, and scholars throughout the state of Illinois. We look forward to continued work with the African-American community, the Illinois State Legislature, and the general public throughout the state to improve the quality of life for African-Americans.

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1 Becky Pettit and Bruce Western, American Sociological Review, 70 (6) (December 2005).
Structure

In August 2004, Public Act number 093-0867 was passed renaming the African-American Family Commission as the Illinois African-American Family Commission (the Commission). This act restructured and empowered the Commission to assist various state agencies to improve and expand existing human services, and educational and community development programs for African-Americans.

The African-American Family Commission was originally created by Governor Jim Edgar in 1994 to assist the Illinois Department of Children and Family Services (IDCFS) in developing and implementing programs relevant to African-American families. Public Act 093-0867 expanded the scope of the Commission to guide the efforts of and collaborate with additional state agencies, including but not limited to: the Department on Aging, the Department of Commerce and Economic Opportunity, the Department of Corrections, the Department of Human Services, the Department of Public Aid, the Department of Public Health, the Department of Transportation, and others to improve and expand existing human services and educational and community development programs for African-Americans.

The reconstituted Commission is managed by a fifteen-member board of commissioners whose members are appointed by the Governor. They are drawn from and represent various localities and communities throughout the state of Illinois.

Committees
The committee structure of the Commission is as follows:
- Executive Committee
- Finance and Personnel
- Communications and Public Relations
- Criminal Justice
- Economic Development
- Health, Education & Child Welfare

During FY 2005, Executive Committee and Full Commission meetings were held as follows:

Executive Committee Meetings
- May 23, 2005   Chicago

Commission Meetings
- August 13, 2004  Chicago
- February 25, 2005   Chicago
- March 18, 2005   Chicago
- June 24, 2005   Carbondale

Offices
The Commission's main office is located in Chicago, with a satellite office in Springfield.

Staff
The staff employed by the Commission includes:
- Executive Director
- Deputy Director of Operations
- Community Outreach Specialist
- Executive Assistant
- Legislative Liaison
- Operations Coordinator
- Receptionist
- Research Specialist

The Illinois Department of Children and Family Services provides additional staff services and resources to the Commission.
The Illinois African-American Family Commission Act (Public Act 093-0867) not only reconstituted the African-American Family Commission as the “Illinois African-American Family Commission,” the act also resulted in the appointment of new commissioners to guide the newly expanded scope. To ensure a smooth transition for the new appointees, the outgoing commissioners created a two-year strategic plan to both build on the Commission’s work during the past several years and to serve as a transition plan for the new commissioners. The fiscal year (FY) 2006–2007 strategic plan was reviewed by the newly appointed commissioners in February 2005. The strategic plan, as adopted with revisions in May 2005, is presented below.

**Illinois African-American Family Commission Strategic Plan**

According to the 2000 U.S. Census, more than 12 million people live in Illinois. African-Americans represent 15% of the population. Despite significant progress during the past several decades, the well-being of African-Americans in Illinois continues to lag behind other racial groups. The two-year strategic plan specifically addresses the well-being of African-American children and families by building on community partnerships in six domains: education, employment, income, child welfare, criminal justice, and health.

**Finding 1.** The challenges families face in providing for the safety and well-being of their children require a partnership with advocates, community leaders, elected officials, legislators, providers, researchers, and other key stakeholders.

Strategic Issue One: How shall the Commission seek statewide input from key stakeholders on issues affecting the quality of life for African-Americans?

**Goal 1: Community Outreach:** Solicit input from community leaders, policymakers, and consumers regarding programs to improve social and economic well-being challenges and needs.

**Objective 1.1:** Meet with key stakeholders

**Desired Outcome 1.1.1:** Identify economic, social, and programmatic needs of communities.

**Strategic Outcome 1.1.1:** Convene at least two issue forums throughout the state with key stakeholders

**Desired Outcome 1.1.2:** Host dialogues between state directors and community leaders to discuss public policy issues affecting the African-American community.

**Strategic Outcome 1.1.2:** Convene the State of the African-American Family Symposium

**Finding 2.** Of the total Illinois adult inmate population for the period ending June 30, 2004, 61% were African-American. During this same time, African-American youth represented 57% of the juvenile inmate population in Illinois.³

Strategic Issue Two: How shall the Commission address the disproportionate representation of African-Americans in the Illinois criminal justice system?

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¹The data present represents the actual data that was reviewed by the Commission in August 2004, and not the most current available data.
Goal 2: Criminal Justice: Decrease the number of African-Americans entering the criminal justice system in Illinois.

Objective 2.1: Advocate for reentry and expungement legislation

Desired Outcome 2.1.1: Recommend public policies, programs, and legislation that support the successful reentry of the formerly incarcerated into communities.

