

**Action Plan to Improve Access to Mainstream Services  
for Homeless Families  
Illinois Policy Academy**

**Background**

In September, 2001 the U. S. Departments of Health and Human Services and Housing and Urban Development solicited applications from states to participate in a Policy Academy for improving access to mainstream services for homeless families with children. Illinois was selected, along with 7 other states, to attend the academy conducted by the Health Resources and Services Administration. The academy was held in Santa Fe, New Mexico from November 26 -28. The academy focused on bringing together State-level teams comprised of individuals with policymaking abilities to develop a State Action Plan. Each State-level team was charged with identifying obstacles, overcoming barriers and creating solutions for practices to address family homelessness.

As prescribed in the federal application, each state submitted a list of up to ten names of policy decision makers for inclusion in the academy. The following individuals were selected to attend the academy:

Anne Corbi  
Community Development Director  
Project NOW  
Rock Island

Gary Dickirson  
Principal Consultant  
Illinois State Board of Education  
Springfield

Gennie Gilmore  
Assistant Director  
Department of Human Services  
Head Start State Collaboration  
East St. Louis

Brenda Hanbury  
Bureau Chief  
Department of Human Services  
Homeless Services & Supportive Housing  
Springfield

Richard Kordesh, Project Leader  
Director  
Illinois Workforce Advantage  
Office of the Governor  
Chicago

Peggie Powers  
Associate Director  
Department of Human Services  
Office of Alcoholism and Substance Abuse  
Springfield

Thomas Simpatico  
Bureau Chief  
Department of Human Services  
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Jo Ann Spoor  
Manager  
Department of Public Aid  
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Springfield

Jean Thomas  
Division Manager  
Department of Commerce  
and Community Affairs  
Division of Community Assistance  
Springfield

Katrina Van Valkenburgh  
Program Officer  
Corporation for Supportive Housing  
Chicago

### **Policy Academy Vision**

An initial meeting of the Illinois Policy Academy delegation and a representative from the Department of Health and Human Services was held in Springfield on November 6, 2001. At that time, the Illinois delegation drafted a vision for serving homeless families. The vision was refined at the Policy Academy meeting in Santa Fe. The vision, as agreed to by the Illinois delegation, states:

“We envision the end of homelessness for families in Illinois through the creation of an integrated, community-based human service delivery system with an adequate supply of affordable housing.”

### **Approach/Reality Assessment**

As part of its initial charge, the Illinois Policy Academy delegation reviewed all homeless-related programs and data currently in operation within various state agencies. The following chart indicates the program and populations served. These programs include those serving the general population and programs for homeless families and individuals with targeted needs as well as persons at-risk of homelessness. A ten year analysis of Illinois' Emergency Food and Shelter Program (EF&S) is contained in this report. The Illinois Emergency Food and Shelter program is funded at \$9.8 million and is the largest state funded program for homeless families. In summary, the analysis indicates several important characteristics.

**Homelessness affected fewer people.** The number of homeless persons averaged 49,000 during the decade, ranging from a high of 55,297 (1992) to a low of 43,371 (2000). The greatest change occurred in Chicago, with a decrease of 10,000 persons. Fiscal year 2001 was the first since 1995 in which the number of homeless persons increased.

**Homelessness became more rural.** Sixty-two percent of the state homeless population resided in Chicago and the collar counties in fiscal year 1992. In fiscal year 2000, 51 percent of the homeless population lived in that region. That percentage rose to fifty-seven in 2001. The size of the homeless population has remained fairly constant in the rest of the state.

**Homelessness became more of a family matter.** The number of homeless singles dropped by 29 percent, or nearly 7,500 persons, between 1992 and 2000. The number of homeless families decreased by only 20 percent. The trend reversed in 2001 with the number of individuals increasing by

30 percent and the number of families dropping by two percent.

**Homelessness became more female.** In fiscal year 1992, males were 57 percent and females 43 percent of the state homeless population. The homeless female population rose slowly to 45 percent and the male declined to 55 percent. Downstate, the rate of increase in the number of homeless females doubled that for homeless males. In 2001, the relative relationship between the sexes returned to the 1992 levels.

**Homelessness became more race neutral.** African-Americans made up nearly three-fifths and European-Americans less than one-third of the state homeless population in 1992. In 2000, African-Americans were just over 50 percent and European-Americans 36 percent of the EF&S population. The percentages changed to 54 percent and 33 percent, respectively, in 2001.

**Homelessness became older.** As the younger age groups dropped from five to ten percent below the period average, the oldest age groups increased. The number of participants in the 41 to 61 years old category in 2001 was 52 percent greater than at start of the period. The 62+ group was 76 percent larger in 2001. The median age of adult participants rose by three years and four months during the period. The median age of children increased by six months.

