



**DuPage County, Illinois**

## **PLAN TO END HOMELESSNESS:**

***Progress at the 5-Year Mark and  
a Blueprint for Moving Forward***

**The Heartland Alliance  
Mid-America Institute on Poverty**

***September 2008***





# Acknowledgements

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## Advisors and Participants

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The DuPage County Continuum of Care developed in 1998 when service providers began to coordinate a network of services to those who are homeless, and to ultimately end homelessness. Service providers, government and civic organizations, private corporations, and people who have experienced homelessness form the DuPage Homeless Continuum of Care. For more information call (630) 407-6600 or visit [www.dupagehomeless.org](http://www.dupagehomeless.org).

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The Heartland Alliance Mid-America Institute on Poverty (MAIP) was established in 1989 as a vehicle for achieving systemic policy changes to improve the quality of life for poor and low-income individuals and families. MAIP achieves this through a variety of methods including: conducting research to illuminate issues, evaluating the effectiveness of innovative program models, creating dialogue among players on issues of importance, developing findings-based policy recommendations, and advocating for change with policy makers, administrators, and program implementers. For more information call 773.336.6075, email [maip@heartlandalliance.org](mailto:maip@heartlandalliance.org), or visit [www.heartlandalliance.org/maip/](http://www.heartlandalliance.org/maip/).

This report as well as an executive summary and appendices are available for download from [www.dupagehomeless.org](http://www.dupagehomeless.org) and [www.heartlandalliance.org/maip/](http://www.heartlandalliance.org/maip/).



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# Introduction

It is only within recent decades that homelessness became a social issue throughout the United States. This growth in homelessness was driven by several factors including structural issues such as rising housing costs and the growth of the low-wage labor market, as well as individual issues such as domestic violence and untreated illnesses. The initial solutions, such as shelters and soup kitchens, were by and large designed to mitigate the worst effects of homelessness. Since then the homeless system has evolved to include mental health services, supportive housing, and a wide range of services. These interventions, however, do not address the structural causes of homelessness and cannot, on a large scale, prevent people from becoming homeless.

The National Alliance to End Homelessness is leading a groundbreaking and ambitious campaign to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. This requires that we take more effective, pro-active steps toward achieving a solution. They have developed the blueprint for communities to create 10-Year Plans to End Homelessness in order to put the solution back in the picture.<sup>1</sup>

The DuPage County Homeless Continuum of Care (CoC) was an early leader nationally and locally in the development and implementation of its 10-Year Plan to End Homelessness. Additionally, DuPage County, a suburban county in the Chicago region, is a pioneer in the development of suburban Plans to End Homelessness. Work on the DuPage Plan to End Homelessness (the Plan) began in 2003, and the initial action steps were forecast 5 years out. As it neared the 5-year mark of Plan implementation, the CoC set two goals: to evaluate progress made on the current Plan, and to engage in strategic planning to update the Plan. This halfway point was seen as a logical and opportune time to evaluate progress thus far and to update action steps to take the Plan to the next level.

In October 2007, the DuPage County Continuum of Care hired the Heartland Alliance Mid-America Institute on Poverty to conduct the evaluation and to facilitate a planning process to inform the update of the Plan. The evaluation was designed to focus on the progress of the Plan's nine components to date, successes and challenges of implementation, assignment of responsibilities, stakeholder engagement and commitment, evaluation and reporting mechanisms, and funding.

This evaluation report and Plan update is based on a convergent analysis of relevant documents, reports, survey data, interviews, and focus groups:

- Background research was conducted on 10-Year Plans, frameworks for addressing homelessness, and best practices.
- An environmental analysis was conducted to examine trends affecting poverty and homelessness in DuPage County.
- DuPage County Continuum of Care documents were reviewed, including HUD SuperNOFA applications, committee meeting minutes and reports, newsletters, planning documents, and other relevant internal and external materials.
- A confidential survey was distributed to a broad base of CoC stakeholders, and 57 out of 95 people responded, for a response rate of 60 percent. The survey was designed to gather data related to partner engagement and level of participation, commitment to the Plan, assessment of areas where progress has been inhibited, barriers to implementation, gaps in the Plan, and ideas for future direction.