Strategic Outcome 2.1.1: Convene public meetings to address the needs of the formerly incarcerated and their families.

Strategic Outcome 2.1.2: Recommend legislation that offers vocational, educational, and social support programs for the formerly incarcerated.

Strategic Outcome 2.1.3: Recommend legislation that maintains prisoners’ connections to their families and communities.

Strategic Outcome 2.1.4: Work with coalitions to develop programmatic, research, and public policy for prisoners, the formerly incarcerated, and their families.

Objective 2.2: Advocate for prevention programs

Desired Outcome 2.2.1: Recommend public policies that stress prevention, and recommend programs and legislation to decrease the number of African-Americans entering the criminal justice system.

Strategic Outcome 2.2.1: Participate with community-based organizations and coalitions to advocate for and develop public policy and programs to reduce the number of youth and adults entering the criminal justice system.

Finding 3. In September 2002, over 24,000 children lived in out-of-home placement in Illinois. African-American children represent 70% of the children living apart from their parents under the supervision of the state child welfare population in contrast to 23% of white children, 5.5% of Hispanic children and 2% of other races.

Strategic Issue Three: How shall the Commission address the disproportionate representation of African-Americans in the child welfare system?

Goal 3: Reunification: Increase the number of children reunified with their birth/extended families in Illinois.

Objective 3.1: Examine reunification policies

Desired Outcome 3.1.1: Recommend public policies, programs, and legislation that support the successful reunification of families.

Strategic Outcome 3.1.1: Work with the Illinois Department of Children and Family Services to convene a reunification task force.

Strategic Outcome 3.1.2: Reunification task force shall convene public hearings throughout the state to identify programmatic and judicial procedures that affect reunification services.

Desired Outcome 3.1.2: Continue to advocate for subsidized guardianship as a permanency option under Title IV-E of the Social Security Act.

Strategic Outcome 3.1.3: Continue to work with local, state, and national stakeholders to develop public policies, programs, and legislation that support subsidized guardianship.
Desired Outcome 3.1.3: Reduce the number of children entering the child welfare system.

Desired Outcome 3.1.4: Recommend programs to support birth families in caring for children including respite, human services, family counseling, and educational services to assist families with care giving.

Finding 4. The Illinois State Board of Education reported that 6% (36,373) students enrolled in public high schools dropped out in the 2001–2002 school year. Of these, 39% were African-Americans. Moreover, a disproportionate number of African-American students was suspended and expelled during this period. In the 2001–2002 school year, African-Americans represented 37% of the students suspended and 43% of the expelled students.

Strategic Issue Four: How shall the Commission address the educational performance of African-American students in Illinois?

Goal 4: Education: Partner with education professionals and parents to increase the academic performance of African-American children in Illinois.

Objective 4.1: Convene issue session with students, parents, and education professionals.

Desired Outcome 4.1.1: Identify training needs of education professionals.

Strategic Outcome 4.1.1: Recommend best practices to address the educational needs of African-American students.

Desired Outcome 4.1.2: Meet with parents and students to review academic indicators and identify educational concerns.

Strategic Outcome 4.1.2: Recommend best practices for engaging parents and students in meeting academic indicators.

Finding 5. The rate of overall deaths per 100,000 residents among African-Americans in the year 2002 was 1,155; 821 for Whites; and 399 for those classified as other. African–American infants are more likely to die before one year of age than white infants. African-Americans accounted for more of the new adult/adolescent AIDS cases, cumulative adult/adolescent AIDS cases, and number of people living with AIDS than other racial groups in Illinois in the year 2003 (50.3%) & 2004 (54.1%). Still, in 2003-2004, 24% of uninsured persons in Illinois are African-American.

Strategic Issue Five: How shall the Commission address the premature mortality of African-Americans in Illinois resulting from inadequate access to and use of health services?

Goal 5: Positive Health: Promote changes in the current health care system to ensure African-Americans receive quality health care.

Objective 5.1: Improve the health status of African-Americans.

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Desired Outcome 5.1.1: Identify African-Americans access to and use of statewide health programs.

Strategic Outcome 5.1.1: Review participation of African-Americans in Kid Care and Family Care programs.

Desired Outcome 5.1.2: Identify health needs of African-Americans.

Strategic Outcome 5.1.2: Convene two health issue forums.

Desired Outcome 5.1.3: Increase community-based prevention services.

Strategic Outcome 5.1.3: Work with coalitions to review best practice models.

Strategic Outcome 5.1.4: Recommend funding for community-based prevention programs.

Finding 6. In 2000, the unemployment rate for African-Americans aged 16 or older was 15% compared with only 6% for the total Illinois population. Moreover, the median household income of African-Americans in Illinois was $31,699. This compares to $49,773 for the total Illinois population. The percentage of African-Americans living below the poverty level in Illinois was 26% percent in 1999 compared with 10.7% for the total Illinois population in that same year.