**Homelessness became more disabled.** The number of homeless persons with disabilities grew steadily throughout the period, more than doubling by fiscal year 1997. In spite of three successive decreases between fiscal years 1998 and 2000, the number of persons with disabilities served by the EF&S was two and one-half times greater at the end of the decade. Chicago reported the highest rates of disabilities during the decade. Areas with high rates of substance abuse have higher rates for all types of disabilities. In areas with low rates of substance abuse, the number of homeless persons with disabilities drops substantially. The number of physically disabled persons rose from 1277 to 5910 between 1992 and 2001, making that group the fastest growing segment of the homeless population.

The Illinois delegation also studied related issues and identified programs within state government as well as programs conducted in partnership with state funded organizations. Issues discussed at the policy academy included, but were not limited to, duplicated efforts, increasing recidivism rates, malfunctioning service delivery linkages, individual and family needs for multiple supportive services, and declining supportive housing options and resources.

Participant-based issues were reviewed including client intake obstacles, varying emergency shelter qualifications, lack of homeless prevention systems, difficulty in finding affordable housing for families, time restrictions in shelters that do not accommodate working families, and inability of shelters to accommodate all family members especially teen males.

Policy issues were also taken into consideration. These potential policy issues include a families' lack of cash assistance or Section 8 housing that allows homeless families, particularly those with disabilities, to secure affordable housing, the lack of coordination and outreach for homeless families at various points of entry (i.e., shelters, food banks, hospitals, police, social workers and hot lines) as well as

additional burdens placed upon families such as work requirements, attendance at mandatory counseling sessions and so forth.

### Homeless Services and Supportive Services Programs

Department	Program	Description
DHS Community Health and Prevention	Comprehensive Community-Based Youth Services: Homeless Teen Program	Serves youth under 18, including referrals by DCFS, the State Central Register, and self-referred youth.
DHS Community Health and Prevention	Domestic Violence Program	Serves women and families who are victims of domestic violence.
DHS Community Health and Prevention	Family Case Management	Serves pregnant women and families under 185% of poverty level.
DHS Community Health and Prevention	Teen Parent Services	Serves teen parents under age 20 at the time of identification who receive TANF or KIDCARE assistance and do not have a high school diploma.
DHS Transitional Services	Emergency Food Program: 14 contractual Emergency Feeding Organizations (Managed by the USDA, Food and Consumer Services)	Distributes food to shelters, food pantries and soup kitchens throughout the state. Serves individuals at or below 125% of the federal poverty level.
DHS Transitional Services	Homeless Assistance: Overnight Shelters, Transitional Shelters, and Emergency Shelter	Serves homeless individuals and families and persons at risk of becoming homeless.
DHS Mental Health	Connect97: Linkage Case Management	Serves clients during first 90 days after discharge from hospital.
DHS Mental Health	PATH: Case Management, Drop-In Center, Mobile Assessment Unit, and Transitional Residential ACCESS.	Serves persons who are homeless with serious mental illness. Persons may also have a co-occurrence of substance abuse.
DHS Rehabilitation Services	Home Services Program: Environmental modifications for housing, personal assistance, homemaker services, adult day care, electronic home response, and maintenance home health.	Serves individuals with disabilities including AIDS, physical disabilities, developmental disabilities, and Traumatic Brain Injury (TBI) who are at risk of nursing home care.
DHS Alcoholism and Substance Abuse	Residential Aftercare	Serves clients in need of additional services following residential rehabilitation.

DCCA Emergency Shelter Grants	Homeless Assistance: Overnight Shelters, Transitional Shelters, and Emergency Shelter	Serves homeless individuals and families
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Based upon the information reviewed by the Illinois Policy Academy, the strengths, weaknesses, opportunities and threats within the homeless service delivery system were outlined.

### Strengths

- A decline in number of families who are homeless as reported in the ten year analysis.
- Beginning to be able to track the connection between people who are homeless, mentally ill and incarcerated – Office of Mental Health (OMH) project.
- Climate has improved to coordinate services and collaborate between agencies.
- Continuums of Care
- Education for Homeless Children Act – Law will require representative for homeless children in every school by the end of the year.
- Local planning with Head Start
- Pooled funding for some dual diagnosis services between the Office of Alcoholism and Substance Abuse (OASA) and OMH.
- OMH/OASA: blending clinical focus.
- OMH: Period of extended growth - more clinically driven - more focused on clinical good practice.
- Have technology, methodologies and effective treatment (unfortunately, not enough of it for all who need it).
- OMH: Evidence based research.
- State of Illinois Donation Tax Credit program.

### Weaknesses

- Families are being homeless longer.
- Homeless population more disabled.
- Service coordination between agencies.
- Increased number of individuals with substance abuse issues.
- Inertia of subsystems.
- Lack of capital for facility development - very competitive.
- Different funding structures for capital and service systems that serve the homeless population: capital funders making long term funding commitments but HUD and DHS can only make limited year commitments.
- The substance abuse system is only funded to serve 9% of those with substance abuse issues in Illinois.
- OMH services oversubscribed - little room for new clients.

