



COMMUNITY BEHAVIORAL
HEALTHCARE ASSOCIATION

Illinois FY23 State Budget Analysis

April 8, 2022



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Behavioral Health ended the 2022 legislative session with a historic victory!

Illinois lawmakers worked until the early hours of Saturday, April 9th, to pass a \$46.5 billion spending plan for the upcoming fiscal year, as well as a \$1.8 billion tax relief package for working families. The budget funds education, health care, public safety, pension liabilities, and other priorities.

A Historic Victory for Behavioral Health

This year's budget includes funding for behavioral health that far exceeds any previous year's investments in the industry. The funding level is projected at approximately \$170 million in the form of rate enhancements for mental health and substance use services. A breakdown of the rate enhancements is included in the BIMP section of this report.

This is a significant victory for the community behavioral health system! CBHA would like to thank House Majority Greg Harris and Senator Elgie Sims for championing the rate increase measure of the Rebuild Illinois' Mental Health Workforce Coalition. Our collective work over many years has come to fruition. This is a deserved victory for you, CBHA members, and other community behavioral health providers, who impact the lives of so many people in a positive, and life-changing way.

Fiscal Year 2023 Budget:

As amended, HB 900 (Welch/Sims) represents the Fiscal Year 2023 operating and capital budget. HB 900 appropriates \$46.451 billion in General Revenue Funds and is predicated on \$46.543 billion in revenues. HB 4700 (Harris/Sims) contains the statutory authority to implement the FY 23 state budget. SB 157 (Hastings/Zalewski) represents the omnibus revenue package.

For the first time in 25 years, Illinois will end the current fiscal year with a budget surplus. Revised estimates now project \$2 billion in additional revenues for FY 22 and FY 23 over the Governor's introduced budget. Lawmakers took advantage of that budgetary surplus and federal ARPA funds to prioritize spending for tax relief, public safety, education, human services, debt service, and saving for a rainy day. Lawmakers targeted ARPA funds for one-time expenses such as helping the ailing hospitality industry and for construction of affordable housing.

The FY 23 budget allocates \$1 billion for the rainy-day fund (officially called the Budget Stabilization Fund) and adds an additional \$200 million (on top of the required \$9.6 billion payment) to pay down the state's unfunded pension liability – a move that is projected to save the state \$1.8 billion in the long-term. These allocations are on top of the debt repayment package ([PA102-696](#)) passed and signed into law at the end of March.

The Fiscal Year 23 budget includes measures designed to provide financial relief to Illinois families in light of growing inflation. The \$1.8 billion tax relief package freezes the state's motor fuel tax for six months; suspends the 1% sales tax on groceries for one year; provides one-time tax rebates to taxpayers of \$50 per individual and \$100 per child (up to three children per family) for qualifying individuals; doubles the property tax rebate to qualifying homeowners up to \$300/household; suspends the sales tax on back-to-school purchases for ten days in August; and permanently expands the Earned Income Tax Credit from 18% to 20% of the federal credit.

The final budget includes funding to support public safety measures, invest in law enforcement, and fund various violence prevention programs. Local governments, who have faced cuts for the past several fiscal years, will benefit from an increase in LGDF. Negotiators were unable to reach a consensus on how to fill the remaining \$1.8 billion shortfall in the Unemployment Insurance Trust Fund.

FY 23 State Budget

Budget: [HB900, SA4 \(Harris/Sims\)](#): \$46.5 billion spending plan highlights for behavioral health.