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<sup>1</sup> National Alliance to End Homelessness. (n.d.). *Ten Year Plans*. Retrieved May 30, 2008, from <http://www.naeh.org/section/tools/tenyearplan>

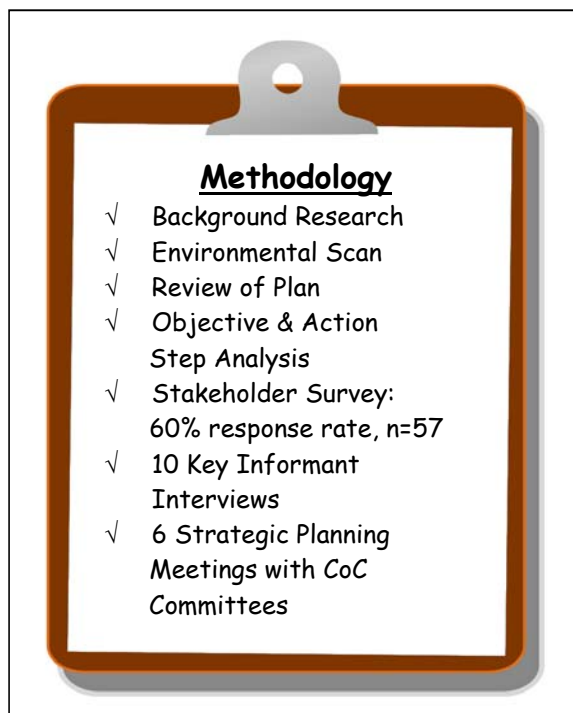
- Strategic planning sessions were held with each of the six CoC committees responsible for parts of the Plan, involving a total of 71 participants.<sup>2</sup> The sessions focused on planning priorities for the next 5 years of work on the Plan.
- In-depth interviews lasting one hour were held with 10 key informants.

These methods of evaluation converged in a comprehensive analysis of the DuPage Plan to End Homelessness. Building on past successes and challenges, recommendations were developed for streamlining the Plan and moving forward over the next 5 years. This report includes the findings of this analysis, a summary of environmental trends, document of work done within each component, and concludes with recommendations for the updated Plan to End Homelessness.

Each section of this report is designed to stand on its own to allow for flexible use by committees in planning, conducting stakeholder outreach, and in fundraising. In addition, supplemental tools were created for CoC use such as an annual scorecard, a PowerPoint presentation, and an executive summary,

The evaluation process has been, and will continue to be, an opportunity to raise the profile of the DuPage Plan to End Homelessness, engage new stakeholders and reengage past stakeholders, and renew commitment to the Plan and the goals therein. It was also an opportune time to add a new layer of sophistication in the measurement and tracking of progress and outcomes. This mid-point evaluation will also allow the CoC to respond to changing needs and a changed environment. Finally, because DuPage is one of a minority of suburban areas with Plans to End Homelessness, this evaluation and updated Plan can provide a model for similar geographies looking to end homelessness.

This evaluation and Plan update process has served to re-engage stakeholders, and it is hoped that the CoC will proceed from this point even more committed to collaboration and success in ending homelessness in DuPage County.



<sup>2</sup> Several people attended more than one meeting.