Strategic Issue Six: How shall the Commission address economic development in African-American communities?

Goal 6: Economic Development: Ensure that African-American communities in Illinois have adequate economic resources.

Objective 6.1: Minimize economic disparities

Desired Outcome 6.1.1: Increase access to federal, state, and local funds for African-American communities and organizations.

Strategic Outcome 6.1.1: Coordinate three grant-writing forums for community and faith-based organizations.

Desired Outcome 6.1.2: Identify economic needs of African-American providers.

Strategic Outcome 6.1.2: Convene two issue forums to identify barriers for accessing federal, state, and local funding.

Strategic Outcome 6.1.3: Convene two forums with the business community to discuss investment and economic development opportunities.

Finding 7. Of the males in Illinois in 2000, 14% were African-American and 68% were white. One-fourth of African-American males lived below the poverty line while only 6% of white males were poor. Twenty-six percent of African-American and 28% of white males aged 25 years or older had a high school diploma. The homicide rates were 64% and 21% for African-American and white males, respectively. The five-year average, age-adjusted incidence rate of prostate cancer was 277 per 100,000 for African American males and 145 per 100,000 for white males.

Strategic Issue Seven: How shall the Commission address the socioeconomic disparity of African-American males?


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Objective 7.1: Recommend public policy and programs to increase the well-being of African-American males.

Desired Outcome 7.1.1: Identify the socioeconomic, physical, and mental health status of African-American males.

Strategic Outcome 7.1.1: Conduct needs-assessment of African-American males in selected Illinois regions.


Strategic Outcome 7.1.2: Educate elected officials and public policymakers on the issues affecting African-American males.

Finding 8. The well-being disparities in the domains of education, employment, income, child welfare, criminal justice, and health are indicative of the tremendous challenges facing African-American families in Illinois. These challenges threaten the safety and well-being of children. Government, child and family advocates, and other key stakeholders can play an important role in creating and implementing public policies to address the economic, health and social crises facing African-American families.

Strategic Issue Eight: How shall the Commission inform government officials, leaders, providers, and advocates of the health and social well-being of African-Americans?

Goal 8: Publish information on the well-being of African-Americans in Illinois.

Objective 8.1: Inform and educate individuals on the needs of African-Americans.


Strategic Outcome 8.1.1: Revise and update the "Social and Economic Profile of Africans-Americans in Illinois" bi-annually.

Strategic Outcome 8.1.2: Disseminate proceedings from the “State of the African-American Family Symposium.”
Carbondale Community Forum

The Illinois African-American Family Commission convened the “State of the African-American Family Symposium” in Chicago in April 2004. One of the recommendations made at the symposium was for the Commission to convene regional forums across Illinois. On June 25, 2005, the Commission, in conjunction with the Office of Associate Chancellor (Diversity), Southern Illinois University at Carbondale hosted a public meeting for community leaders and concerned citizens to discuss issues affecting African-Americans. Representatives from state agencies made presentations including: Brenda Russell, Director, Department of Employment Security (DES); Mary Bachman, Regional Administrator, Department of Human Services (DHS); Milton Maxwell, Member, Prisoner Review Board (PRB); Bill Peyton, Regional Administrator, Department of Children and Family Services (DCFS); and Peter Vina, Deputy Director, Department of Healthcare and Family Services (Formerly Public Aid) (DHFS). The information presented by the state agency representatives focused on several areas, including:

- Child review teams (DCFS),
- Labor force and formerly incarcerated (DES),
- Executive clemency (PRB),
- Community health and prevention programs (DHS),
- Health care programs (DHFS).

Community and civic leaders as well as elected officials provided insight into challenges facing families living in southern Illinois. Speakers focused on:

- Relations between college students and the police department;
- The impact of the Disabilities Education Act for children needing special educational services;
- The importance of government and community working together to develop economic and social resources to help children succeed in life and help families;
- A need for more African-American educators, physicians, and other professionals;
- The need for economic support throughout the region; and
- Their desire to have input in designing and deciding community development projects.

The Commission will issue a full report on the meeting in the upcoming months. In addition, the Commission will continue to work with community leaders on several issues, particularly in the area of child welfare and prevention services.
The preamble of the Constitution of the State of Illinois set forth as one of its tenets to “provide for the health, safety and welfare of the people.” One measure of the quality of life in a nation, state, or local community is its infant mortality and age-adjusted mortality rates. The Illinois age-adjusted mortality rate is slightly higher than the national rate (Chart 1). In contrast, the state’s age-adjusted mortality rate is lower for all racial-ethnic groups except African-Americans.