Department of Healthcare and Family Services

- **\$998,150,000** appropriated to HFS from the General Revenue Fund for deposit into the Healthcare Provider Relief Fund.
- In addition to any amounts heretofore appropriated, the amount of \$85,000,000 is appropriated HFS from the General Revenue Fund for deposit into the Healthcare Provider Relief Fund.
- **\$5,000,000** is appropriated to HFS from the Electronic Health Record Incentive Fund for the purpose of payments to qualifying health care providers to encourage the adoption and use of certified electronic health records technology.
- **\$7,000,000** is appropriated from the General Revenue Fund to HFS for all costs associated with providing enhanced Medicaid rates to underserved communities in need of mental health and substance use disorder treatments

Department of Human Services

- **\$49,164,834**, or so much thereof as may be necessary and remains unexpended at the close of business on June 30, 2022, is reappropriated from the State Coronavirus Urgent Remediation Emergency Fund to the Department of Human Services for grants and administrative expenses associated with mental health, behavioral health, substance abuse and other services for purposes allowed by Section 9901 of the American Rescue Plan Act of 2021 and any associated federal guidance.
- **\$5,000,000**, or so much thereof as may be necessary and remains unexpended at the close of business on June 30, 2022, from appropriations heretofore made for such purpose in Article 127, Section 125 of Public Act 102-0017 is reappropriated from the State Coronavirus Urgent Remediation Emergency Fund to the Department of Human Services for grants and administrative expenses associated with suicide prevention for purposes allowed by Section 9901 of the American Rescue Plan Act of 2021 and any associated federal guidance.
- **\$10,000,000**, or so much thereof as may be necessary and remains unexpended at the close of business on June 30, 2022, from appropriations heretofore made for such purpose in Article 127, Section 130 of Public Act 102-0017 is reappropriated from the State Coronavirus Urgent Remediation Emergency Fund to the Department of Human Services for grants and administrative expenses of the Housing is Recovery Pilot Program, for purposes permitted by Section 9901 of the American Rescue Plan Act of 2021 and related federal guidance.
- **\$25,000,000** or so much thereof as may be necessary and remains unexpended at the close of business on June 30, 2022, from appropriations heretofore made for such purpose in Article 127, Section 165 of Public Act 102- 0017 is reappropriated from the State Coronavirus Urgent Remediation Emergency Fund to the Department of Human Services for grants and administrative expenses associated with Supportive Housing services for purposes allowed by Section 9901 of the American Rescue Plan Act of 2021 and any associate federal guidance

Board of Higher Education

- **\$10,000,000** is appropriated from the Board of Higher Education State Contracts and Grants Fund to the Board of Higher Education for costs and expenses associated with a CBHA's initiative: Community Behavioral Health Workforce Education Center.

Illinois Student Assistance Commission

- **\$5,000,000** is appropriated from the Illinois Student Assistance Commission Contracts and Grants Fund to the Illinois Student Assistance Commission for the following purpose: CBHA's initiated Community Behavioral Health Care Provider Loan Repayment Program.
- **\$6,000,000** is appropriated from the Illinois Student Assistance Commission Contracts and Grants Fund to the Illinois Student Assistance Commission for the following purpose: Social Worker Scholarships and loan repayment assistance.

Budget Implementation Bill (BIMP)

BIMP: HB4700, SA1 (Harris/Sims) represents the statutory language necessary to implement the FY23 budget.

Highlights for behavioral health, include rate enhancements for mental health and substance use.

- **Creates within the Department of Human Services an Office of Opioid Settlement Administration.** The Office shall be responsible for implementing and administering approved abatement programs as described in Exhibit B of the Illinois Opioid Allocation Agreement, effective December 30, 2021. The Office may also implement and administer other opioid-related programs, including but not limited to prevention, treatment, and recovery services from other funds made available to the Department of Human Services. The Secretary of Human Services shall appoint or assign staff as necessary to carry out the duties and functions of the Office.
- **Rate study. By November 1, 2022, the Department of Children and Family Services** shall issue a request for proposal for a rate consultant to study and develop potential new rates and rate methodologies using objective, publicly available data sources, standard administrative cost reporting, and provider-reported costs in order to determine the resources necessary to create and maintain a robust continuum of care in Illinois to meet the needs of all youth in the Department's care, including, but not limited to, therapeutic residential placements, evidence-based alternatives to residential care including a therapeutic foster care, specialized foster care, community supports for youth in care who are returned home to parents or guardians, and emergency foster care and emergency shelter care.
- **Statewide 9-8-8 Trust Fund.** The Statewide 9-8-8 Trust Fund is created as a special fund in the State treasury. Moneys in the Fund shall be used by the Department of Human Services for the purposes of establishing and maintaining a statewide 9-8-8