# Snapshot of Trends in DuPage County: Homelessness, Poverty, Economy, Income Supports, and Housing

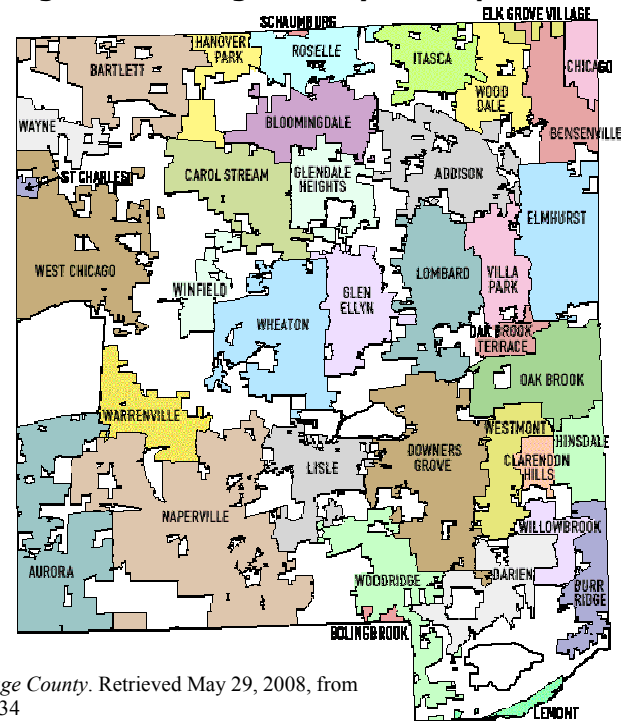
The homeless system is affected by a multitude of environmental factors including poverty, employment, housing, migration, and the economy. There are currently many economic challenges in DuPage County that affect the homeless service system and put people in precarious situations. Poverty is steadily growing in DuPage County: since 1980, the number of people living in poverty has more than doubled, outpacing population growth. During this time of declining wages and incomes, prices for essential goods and services rose substantially, making it more difficult for families to make ends meet. The Chicago suburbs have been especially hard hit by poverty – since 1980 the number of people living in poverty in the suburbs rose 114.5 percent, and in DuPage County specifically the number rose 124.5 percent. This trends snapshot is designed to identify the current realities in DuPage County, in order to inform discussions on demands on the homeless system, unmet needs in the county, and service expansion and evolution.

## DuPage County Overview

DuPage County is located just 20 miles west of Chicago, with land area of 332 square miles. The County contains portions of 39 different municipalities (Figure 1),<sup>3</sup> 20 of which lie wholly within the County. DuPage is also comprised of nine townships.<sup>4</sup>

DuPage County has experienced significant population growth in the past few decades. While the state of Illinois as a whole had a 12.5 percent population growth from 1980 to 2007, DuPage County's population rose by 41.0 percent or by 270,316 people, and as of July 1, 2007, has a population of 929,192 people.<sup>5</sup> Population projections indicate that DuPage County will experience much more modest growth in the next 15 to 20 years. By 2030, the population in DuPage County is projected to grow by only 7.6 percent, an additional 71,032 people.<sup>6</sup>

**Figure 1 –DuPage County Municipalities**



<sup>3</sup> DuPage County. (n.d.). *Economic development municipalities of DuPage County*. Retrieved May 29, 2008, from [http://www.dupageco.org/economicdevelopment/generic.cfm?doc\\_id=534](http://www.dupageco.org/economicdevelopment/generic.cfm?doc_id=534)

<sup>4</sup> Retrieved on May 28, 2008 from [http://www.dupageco.org/economicdevelopment/generic.cfm?doc\\_id=533](http://www.dupageco.org/economicdevelopment/generic.cfm?doc_id=533).

<sup>5</sup> U.S. Census Bureau, Population Estimates, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>6</sup> Northern Illinois Planning Commission. (2006, September). *2030 Forecasts of population, households, and employment by county and municipality*. Retrieved December 13, 2007, from [http://www.chicagoareapanning.org/data/forecast/2030\\_revised/](http://www.chicagoareapanning.org/data/forecast/2030_revised/), calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

## Homelessness in DuPage County

By the U.S. Department of Housing and Urban Development's (HUD) definition, a person is homeless if they lack a fixed, regular, and adequate nighttime residence and if a person has a primary nighttime residence that is a temporary shelter, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for regular sleeping accommodation.