1 The infant mortality rate measures the number of infants who die during their first year of life, per 1,000 live births. The age-specific death rate measures the number of deaths for an age, per 100,000 population age group.
Similarly, Illinois’ infant mortality rate is higher than the nation’s (Chart 2). More African-American infants die in their first year of life in Illinois than infants from other racial-ethnic groups. Individual lifestyle, community resources, and social support all affect mortality rates. The effectiveness of states in creating healthy outcomes may be assessed using several measures, including citizens’ personal behaviors (health practices, educational attainment), community characteristics (the prevalence of health insurance, poverty levels), health policies (funding for public health services), and clinical care (health outcomes, mortality rates). On the basis of these measures, in 2005 Illinois ranked 28th out of 50 states for overall health and well-being (Table 1).

Table 1: Illinois Overall Health Ranking

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<tr>
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<tbody>
<tr>
<td>Prevalence of Smoking (Percent of Population)</td>
<td>22.2</td>
<td>24.3</td>
<td>28.7</td>
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<tr>
<td>Motor Vehicle Deaths (Deaths per 100,000,000 miles driven)</td>
<td>1.3</td>
<td>1.4</td>
<td>2.4</td>
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<td>Prevalence of Obesity (Percent of Population)</td>
<td>22.9</td>
<td>23.2</td>
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<td>High School Graduation (Percent of 18 year olds)</td>
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<tr>
<td>Risk Factors—Community Environment</td>
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<tr>
<td>Violent Crime (Offenses per 100,000 population)</td>
<td>543</td>
<td>621</td>
<td>795</td>
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<td>Lack of health Insurance (Percent without health insurance)</td>
<td>14.0</td>
<td>14.4</td>
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<td>Infectious Disease (Cases per 100,000 population)</td>
<td>21.9</td>
<td>22.4</td>
<td>27.2</td>
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<td>Children in Poverty (Percent of Persons under age 18)</td>
<td>18.0</td>
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<td>Occupational Fatalities (Deaths per 100,000 workers)</td>
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<tr>
<td>Risk Factors—Health Policies</td>
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<tr>
<td>Per Capita Public health Spending ($ per person)</td>
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<td>210</td>
<td>—</td>
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<tr>
<td>Adequacy of Prenatal Care (Percent of pregnant women)</td>
<td>77.0</td>
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<td>Immunization Coverage (Percent of children ages 19 to 35 months)</td>
<td>82.7</td>
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<td>Outcomes</td>
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<td>Limited Activity Days (Days in previous 30 days)</td>
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<td>Cardiovascular Deaths (Deaths per 100,000 population)</td>
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<td>Cancer Deaths (Deaths per 100,000 population)</td>
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<td>Total Mortality (Deaths per 100,000 population)</td>
<td>869.8</td>
<td>875.9</td>
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<tr>
<td>Infant Mortality (Deaths per 1,000 live births)</td>
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<td>7.4</td>
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<td>Premature Death (Years lost per 100,000 population)</td>
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<td>7,585</td>
<td>8,791</td>
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<tr>
<td>Overall Rank</td>
<td>28</td>
<td>29</td>
<td>29</td>
</tr>
</tbody>
</table>

The Illinois African-American Family Commission believes that Illinois must invest in prevention to ensure positive health outcomes for children and families. In FY 2005, the Commission partnered with several organizations to develop a prevention paper, “Investing in Prevention: Sound Public Policy,” to increase awareness of the benefits of prevention programs and to advocate for restoring funding for prevention services. Contributing partners included the Chicago Metropolitan Battered Women’s Network; Illinois Alcoholism and Drug Dependence Association; Illinois Association for Prevention; Illinois Center for Violence Prevention; Illinois Collaboration on Youth; Latino Coalition for Prevention; Ounce of Prevention Fund; Prevent Child Abuse Illinois; Prevention First; Prevention Partnership; and Voices for Illinois Children.

“Investing in Prevention” was presented to members of the Illinois Generally Assembly to demonstrate the cost-effectiveness of prevention programs. Selected highlights of the report are presented below.


3 Ibid.
Resulting Economic and Social Costs of Underfunded Prevention and Intervention Services for Child Abuse, Juvenile Delinquency, and Substance Abuse

Child Abuse

- A study conducted by Prevent Child Abuse America in 2001 estimates the costs of child abuse and neglects to be greater than $90 billion each year nationwide. These expenditures include those associated with hospitalization, mental health care, the child welfare system, and the legal system. In addition indirect services, such as special education, juvenile delinquency, and adult corrections, are estimated to cost the nation far more than the direct expenses.

- Illinois spent $1.4 billion dollars on child welfare services in fiscal year 2000 — $781 million of which were state tax dollars. States spent at least $20 billion on child welfare services in FY 2000 and were using a large amount of funds not dedicated to child welfare services (e.g., Medicaid, Temporary Assistance for Needy Families) to meet the needs of the children and families in the child welfare system. Clearly, the costs directly associated with providing child welfare services are drastically underestimated.