suicide prevention and mental health crisis system pursuant to the National Suicide Hotline Designation Act of 2020, the Federal Communication Commission's rules adopted on July 16, 2020, and national guidelines for crisis care. In addition to any other transfers that may be provided for by law, on July 1, 2022, the State Comptroller shall direct and the State Treasurer shall transfer the sum of \$5,000,000 from the Statewide 9-1-1 Fund to the Statewide 9-8-8 Trust Fund.

- **The Illinois Opioid Remediation State Trust Fund** is created as a trust fund in the State treasury to receive proceeds from opioid-related settlements and judgments that are directed by the Attorney General into the fund pursuant to Section 3 of the Illinois Opioid Allocation Agreement, effective December 30, 2021. The fund shall be administered by the Department of Human Services.
- **Pandemic related stability payments for health care providers.** HFS shall develop a process to distribute pandemic related stability payments, from federal sources dedicated for such purposes, to health care providers that are providing care to recipients under the Medical Assistance Program. For provider types serving residents who are recipients of medical assistance under this Code and are funded by other State agencies, the Department will coordinate the distribution process of the pandemic related stability payments.
- ***CBHA, as part of the Rebuild Illinois Behavioral Health Workforce Coalition, championed rate enhancements***
 - **Substance Use Reimbursement Rates:** Beginning on July 1, 2022, the Department of Human Services' Division of Substance Use Prevention and Recovery in conjunction with the Department of Healthcare and Family Services, shall provide for an increase in reimbursement rates by way of an increase to existing rates of 47% for all community-based substance use disorder treatment services. Beginning in State Fiscal year 2023, and every State fiscal year thereafter, reimbursement rates for those community-based substance use disorder treatment services shall be adjusted upward by an amount equal to the Consumer Price Index-U from the previous year, not to exceed 2% in any State fiscal year. If there is a decrease in the Consumer Price Index-U, rates shall remain unchanged for that State fiscal year.
 - **Mental Health Reimbursement Rates:** Medicaid funding for community mental health services. Medicaid funding for the specific community mental health services listed in this Act shall be adjusted and paid as set forth in this Act. Such payments shall be paid in addition to the base Medicaid reimbursement rate and add-on payment rates per service unit. The payment adjustments shall begin on July 1, 2022 for State Fiscal Year 2023 and shall continue for every State fiscal year thereafter.
 - (1) Individual Therapy Medicaid Payment rate for services provided under the H0004 Code:**
 - (A) The Medicaid total payment rate for individual therapy provided by a qualified mental health professional shall be increased by no less than \$9 per service unit.
 - (B) The Medicaid total payment rate for individual therapy provided by a mental health professional shall be increased by no less than \$9 per service unit.
 - (2) Community Support - Individual Medicaid Payment rate for services provided under the H2015 Code:** All community support - individual services shall be increased by no less than \$15 per service unit.

(3) Case Management Medicaid Add-on Payment for services provided under the T1016 code: All case management services rates shall be increased by no less than \$15 per service unit.

(4) Assertive Community Treatment Medicaid Add-on Payment for services provided under the H0039 code: The Medicaid total payment rate for assertive community treatment services shall increase by no less than \$8 per service unit.

(5) Medicaid user-based directed payments.

(A) For each State fiscal year, a monthly directed payment shall be paid to a community mental health provider of community support team services based on the number of Medicaid users of community support team services documented by Medicaid fee-for-service and managed care encounter claims delivered by that provider in the base year. The Department of Healthcare and Family Services shall make the monthly directed payment to each provider entitled to directed payments under this Act by no later than the last day of each month throughout each State fiscal year.