**A total of 766 individuals in DuPage County were counted as homeless in the 2007 point-in-time Homeless Count, an increase of 37.5 percent from the 2005 count** (Table 1).<sup>7</sup> This count represents the number of people homeless on a cold winter night and does not represent the number of people homeless during the course of a full year.<sup>8</sup> This is a bit lower than a high of 827 homeless people counted in the 2003 homeless count. Of the 766 homeless people counted in 2007, 22.5 percent were considered chronically homeless, an increase from 15 percent in 2005. Also, approximately 3 percent of those counted reported that they were living with HIV/AIDS.

<b>Table 1 – DuPage County Homeless Population<sup>9</sup></b>			
	<b>10/15/2003</b>	<b>1/27/2005</b>	<b>1/25/2007</b>
Emergency shelter	204	180	190
Transitional shelter	573	358	452
Unsheltered	50	19	124
Chronically homeless	(219)	(84)	(173)
<b>Total</b>	<b>827</b>	<b>557</b>	<b>766</b>

The HUD definition of homelessness does not include those families or individuals that are doubled up, meaning that they are living with relatives, friends, or others because of economic reasons. The National Alliance to End Homelessness estimates that if the doubled up category was added to the federal definition of homeless, an additional 126,900 people in the Chicago metropolitan region would be added to the estimates of people that are homeless on a given night.<sup>10</sup>

<b>Table 2 – Survey Responses: Changes in Populations Served in Past 5 Years</b>	
	<b>Percent of Providers who have seen increase in population in past 5 years</b>
Persons with mental illness and/or substance use disabilities	54.3%
Mothers with children	52.9%
Single women	44.1%
Survivors of domestic violence	32.3%
Couples without children	27.3%
Single men	24.2%
Two-parent families	21.2%
Fathers with children	19.4%

There are specific subpopulations that can be particularly vulnerable to homelessness, among them veterans and people with disabilities. DuPage County is home to 51,890 veterans, 7.6

<sup>7</sup> DuPage County HUD SuperNOFA Applications 2004-2007. Exhibit 1.

<sup>8</sup> Chicago Coalition for the Homeless. (2006, December). *How many people are homeless in Chicago? An FY 2006 analysis*. Chicago: Survey Research Laboratory at the University of Illinois at Chicago.

<sup>9</sup> DuPage County HUD SuperNOFA Applications 2004-2007. Exhibit 1.

<sup>10</sup> Cunningham, M. (2007). *Doubled up numbers for Illinois and Illinois metropolitan areas*. On file with author. Washington DC: National Alliance to End Homelessness.



percent of the adult population.<sup>11</sup> Additional populations vulnerable to homelessness include single parent families and survivors of domestic violence. As part of the CoC member survey conducted for this evaluation, survey respondents were asked to report changes that they have seen in populations served by the homeless system over the last 5 years. Over half of respondents have seen an increase in the homeless system of persons with mental illness and/or substance use disabilities, as well as mothers with children (Table 2).

## Poverty Trends

In 2008, a family of three is considered poor if their gross annual income falls below \$17,600.<sup>12</sup> People living in poverty are at extreme risk of homelessness largely as a result of having incomes too low to support covering the costs of housing. The poverty measure has long since failed to give an accurate picture of what families need to realize a decent, though modest, standard of living (Table 3). Estimates that take into account local costs reveal that it takes \$50,687 in DuPage County for a family of three to make ends meet and be self-sufficient,<sup>13</sup> meaning they do not have to rely on government income supports to help pay for their basic needs.