Juvenile Delinquency

- Illinois taxpayers spend between $50,000 and $80,000 per year to incarcerate a juvenile.

- Illinois is spending between $30 and $50 million through courts, police, corrections and the Department of Public Aid for juvenile delinquency prevention, funding that could be used to address other issues and priorities for the state.

Substance Abuse

- Societal costs of tobacco, alcohol, and illicit drug use equal nearly 6% of the nation's income, more than $532 billion annually. These costs include disease, premature death, lost productivity, theft, and violence, including unwanted and unplanned sex and involvement in the criminal justice system.

- The annual Illinois statewide economic costs associated with alcohol, other drug, and tobacco-related mortality is in excess of $3.5 billion.

- From 9,000 to 10,000 Illinois residents die each year from accidental injuries. About 40% of these deaths are related to the use of alcohol.

- In fiscal year 2002, 1,165 substance-exposed infants were born in Illinois. For drug-exposed infants, hospital costs alone are four times higher than they are for nonexposed infants.

Unsupervised Youth

- School-aged children and youth spend 80% of their waking hours outside of school. Adolescents, according to a study by the Carnegie Council on Adolescent Development, have significant discretion in how they spend this time, and much of it may be spent alone.

- An estimated 64% of all Illinois school-aged children are from families in which the sole parent or both parents work, or about 1.5 million school-aged children.

- Data collected from the 2000 Illinois Youth Survey show that 41% of Illinois eighth-grade students were home alone for more than 10 hours per week.

- Research suggests that children and youth who are home alone for about 10 or more hours a week are more likely to engage in high-risk behaviors than their peers.

In conclusion, the direct and indirect financial costs associated with these preventable problems are staggering and
are more than simply monetary, as they also affect the overall health, well-being, and quality of life for Illinois youth, families, and communities.

**Cost-Benefit Analysis of Prevention and Early Intervention Programs for Youth**

The Washington State Institute for Public Policy conducted the most recent study of the benefits and costs of prevention and early intervention in September 2004. We list some of the study’s results here:

- Investments in effective programs for juvenile offenders have the highest net benefit. Such programs yield from $1,900 to $31,200 in saved costs per youth.
- Some forms of home visiting programs that target high-risk and/or low-income mothers and children also are effective, returning from $6,000 to $17,200 per youth.
- Early childhood education for low-income 3 and 4 year olds and some youth development programs provide very high returns on investment.
- One study of the Quantum Opportunities Program across four cities showed that every $1 spent produced benefits to the public worth $3, above and beyond the six-fold decline in crime by boys participating in the program. A California study estimated that every dollar spent on programs saved between $8.90 and $12.90 for the public.

**Other Benefits of Prevention Programs**

Equally important to the cost-effectiveness of prevention programs is their ability to realize other economic and social benefits, such as outcomes in educational achievement and health. One study, for example, demonstrates that students whose peers have little to no involvement with drinking or drugs score 18 points higher on reading and 45 points higher on math achievement tests than students whose peers have a low level of drinking or drug use. Similarly, early childhood, family outreach, and out-of-school-time programs have demonstrated a variety of positive outcomes, including:

- reductions in child maltreatment;
- increased school readiness and academic performance;
- increased social and emotional development;
- increased economic self-sufficiency; and
- decreased juvenile delinquency and crime.

These outcomes add priceless value to the quality of life and overall health and well-being of children, families, and communities.

*Teen REACH*

Teen REACH, an out-of-school-time initiative funded through the Illinois DHS Division of Community Health and Prevention, provides safe environments and educational support to youth who would otherwise spend time after school in unsupervised settings. Teen Reach decreases participant risk of engaging in high-risk behaviors such as substance abuse, which disrupts students’ educational success. Teen REACH programs also help meet the state’s goals for improving educational outcomes for students.

The Commission believes that increasing funding for community-based prevention programs is critical to improving the physical, emotional and social well-being of families, particularly African-American families. Access to substance abuse prevention and treatment services as well as teen reach programs must be available to families in all counties and communities in Illinois. Over the next several years, the Commission will continue to work with state-wide coalitions to pass legislation and increase funding to invest in effective prevention programs.
There is a strong relationship between an individual’s education and positive social behavior. Educational attainment has been linked to positive health behavior, earning potential, and political empowerment. One of the strengths of African-American families and other cultures has been a strong belief in education. In Illinois in 2004, Asians were most likely to have a high school degree, followed by Whites, African-Americans, and Hispanics (Chart 1).\(^1\) Percentages employed in 2004 are similar across racial-ethnic groups, except for African-Americans (Chart 1).\(^2\) This is true for the unemployment rate as well. Whereas in 2004, a majority of African-Americans in Illinois had a high school diploma, their employment rate was lower than any other racial-ethnic group. The ability of African-Americans to provide for their families is hindered by employment opportunities. One way this disparity may be reflected in our society is in the area of social behavior as evidenced by the disproportionate confinement of African-Americans in the criminal justice system.