(i) The monthly directed payment for a community support team provider shall be calculated as follows: The sum total number of individual Medicaid users of community support team services delivered by that provider throughout the base year, multiplied by \$4,200 per Medicaid user, divided into 12 equal monthly payments for the State fiscal year.

(ii) As used in this subparagraph, "user" means an individual who received at least 200 units of community support team services (H2016) during the base year.

(B) For each State fiscal year, a monthly directed payment shall be paid to each community mental health provider of assertive community treatment services based on the number of Medicaid users of assertive community treatment services documented by Medicaid fee-for-service and managed care encounter claims delivered by the provider in the base year.

(i) The monthly direct payment for an assertive community treatment provider shall be calculated as follows: The sum total number of Medicaid users of assertive community treatment services provided by that provider throughout the base year, multiplied by \$6,000 per Medicaid user, divided into 12 equal monthly payments for that State fiscal year.

(ii) As used in this subparagraph, "user" means an individual that received at least 300 units of assertive community treatment services during the base year.

(C) The base year for directed payments under this Section shall be calendar year 2019 for State Fiscal Year 2023 and State Fiscal Year 2024. For the State fiscal year beginning on July 1, 2024, and for every State fiscal year thereafter, the base year shall be the calendar year that ended 18 months prior to the start of the State fiscal year in which payments are made.

- **Applicable Medicaid services.** The payments listed in Section 20-10 shall apply to Medicaid services provided through contracts with any Medicaid managed care organization or entity and for Medicaid services paid for directly by the Department of Healthcare and Family Services.

Substantive Legislation: Passed Both Houses and Head to the Governor's Desk

(Please note these are only a few key bills tracked over the legislative session.

We will distribute our comprehensive 2022 Legislative Roundup report in the coming months).

SB3617 (Fine/Conroy) Behavioral Health Workforce Omnibus. Includes various measures to help address the behavioral health workforce shortage crisis, including provisions initiated by CBHA:

- Creates the Ensuring a More Qualified, Competent, and Diverse Community Behavioral Health Workforce Act. Requires the Division of Mental Health to award grants or contracts to licensed community mental health centers or behavioral health clinics to establish or enhance training and supervision of interns and behavioral health providers-in-training pursuing licensure as LCSW, LCPC, and LMFT. Prioritizes underserved urban areas and rural areas of the state.
- Provides that an individual applying for licensure as a LCSW who has been licensed in another jurisdiction for 5 (rather than 10) consecutive years without discipline is not required to submit proof of completion of education and supervised clinical professional experience. Makes similar changes to the Marriage and Family Therapy Licensing Act and Clinical Professional Counselor Licensing and Practice Act.
- Makes it easier for Licensed Clinical Psychologist, Licensed Clinical Social Worker, and Licensed Clinical Professional Counselor who have an inactive or expired license for less than 5 years to return to work by suspending certain requirements around continuing education, proof of fitness, certification of active practice in another jurisdiction, and the payment of a renewal fee. An individual may not restore his or her license more than once.
- Authorizes a tax credit program for individuals in recovery from substance use disorders or mental. For taxable years beginning on or after January 1, 2023, the Department is authorized to and shall establish and administer a recovery tax credit program to provide tax incentives to qualified employers who employ eligible individuals in recovery from a substance use disorder or mental illness in part-time and full-time positions within Illinois. The Department shall award the tax credit by issuance of a certificate of tax credit to the qualified employer, who will present the certificate of tax credit to the Department of Revenue by attaching the certificate to its tax return, as a credit against the qualified employer's income tax liability in accordance with the Illinois Income Tax Act.
- Requires HFS to take all necessary action to ensure that proposed modifications, additions, deletions, or amendments to mental health and substance use disorder provisions of the Illinois Public Aid Code are announced, shared, disseminated, and explained prior to the Department undertaking such proposed modifications, if legally possible and subject to federal law.