**Table 3- Federal Poverty Line and Self-Sufficiency Standard: Family of 3**

Federal Poverty Line	Income Needed to be Self-Sufficient in DuPage County
\$17,600	\$50,687

44,494 individuals in DuPage County have incomes below the official poverty line (Table 4).<sup>14</sup> This represents 4.9 percent or **1 in every 20 people in the County living in poverty.**

Nearly 13,673 DuPage County children are in poverty.<sup>15</sup> This means that 5.8 percent or **1 of every 17 children in the county is poor.** Children have the highest rate of poverty of any group. Child poverty has grown substantially in the last 15 years. Since 1990, the number of poor children in DuPage County has grown 126.5 percent and the rate of children who are poor has increased by 100.0 percent.<sup>16</sup>

**Table 4 - DuPage County Poverty, 2006**

Age Group	Number	Percent
<b>Children (0 to 17)</b>	13,673	5.8%
<b>Adults (18 to 64)</b>	26,860	4.5%
<b>Seniors (65+)</b>	3,961	4.4%
<b>TOTAL</b>	44,494	4.9%

Poverty growth in DuPage County has far outpaced population growth.<sup>17</sup> Since 1980, the number of people living in the county rose by 41.6 percent, while the number of people living in poverty in DuPage County well over doubled (Table 5).

**Table 5 - DuPage County Poverty, 1980 & 2006, and Percent Change Over Time**

Year	Number in Poverty	Poverty Rate
<b>1980</b>	19,818	3.0%
<b>2006</b>	44,494	4.9%
<b>Percent change 1980-2006</b>	124.5%	63.3%

In addition to more people living in poverty

<sup>11</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>12</sup> U.S. Department of Health & Human Services. (2006). *Poverty guidelines, research, and measurement*. Retrieved January 26, 2007, from <http://aspe.hhs.gov/poverty/index.shtml>

<sup>13</sup> Pearce, D., & Books, J. (2001, December). *The Self-Sufficiency Standard for Illinois*. Washington, DC & Chicago: Wider Opportunities for Women & Women Employed, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>14</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>15</sup> Ibid.

<sup>16</sup> U.S. Census Bureau, 1990 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>17</sup> U.S. Census Bureau, Population Estimates and U.S. Census Bureau, 1980 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.



in terms of raw numbers, the rate of people who are poor has also grown from 3.0 percent in 1980 to 4.9 percent in 2006 – a 63.3 percent increase<sup>18</sup> (Table 5). This increase in the rate of people who are poor is the largest increase over this time period in the six-county Chicago region (includes Cook, DuPage, Kane, Lake, McHenry, and Will counties).

Among those living in poverty is a subset of people who live in the most dire form of poverty – extreme poverty. Extreme poverty means living with an annual income below half the poverty line – less than \$10,600 for a family of four in 2008. At this very low income level, families do not have near enough money to pay for the most basic of their needs, such as housing, food, health care, and clothing. This results in families making untenable tradeoffs and going without certain needs being met. **Extreme poverty is a reality for 17,956 people in DuPage County**, 2.0 percent of the entire population.<sup>19</sup> Estimates suggest that nearly half of all people in extreme poverty are either children, people with disabilities, or seniors.<sup>20</sup>

People who have incomes above the poverty line but under twice the poverty line (also called between 100% and 200% FPL), though not officially poor by the federal government's definition, still face serious struggles in being able to make ends meet. For a family of three, living under twice the poverty line means having an annual income below \$35,200. For a family of four, it is under \$42,400. **In DuPage County 89,390 people or 9.8 percent of the population have incomes between 100% and 200% of the poverty line.**<sup>21</sup> The number of people falling in this income range has risen by 93.2 percent since 1990.<sup>22</sup>

Finally, people with a disability are disproportionately represented among those in poverty (Table 6), and are at high risk of becoming homeless. 82,764 people or nearly 10 percent of people age 5 and over in DuPage County have a disability.<sup>23</sup> In DuPage County, people with a disability are 2.6 times as likely to be poor as those without.<sup>24</sup>

**Table 6 - Poverty Status by Disability Status for Noninstitutionalized Age 5 and Over, 2006**

	With a Disability			With No Disability		
	Total	# in Poverty	Percent in Poverty	Total	# in Poverty	Percent in Poverty
<b>Age 5 and over</b>	82,106	8,483	10.3%	771,624	30,434	3.9%

## Economic Trends

The **cost of basic goods and services has risen substantially from 2000 to 2006** in the Chicago region (Figure 1).<sup>25</sup> This reality, combined with a changing economy as discussed below, is putting the pressure on DuPage County families as they try to make ends meet. This combination of factors increases the likelihood that more individuals and households are at-risk of homelessness.