The number of individuals ever incarcerated in a state or federal prisons varies by race. According to the U.S. Department of Justice, in 2001, 9% of African-Americans, 4% of Hispanics, and 1% of Whites had been confined in prison.\(^3\) At the end of fiscal year 2004, more than 77,000 adults were under the supervision of the Illinois Department of Corrections (IDOC); 61% were African-American, 11% Hispanic, and 28% White.\(^4\)

Of the adult inmates released in Illinois during fiscal year 2004, 54.6% returned to prison within three years.\(^5\) In-
individuals released from prison face many challenges as they return to their communities and families, including employment; health; housing; income subsidies/benefits; education; vocational training; family reunification; community reintegration; and societal participation. Employment and education have been identified as major social resources required for successful re-entry. According to IDOC, it cost $22,627 dollars per year to incarcerate an adult in fiscal year 2003. In contrast, the cost for an undergraduate full-time student to attend the University of Illinois at Chicago in 2003 was $2,874 per semester. Clearly, it is more cost-effective to send a person to college than to prison. Despite the importance of education relative to successful re-entry, funding for higher education programs for IDOC has been eliminated. Educational programs for prisoners are mandated only if reading levels are below the sixth grade.

Criminal records may also serve as a bar to employment. Illinois laws prevent the hiring of ex-offenders for many state jobs. In addition, many employers are reluctant to hire ex-offenders, even those who were convicted of misdemeanors, nonviolent and non-child endangerment crimes.

In response to issues of racial profiling, inequality in sentencing guidelines, the wrongful convictions of innocent people, and at the request of the families and communities we serve, the Illinois African-American Family Commission will work to reform the criminal justice system. The Commission continues to work with members of the Illinois Legislative Black Caucus, Illinois Department of Children and Family Services, Illinois Task Force for Children of Prisoners, Children of Promise, and other organizations to address the needs of children of incarcerated parents and wards of the state in the criminal justice system and advocate for programs and public policy changes necessary to support the successful re-entry of ex-offenders. The Commission has partnered with faith-based and social service organizations, community leaders, elected officials, and community members at large to increase public awareness of the importance of education and employment as a way to decrease recidivism. The Commission has also worked to reconnect families affected by the criminal justice system by convening community forums on expungement and executive clemency and testifying in support of reforms.

Recommendations:

1. Increase funding for educational and vocational programs for inmates at all state operated institutions.

2. Offer or expand tax incentives for businesses that hire former prisoners.

3. Engage the business community in helping to identify additional ways to successfully reintegrate former prisoners in the work environment.

5 Ibid.
The Education Committee of the Illinois African-American Family Commission met several times during fiscal year 2005 with representatives from the Department of Children and Family Services and the Center for Child Welfare and Education (CCWE) at Northern Illinois University to examine the educational performance of children in foster care. The academic performance of children in foster care is significantly below that of children in the general population, explained, in part by the unique issues that children in foster care face, the disproportionate rates at which they are suspended and expelled from school and placed in special education classrooms, and low teacher expectations, among other things. Because academic failure has serious implications for foster children and for the community at large, it is imperative that educators, foster parents, and child welfare professionals better respond to the educational needs of foster children.

Background

Education is one of the most reliable indicators of one’s future quality of life. This is true for youth who live at home with natural parents and youth in foster care. However, numerous studies have confirmed that the academic performance of foster children is significantly below that of children in the general population. The educational deficits of foster children are reflected in higher rates of grade retention, lower standardized test scores, and higher absenteeism, tardiness, truancy, and dropout rates. Because of low levels of education, many youth in foster care reach adulthood without the academic, vocational, or basic life skills necessary to achieve independent living.

Foster children struggle academically in part because they contend with unique issues that affect their ability to learn, including family separation, homelessness, poverty, emotional challenges, frequent changes in residence, and a history of physical or sexual abuse and neglect. Many educators do not realize the extent to which foster children contend with these issues and the degree to which they come to bear on their educational progress. A common response of educators to foster children struggling academically has been to place them in special education classrooms. Findings from a study of children in the Illinois child welfare system enrolled in Chicago Public Schools (CPS) found that children in out-of-home care were more likely than other CPS student to be in special education. They were also more likely to be performing below grade level; those who were abused or neglected were more likely to fail a grade or fall further behind in school; and they were more likely to repeat third, sixth, and eighth grade.

Further, the emotional issues with which foster children contend often cause them to bid for a teacher’s attention. As with most children, foster children compete for a teacher’s attention by engaging in disruptive behavior.