- Amends the Specialized Mental Health Rehabilitation Act of 2013. Defines the term "APRN". Provides that, for purposes of the Act, any required psychiatric visit to a consumer may be conducted by an APRN or by a physician.

[HB4343, SA2 \(Gillespie/Harris\): Medicaid Omnibus](#): A Medicaid omnibus bill is produced annually and represents the efforts of the bipartisan, bicameral Medicaid Working Group. This year, the bill passed on a partisan roll call due to last minute amendments. The bill includes various changes to the Medicaid program. Highlighted below are key provisions for behavioral health:

- Beginning with dates of service on and after January 1, 2023, any general acute care hospital with more than 500 outpatient psychiatric Medicaid services to persons under 19 years of age in any calendar year shall be paid the outpatient add-on payment of no less than \$113.
- **Academic detailing for behavioral health providers.** The Department shall develop, in collaboration with associations representing behavioral health providers, a program designed to provide behavioral health providers and providers in academic medical settings who need assistance in caring for patients with severe mental illness or a developmental disability under the medical assistance program with academic detailing and clinical consultation over the phone from a qualified provider on how to best care for the patient. The Department shall include the phone number on its website and notify providers that the service is available. The Department may create an in-person option if adequate staff is available. To the extent practicable, the Department shall build upon this service to address worker shortages and the availability of specialty services.
- **Tracking availability of beds for withdrawal management services.** The Department of Human Services shall track, or contract with an organization to track, the availability of beds for withdrawal management services that are licensed by the Department and are available to medical assistance beneficiaries. The Department of Human Services shall update the tracking daily and publish the availability of beds online or in another public format.
- **Medicaid coverage for peer recovery support services.** On or before January 1, 2023, the Department shall seek approval from the federal Centers for Medicare and Medicaid Services to cover peer recovery support services under the medical assistance program when rendered by certified peer support specialists for the purposes of supporting the recovery of individuals receiving substance use disorder treatment. As used in this Section, "certified peer support specialist" means an individual who:
 - (1) is a self-identified current or former recipient of substance use disorder services who has the ability to support other individuals diagnosed with a substance use disorder;
 - (2) is affiliated with a substance use prevention and recovery provider agency that is licensed by the Department of Human Services' Division of Substance Use Prevention and Recovery; and

(A) is certified in accordance with applicable State law to provide peer recovery support services in substance use disorder settings; or a

(B) is certified as qualified to furnish peer support services under a certification process consistent with the National Practice Guidelines for Peer Supporters and inclusive of the core competencies identified by the Substance Abuse and Mental Health Services Administration in the Core Competencies for Peer Workers in Behavioral Health Services.

- **Alignment of substance use prevention and recovery and mental health policy.** The Department and the Department of Human Services shall collaborate to review coverage and billing requirements for substance use prevention and recovery and mental health services with the goal of identifying disparities and streamlining coverage and billing requirements to reduce the administrative burden for providers and medical assistance beneficiaries.
- **Continuous eligibility; ex parte redeterminations.**

(a) By July 1, 2022, the Department of Healthcare and Family Services shall seek a State Plan amendment or any federal waivers necessary to make changes to the medical assistance program. The Department shall apply for federal approval to implement 12 months of continuous eligibility for adults participating in the medical assistance program. The Department shall secure federal financial participation in accordance with this Section for expenditures made by the Department in State Fiscal Year 2023 and every State fiscal year thereafter.