- No centralized data collection gathering system.

### Opportunities

- IDHS: the integration of the different services within the agency.
- Heightened sensitivity since 9-11 to how easy it is to move into homelessness.
- Increased interest in reentry for ex-offenders - nationally and statewide.
- HUD's consolidated plan.
- This group coming together to develop a plan for the State of Illinois.
- Dept. of Education has identified doubled-up families with children in school.
- Linkage of Head Start to Continuums of Care and housing.
- OASA moving to support longer-term care at lower intensity (best practices).
- Place-based pilot approaches to see where things will work.

### Threats

- Economy: recession and post 9-11.
- Social service cuts as a result of the economy.
- Living wage.
- TANF time limit and reauthorization.
- Collaboration between HUD and HHS could be a threat.
- Sentencing codes (for every dollar spent on substance abuse treatment you save \$7 in corrections).

### **Strategic Plan**

Once the Illinois Policy Academy assessed the strengths, weaknesses, opportunities and threat within the homeless services delivery system for families, the academy outlined an initial strategic process for improving access to resources for homeless families. The strategic plan is viewed by the Illinois Policy Academy as an ongoing strategic process that will be periodically reviewed, revised, improved and enacted in order to deliver optimal services to homeless families. The main components of the strategic plan are: academy structure, programs and services, and strategic development.

#### *Academy Structure*

Goal: To improve coordination and representation of policy groups that impact homeless families.

At its January 10, 2002 meeting the Illinois Policy Academy reviewed its current structure. Academy members felt that the policy academy membership should be expanded to include several key policy-level decision making members.

Action I.

**The academy will expand its membership.** The academy determined that representation is needed from the Illinois Housing Development Authority which represents the major housing finance programs, the Department of Human Services Division of Field Operations which oversees benefit programs such as TANF and food stamps, the Department of Children and Family Services which is the child welfare agency for Illinois and the Department of Human Services Office of Prevention which administers the homeless youth, teen and prevention programs. New members will be invited to the February meeting of the academy.

Action II.

**The academy will work to expand its membership through the development of sub-groups within the academy.** Sub-groups will be formed that have defined clarity and are targeted to specific policy issues with regard to homeless families. For example, the academy is determining how to engage an effective sub-group that represents policy issues in Chicago. The Office of Mental Health will investigate potential members of a Chicago sub-group and will report to the academy in March.

### *Programs and Services*

Goal: To improve programs and service delivery systems to homeless families, particularly families with persons who have disabilities.

The coordination of services and delivery systems is essential to overcoming homelessness. Homeless families not only lack housing, but often have significant barriers to address such as substance abuse, mental illness and developmental disabilities. The Illinois Policy Academy will strive to increase coordination, improve linkages and integrate systems on behalf of homeless families.

Action III..

**The academy will strive to expand the Bridger and Mission information systems.** The Bridger and Mission information systems were initially designed to identify persons in the Cook County jail system that have interaction with Chicago Community Mental Health Centers and three state hospitals. The focus of the cross-matching Bridger system is to identify and deliver mental health services to incarcerated individuals who have previously sought mental health treatment. The Office of Mental Health has recently expanded the information systems to include persons residing in Chicago shelters. The information system could be easily be adapted to identify persons in shelters that have a history of mental illness.

Once people are identified in the information system, the information can be used to identify cases for services. Once identified, families/persons would have access to a streamlined system for treatment and mainstream resources. In addition, the Office of Mental Health was just grant a U. S. Department of Commerce grant to develop a resource map, reflecting the reality of service resources. The Mission system is a geo-mapping system that would enable modeling and planning for services. The Mission system is a software geo-coded map that transcends bureaucracies and governmental agencies. Over

the next six months, the Illinois Policy Academy will work to expand both information systems to include homeless families and individuals in Chicago.

The policy academy would eventually like to build upon the information systems and expand the project to locations outside of Chicago. However, the academy views this action as a long-term goal of the academy.

Action IV.

**The academy will strive to improve linkages between shelters and Office of Mental Health providers.** IDHS Bureau of Homeless Services and Office of Mental Health staff will match existing mental health agencies with homeless shelters providers. Mental health clinicians will be put in touch with designated liaisons at each homeless shelter funded by the Illinois Department of Human Services and/or the Chicago Department of Human Services. Ultimately, a referral and community access model will be implemented to ensure that homeless families and individuals are engaged in the mental health service system. The cross-match will be completed by April. A plan for engaging families and individuals will then be developed with the input of mental health and homeless shelter providers.

Action V.