Children in the child welfare system experience emotional problems at levels greater than other children not in foster care. The 1997–1999 National Survey of America’s Families (NSAF) reported that caregivers identified 27% of foster children as having high levels of behavioral and emotional problems. In contrast, 7% of children living with their

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2 Basic life skills include money management, consumer and credit management, and employment skills.
parents had high levels of behavioral and emotional problems according to parents. Of the children attending the CPS, nearly one-fifth of students in seventh and eighth grades were classified as having an emotional or behavioral disorder, whereas only 1–2% of children in the general CPS population were so identified.\(^7\)

Many educators also have unfavorable and negative perceptions about the current foster care system, which may limit their expectations for the children. Such expectations are considered critical to children's academic, social, and emotional behavior.\(^8\) Educational outcomes of foster children are likely to improve if their academic, emotional, and social needs are addressed.\(^9\) School achievement is also likely to improve if educators hold higher expectations for them.\(^10\) Youth in foster care who make academic advances will have a better chance of making a successful transition into adult life.

Recommendations:

1. Conduct in-service training for public school personnel to provide insight into the issues with which foster children contend. Provide instruction in how best to respond to their particular needs.

2. Build collaboration among key stakeholders, including the school social workers, counselors, disciplinarians, chairs of the special education departments, administrators, and teachers to address the educational performance of foster children.

3. Offer training for private and public agency child welfare workers, education liaisons, and foster parents to address the special education needs of foster children.

\(^7\) Smithgall et al. (note 4 above).


\(^9\) Webb (note 5 above).

\(^10\) Kuklinski & Weinstein (n. 8 above).
Preserving Family Ties: Kinship Care

Many parents are unable to provide for the safety and well-being of their children for a variety of reasons, including poor health, mental illness, or substance abuse. When parents are unable to care for children, it is often grandparents, aunts or uncles, and other relatives who step in. This informal care or “kinship care” is typically defined as children cared for by relatives under private arrangements, while formal care or “kinship foster care” is the placement of children with relatives by the child welfare system. A report to Congress on kinship foster care (June 2000), prepared by the U.S. Department of Health and Human Services, revealed that in 1998, approximately 2.13 million children in the United States, or just fewer than 3%, were living in some type of kinship care arrangement. In 2003, of the 523,000 youth in foster care, approximately 121,030 children were in kinship foster care, well below 1% of all U.S. children but 23% of all foster children. The increased reliance on relatives as foster parents can be attributed to many factors, including a decrease in the number of nonkin foster parents, changes in states’ policies toward the use of kin as foster parents, and several federal and state court rulings that have recognized the rights of relatives to act as foster parents and to be compensated financially for doing so.

In September 2002, 24,344 children in the Illinois were in the state’s child welfare system. Of the children in foster care on September 30, 2002, 33% were in kinship foster care. The majority of children in foster care (76%) were African American, while 17.5% were white, 4.5% were Hispanic, and 1.9% were other races. Kinship foster caregivers differ from nonkin foster families in several ways. The report to Congress also revealed that children in public kinship care are more likely to have been removed from their parents’ homes because of abuse or neglect and are less likely to have been removed because of a behavioral problem or conflict with a parent. The parents of children in public kinship care were more likely to have a drug or alcohol problem and were more likely to be young and never married. Children in kinship foster homes experience fewer moves than children in nonkin foster care. According to the 1994 National Study of Protective, Preventive, and Reunification Services Delivered to Children and Their Families, 83% of children living with relative foster caregivers experienced only one move, 10% experienced more than one move, and 7% experienced an unknown number of moves. In contrast, 59% of children living with nonkin foster parents lived in one setting, 33% reported living in more than one setting, and 8% experienced an unknown number of moves.

The Illinois African-American Family Commission recognizes the importance of kinship caregivers in the African-American community and continues to advocate for public policies that reflect the unique circumstances of children living with relative caregivers. Moreover, placing children with family members when their parents are unable to care for them provides a sense of belonging and maintains ties to grandparents, aunts and uncles, and other relatives not always available in traditional foster care. In this regard, the Commission staff met with several policymakers at the state and federal levels to identify ways to support kinship foster caregivers. In FY 2005, the Commission, in conjunction with the Children and Family Research Center at the University of Illinois at Champaign-Urbana; the Race Matters Consortium; and the Illinois Seventh Congressional Task Force, held a series of meetings with national, state, and local child welfare advocates and researchers to examine current and proposed federal legislation affecting relative caregivers.