(b) By July 1, 2022, the Department of Healthcare and Family Services shall seek a State Plan amendment or any federal waivers or approvals necessary to make changes to the medical assistance redetermination process for people without any income at the time of redetermination. These changes shall seek to allow all people without income to be considered for ex parte redetermination. If there is no non-income related disqualifying information for medical assistance recipients without any income, then a person without any income shall be redetermined ex parte. Within 60 days after receiving federal approval or guidance, the Department of Healthcare and Family Services and the Department of Human Services shall make necessary technical and rule changes to implement changes to the redetermination process. The percentage of medical assistance recipients whose eligibility is renewed through the ex parte redetermination process shall be reported monthly by the Department of Healthcare and Family Services on its website in accordance with subsection (d) of Section 11-5.1 of this Code as well as shared in all Medicaid Advisory Committee meetings and Medicaid Advisory Committee Public Education Subcommittee meetings.

- **It is the determination of the General Assembly that the Department must include seniors and persons with disabilities in ex parte renewals.** It is the determination of the General Assembly that the Department must use its asset verification system to assist in the determination of whether an individual's coverage can be renewed using the ex parte process. If a State Plan amendment is required, the Department shall pursue such State Plan amendment by July 1, 2022. Within 60 days

after receiving federal approval or guidance, the Department of Healthcare and Family Services and the Department of Human Services shall make necessary technical and rule changes to implement these changes to the redetermination process.

- **Increased funding for transportation services.** Beginning no later than January 1, 2023 and subject to federal approval, the amount allocated to fund rates for medi-car, service car, and attendant services provided to adults and children under the medical assistance program shall be increased by an approximate amount of \$24,000,000.
- **By May 1, 2023, the Department of Healthcare and Family Services may provide medical services to noncitizens 42 years of age through 54 years** of age who have income at or below 133% of the federal poverty level plus 5% for the applicable family size as determined under applicable federal law and regulations.

HB 4408 – (Conroy/Elman) The Naloxone No Co-Pay bill. Stops insurers and Medicaid from charging a copay for naloxone. The drug can cost up to \$140 for two doses.

SB 2945 (Fine): STATEWIDE 9-8-8 TRUST FUND: Establishes the Statewide 9-8-8 Trust Fund for any sources of revenue designated for the crisis system to be deposited into. Provides that the Statewide 9-8-8 Trust Fund is a special fund in the State treasury. Protects money from funds sweeps. It does not impose a fee on telecon providers.

FY23 Budgets for DMH, SUPR, DFCS, DCFS, ICJIA

DMH	FY22	FY23	Difference FY22 and FY23
Grants and administrative expenses to expand home and community-based services, including rebalancing and transition costs associated with compliance with consent decrees, including prior year costs.	\$51,964,200	\$52,651,400	\$687,200
SOMHF	\$239,137,200	\$250,717,500	\$11,580,300
Administrative and Programmatic Expenses of Community Transition and System Rebalancing for the Colbert Consent Decree including Prior Year Expenses	\$50,587,300	\$51,118,200	\$530,900
Psychotropic Meds	\$1,381,800	\$1,381,800	\$0
Evaluation Determination, Disposition and Assessment	\$1,200,000	\$1,200,000	\$0
Supportive MI Housing	\$22,407,200	\$22,713,800	\$306,600
For all costs and administrative expenses for Community Service Programs for Persons with Mental Illness, Child With Mental Illness, Child and Adolescent Mental Health Programs and Mental Health Transitions or State Operated Mental Health Facilities	125,827,100	168,251,300	\$42,424,200
Mental Health Treatment -Mental Health Reporting Fund	\$5,000,000	\$5,000,000	\$0
HHS Medicaid Trust Fund: For grants for the Mental Health Home-Based Program	\$1,300,000	\$1,300,000	\$0