**The academy will strive to improve linkages between shelters and DHS' Office of Alcoholism and Substance Abuse (OASA) providers.** Families with children are a priority for alcoholism and substance abuse services with DHS Alcoholism and Substance Abuse providers. The academy will contact OASA providers to create a linkage between local or regional Continuum of Care systems (homeless provider agencies) and OASA providers. A referral process will be developed to create a mechanism for local Continuum of Care agencies to link with OASA clinicians. This action will be accomplished by April, 2002.

Action VI.

**The academy will expand partners within each local or regional Continuum of Care systems.** Initially, Continuum of Care networks will be expanded to include members of local Head Start collaborations, Education for Homeless Children agencies and liaisons, Emergency Shelter Grant recipients and other community service agencies. Bureau of Homeless Services staff will identify key contact persons in each Continuum of Care. New stakeholders will be invited to attend and become involved in Continuum of Care meetings. Memorandums of Understanding will be implemented where feasible and possible. This action will be accomplished by July 1, 2002.

Action VII.

**The academy will improve the service coordination and access to school systems for homeless families with school-aged children.** The Illinois Education for Homeless Children's Act guarantees access to education and other services for homeless children. In January, 2002 the McKinney-Vento

Homeless Assistance Act was reauthorized. The act ensures that educational rights and protections are granted to homeless children and youth. Since Illinois has become a nationwide leader in the rights of homeless children to educational opportunities, the academy will support the implementation of the reauthorization and will strive to expand services to homeless children. The McKinney reauthorization is requiring that every Local Educational Agency (LEA) designate an appropriate staff person as a local educational agency liaison for students in homeless situations. The academy will work with the State Board of Education to link educational liaisons with local Continuum of Care networks. This action will be accomplished by the next school year.

Action VIII..

**The academy will work to improve access to mainstream resources through local Department of Human Services offices that administer welfare-related benefit programs such as TANF, food stamps and medical assistance.** On December 14, 2001 the Department of Human Services' Division of Field Operations and Bureau of Homeless Services and Supportive Housing held a homeless summit for Chicago field operations staff and homeless shelter providers. The purpose of the summit was to identify barriers and create opportunities for accessing services and resources for homeless families. The summit proved to be very successful. The Illinois Policy Academy will be working with DHS to expand the homeless summit to all local offices. In February the policy academy will be reviewing a presentation by DHS' Field Operations staff for expanded coordination and service integration. Hopefully, by July, an expanded and comprehensive summit will be conducted.

#### *Strategic Development*

Goal: To develop strategies and an implementation plan for increasing the number of units for very low income housing for homeless families.

Action IX.

**The Illinois Policy Academy will work to increase the share of various subsidy resources and programs devoted to homeless families at 30% of median income.** The academy will gather information on where funds are currently being designated for low income housing. Programs operated by such agencies as the Illinois Housing Development Authority, Rural Development, Illinois Development Finance Authority, LISC, Housing and Urban Development (HUD) and Federal Home Loan Bank will be reviewed and shared with academy members. In addition, the academy will request the assistance of HUD community builders to compile data with regard to low-income housing developments. Housing funding gaps will also be examined to include the need for long-term housing subsidies. These action steps will be completed by August.

Action X.

**The academy will review other state approaches to the development of very low income housing for homeless families.** The Corporation for Supportive Housing will conduct a Power Point

presentation on integrated funding systems for Supportive Housing currently underway in other parts of the nation. Other national models will also be examined for possible duplication. The Department of Human Services' Supportive Housing model will be shared with the policy academy and site visits will be made to current providers. This action will be completed by March.

Action XI.

**The Illinois Policy Academy will examine low-income housing bonding strategies.** The academy will identify several agencies to meet with the academy to discuss bonding strategies for the development of very low-income housing for homeless families. Topics to be covered in the bonding presentation include bond development, restrictions, benefits, and implementation barriers. The strategy session will be conducted by August, 2002.

Action X.

**The policy academy will work to develop and implement a family supportive housing model.** In February, the Corporation for Supportive Housing will conduct a presentation to the academy on Family Supportive Housing. The academy will also examine the capacity and potential location of three pilot projects that combine permanent housing with on-going supportive services. Depending on funding, the pilot projects will be identified by September, 2002.

Action XI.

**The academy will strive to increase the Illinois Department of Corrections (DOC) investment in Supportive Housing.** The academy believes that coordination and collaboration with DOC is essential for families who have a member who has been incarcerated. Very often, these families are at high risk of becoming homeless. In addition, these families need housing and support services. The academy will request a meeting with DOC officials to discuss the issue of family homelessness and supportive housing. A spring meeting will be held.

### **Summary**

In summary, the Illinois Policy Academy will strive to improve the coordination, collaboration and resources devoted to homeless families. Mainstream resources, along with other state services, should be used to the maximum extent possible. The academy will work to bring together state, local and community groups to address the issue of family homelessness. The action steps presented in this document are viewed as a first step to eliminating homelessness.