Several federal laws influence the delivery of child welfare services at the state and local level. The majority of children

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6 See note 2.
placed with relatives qualify for adoption subsidies; therefore, kinship caregivers can receive similar financial support as that provided to unrelated foster caregivers. Funding for children in relative foster care is available under the Temporary Assistance for Needy Families (TANF) and Title IV-E of the Social Security Act. Federal funding is available to cover at least half the cost of adoption subsidies where the adoption meets federal eligibility requirements. In addition, states may offer unlicensed relative foster parents TANF grants, which are less than the rates paid to licensed relative or foster parents.\(^7\)

In contrast, costs for legal guardianship placements are ineligible for federal reimbursement.\(^8\) The Adoption and Safe Families Act recognizes legal guardianship as a permanent option for children in the child welfare system. Legal guardianship is used by both relative and nonrelative caregivers, but mainly by relatives. Legal guardianship allows the caregivers to make medical and other decisions on behalf of the child without terminating parental rights.\(^9\) For various reasons, kin caregivers often prefer legal guardianship over adoption, mainly because adoption requires the birth parents to terminate all legal rights to the child. Even when kinship caregivers are willing to rear children to adulthood, they often object to adoption because of the requirement of severing parental rights. For such relative foster caregivers, subsidized guardianship is a viable option.

Subsidized guardianship is defined as providing a permanent home with relatives for select children who exit the child welfare system and for whom reunification with birth parents or adoption are not viable options.\(^10\) The benefits of subsidized guardianship include less oversight by the child welfare agency, reduced administrative cost, the perception of less emotional and psychological trauma stemming from separation and loss, and a sense of cultural and familial continuity.\(^11\) From May 1997 through June 2002, the Illinois Department of Children and Family Services (DCFS) received a waiver from the federal government to conduct the Illinois Subsidized Guardianship Research Demonstration Evaluation. The Commission, in conjunction with DCFS, convened a Research Advisory Committee to guide the implementation of the demonstration. The study was undertaken to assist children living with relatives in the custody of the Illinois child welfare system to achieve permanency either through subsidized guardianship or adoption when reunification with parents was impossible. In addition to saving the state several millions of dollars, several findings concluded that subsidized guardianship increased the number of children achieving permanency and the well-being of children was not compromised.

Recommendations:

1. Continue to advocate for amending Title IV-E of the Social Security Act to recognize subsidized guardianship as a permanency exit from foster care.


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\(^10\) Ibid. See note 2.


\(^13\) See notes 2 and 7 above.
Preserving Family Ties: Reunification

One of the primary roles that society entrusts to parents is the protection of their children from harm. When parents are unable to provide a safe and protective environment for their children, the child welfare system is often required to provide a temporary home. Of the 72.8 million children in the United States in 2003, 523,000 were in substitute care. In 2004, the Illinois child population numbered approximately 4 million children, and the Illinois Department of Children and Family Services (DCFS) served an estimated 18,299 in substitute care in fiscal year 2005. The placement of a child in substitute care, a foster family home, group home, or institution, is not intended as a permanent living arrangement but rather to provide a safe and temporary home. The ultimate goal of the child welfare system is to reunify the child with his or her natural parents.

The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) addressed several child welfare concerns, including “preventing the unnecessary separation of children from their families.” Of the Illinois children in substitute care in fiscal year 2005, 11.9% were returned home or reunified with their birth parent(s), in contrast to an estimated 16.2% of children adopted or placed in subsidized guardianship.

The number of children reunified with their birth parents has remained relatively stable for several years (Chart 1). The increase in adoption rates and the stability in reunification rates is a growing concern to many birth parents, extended family members, child and family advocates, and elected officials. Some birth parents, grandparents, and other relatives are concerned about that their child or grandchild may not return home. This is a great source of frustration for birth parents, particularly when they have met the terms of their service plan by attending parenting classes, substance abuse treatment, and have found employment. More information is needed at the community, service delivery, and policy levels to understand the dynamics that facilitate reunification of children in foster care. In addition, information is needed regarding foster parents, case managers, and courts to identify impediments to reunification.

In response to this concern, the Illinois African-American Family Commission has convened a “Reunification Advisory Committee” to examine: (1) established policies and services regarding reunification that serve the best interests of children and preserve families; (2) the impact of the judicial system on reunification; (3) the training needs of child welfare workers in relation to reunification; (4) the familial factors that influence reunification; and (5) the social and economic factors that affect reunification. Representatives on the Reunification Advisory Committee (RAC) include child welfare providers, researchers, and youth in foster care.

In 2005, RAC reviewed DCFS child welfare rules and procedures, community resources and systems that affect the reunification process. In addition, birth parents, case managers, foster parents, and child welfare advocates will be interviewed about their experience with the reunification process. Plans are to focus on the North, South, and Central DCFS regions. Results of the focus groups and recommendations will be presented to the director of DCFS, elected officials, and the child welfare community to identify needed changes at the policy, practice, and research levels.


3 Ibid.