Community Service Grant Programs – Payable from DHS Community Service Fund	\$15,000,000	\$15,000,000	\$0
Community Service Grant Programs - Payable from DHS Federal Projects Fund	\$16,036,100	\$16,036,100	\$0
Medicaid Services - Community Mental Health Medicaid Trust Fund	\$85,000,000	\$80,000,000	\$5,000,000
Community Services Grant Programs - Payable from Community Mental Health Services Block Grant Fund	50,000,000	50,000,000	\$0
For grants and administrative costs associated with the American Rescue Plan Act Mental Health Block Grant	\$25,000,000	\$25,000,000	\$0
Child & Adolescent Grant Programs	\$4,341,800	\$4,341,800	\$0
Payable from the Statewide 9-8-8 Trust Fund: For grants and administrative expenses of 9-8-8 Call Centers and Crisis Response Services		\$5,000,000	\$5,000,000
Total	\$694,182,700	\$749,711,900	\$55,529,200

SUPR	FY22	FY23	Difference FY 22 to FY 23
Medicaid Population- Medicaid GRF	\$16,316,400	\$15,521,100	\$795,300
For grants associated with Community Based Addiction Treatment Services, including prior year costs.	\$43,688,800	\$98,508,900	\$54,820,100
Addiction Treatment – DCFS	\$5,757,200	\$5,802,400	\$45,200
Addiction Treatment - Special Populations	\$6,106,700	\$6,098,200	-\$8,500
Pilot for MAT for Prevention of Relapse	\$500,000	\$500,000	\$0
Addiction Prevention and Related Services	\$1,263,800	\$1,674,000	\$410,200
Addiction Treatment – Prevention and Treatment Block Grant Fund- (Federal)	\$107,100,000	\$107,100,000	\$0

For grants and administrative costs associated with the American Rescue Plan Act Substance Abuse Prevention and Treatment Block Grant	\$25,000,000	\$25,000,000	\$0
Addiction Prevention and Related Services	\$24,000,000	\$24,000,000	\$0
Group Home Loan	\$200,000	\$200,000	\$0
Addiction Prevention and Related Services -Youth Alcoholism and Substance Abuse Prevention Fund	\$2,500,000	\$2,050,000	-\$450,000
Treatment and Prevention of Compulsive Gambling –State Gaming Fund	\$6,800,000	\$10,000,000	\$3,200,000
Addiction Treatment and Related Expenses – Drunk and Drugged Driving Prevention Fund	\$3,212,200	\$3,212,200	\$0
Addiction Treatment and Related Services- From Drug Treatment Fund	\$5,105,800	\$5,105,800	\$0
Cannabis Regulation and Tax Act	\$4,000,000	\$8,000,000	\$4,000,000
Partnership for Success Program (Federal)	\$5,000,000	\$5,000,000	\$0
Prevention of Prescription Overdose Deaths (Federal)	\$2,000,000	\$2,000,000	\$0
For grants and administrative expenses associated with the COVID-19 Emergency	\$5,000,000	\$5,000,000	\$0
DHS State Projects Fund: expenses related to the Opioid Overdose Prevention Program		\$300,000	\$300,000
For grants and administrative expenses associated with the national opioid settlement		\$20,000,000	\$20,000,000
Alcoholism and Substance Abuse Fund-Addiction Treatment and Related Services	\$19,000,000	\$19,000,000	\$0
Addiction Prevention and Related Services	\$2,050,000	\$2,500,000	\$450,000
State Opioid Response Program	\$50,000,000	\$50,000,000	\$0

Tobacco Enforcement Program- Tobacco Settlement Recovery Fund	\$2,800,000	\$2,800,000	\$0
Prevention and Related Services - Youth Drug Abuse Prevention Fund	\$530,000	\$530,000	\$0
Illinois Opioid Remediation State Trust Fund: grants and administrative expenses associated with the national opioid settlement		\$88,000,000	\$88,000,000
Community Services Fund: Cannabis Regulation and Tax Act	\$40,000,000	\$90,000,000	\$50,000,000
Total	\$377,930,900	\$597,902,600	\$219,971,700

Selected FCS Programs	FY22	FY23	Difference FY22 to FY23
Homeless Youth Services	\$6,277,500	\$7,403,100	\$1,125,600
Comprehensive Community Based Services to Youth	\$18,931,300	\$21,309,900	\$2,378,600
Redeploy Illinois	\$6,373,600	\$14,373,600	\$8,000,000
Homelessness Prevention-programs including but not limited to pilot program to address homelessness and homelessness prevention capacity building		\$20,000,000	(\$20,000,000)
Supportive Housing Services	16,166,700	16,490,100	\$323,400
Supportive Housing Services -American Rescue Plan Act	\$25,000,000	\$25,000,000	\$0
Homelessness Prevention	\$4,000,000	\$4,000,000	\$0
Emergency and Transitional Housing	\$10,383,700	\$10,383,700	\$0
Supportive Housing-Medicaid Trust Fund		\$3,382,500	\$3,382,500
Supportive Housing – American Rescue Plan	\$3,054,000	\$3,054,000	\$0
Teen Reach After School Program -ARPA	\$10,000,000	\$9,997,600	-\$2,400
Teen Parent Services (Parents Too Soon) – American Rescue Plan	\$12,000,000	\$12,000,000	\$0
Teen Parent Services (Parents Too Soon)	\$6,870,300	\$7,350,300	\$480,000
Teen Parent Services (Parents Too Soon)	\$2,505,000	\$2,505,000	\$0

Teen Reach After School Program	\$14,522,000	\$16,812,400	\$2,290,400
Total	\$136,084,100	\$174,062,200	\$37,978,100

DCFS	FY22	FY23	Difference FY22 to FY23
Specialized Foster Care and Prevention	\$507,231,100	420,731,200	-\$86,499,900
Specialized Foster Care and Prevention- CHILDREN'S SERVICES FUND		185,603,500	185,603,500
Counseling and Auxiliary Services	\$29,231,300	15,184,100	-\$14,047,200
Counseling and Auxiliary Services-CHILDREN'S SERVICES FUND		16,469,100	16,469,100
Institution and Group Home Care and Prevention	\$257,398,100	215,172,600	-\$42,225,500
Institution and Group Home Care and Prevention- CHILDREN'S SERVICES FUND		67,236,800	67,236,800
Services Associated with the Foster Care Initiative	\$7,617,000	6,139,900	-\$1,477,100
Services Associated with the Foster Care Initiative-CHILDREN'S SERVICES FUND		1,705,600	1,705,600
Adoption and Guardianship Services	\$176,720,900	153,274,000	-\$23,446,900
Adoption and Guardianship Services-CHILDREN'S SERVICES FUND		35,060,100	35,060,100
Health Care Network	\$0	\$0	\$0
Cash Assistance and Housing Locater Services	\$5,385,000	3,313,700	-\$2,071,300
Cash Assistance and Housing Locater Services- CHILDREN'S SERVICES FUND		4,071,300	4,071,300
Youth in Transition Program- GRF	\$2,629,700	2,708,600	\$78,900
MCO Technical Assistance and Development- GRF	\$0	\$0	\$0

Pre- Admission/ Post Discharge Psychiatric Screening- GRF	\$0	\$0	\$0
Development of Children's Advocacy Centers	\$3,396,800	1,998,600	-\$1,398,200
Development of Children's Advocacy Centers- CHILDREN'S SERVICES FUND		1,500,100	1,500,100
Family Preservation Services	\$71,011,300	37,912,600	-\$33,098,700
Family Preservation Services-CHILDREN'S SERVICES FUND		44,125,300	44,125,300
Psychological Assessments	\$3,010,100	3,100,400	\$90,300
Total	\$1,063,631,300	1,215,307,500	\$151,676,200

IL Criminal Justice Information Authority	FY22	FY23	Difference FY22 to FY23
Adult Redeploy and Diversion Programs	\$9,271,000	\$12,000,000	\$2,729,000
Adult Redeploy and Diversion Programs	\$400,000	\$400,000	\$0
Total	\$9,671,000	\$12,400,000	\$2,729,000