<sup>18</sup> U.S. Census Bureau, Population Estimates and U.S. Census Bureau, 1980 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>19</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>20</sup> Heartland Alliance Mid-America Institute on Poverty. (2008). *2008 Report on Illinois Poverty*. Chicago: Author.

<sup>21</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

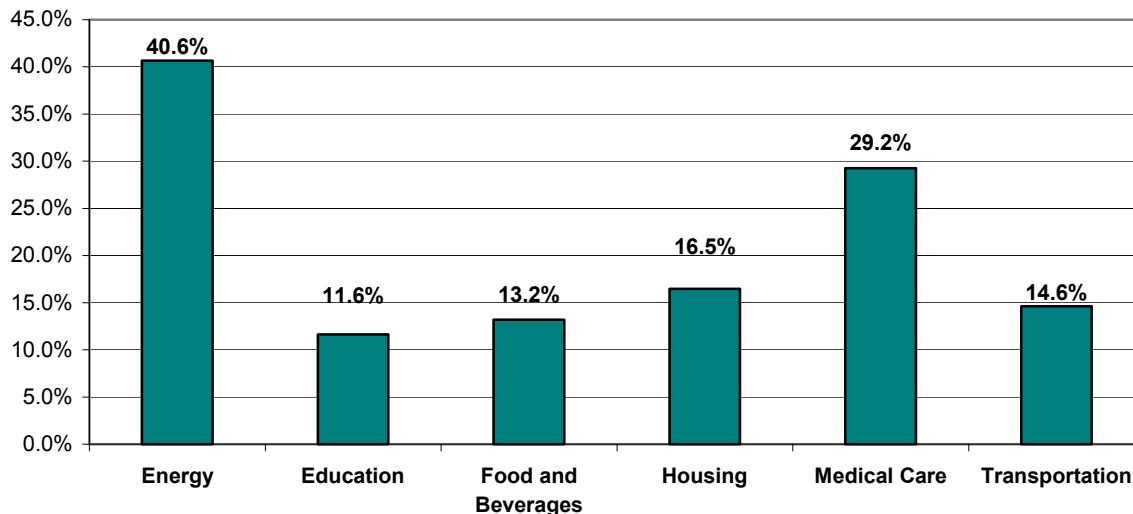
<sup>22</sup> U.S. Census Bureau, 1990 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>23</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>24</sup> Ibid.

<sup>25</sup> Bureau of Labor Statistics. (n.d.). Consumer price index, create customized tables. Retrieved January 4, 2008, from <http://www.bls.gov/cpi>, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

**Figure 1 - Percent Change in Cost of Selected Goods & Services in the Chicago Region, 2000 - 2006**



The unemployment rate measures the percent of people who are actively looking for a job that did not find one in the past month. Unemployment rates were significantly lower in 2007 than they were in 1980 in DuPage County. The unemployment rate in DuPage County was 3.8 percent in 2007 – or 20,159 unemployed people in the County, down from a 5.5 percent unemployment rate in 1980.<sup>26</sup>

Nationally, 6.5 percent of people who are not in the workforce – people not captured in the unemployment rate – actually desire a job.<sup>27</sup> Additionally, 11.9 percent of the part-time employed population is working part-time due to lack of full-time job availability or adverse business conditions indicating they are underemployed.<sup>28</sup> It is also important to note that a portion of the population are not expected to participate in the labor force due to being over age 65, having a work-limiting disability, having full-time responsibilities in the home, or being a student.

**The employment picture in the Chicago region and in Illinois as a whole is characterized by a changing economy** that continues to lose high-paying manufacturing jobs that historically have provided quality benefits and long-term job security. In 1990, the manufacturing sector accounted for 20.4 percent of the state's total workforce, but Illinois lost 26 percent of these jobs by 2007 when only 13.2 percent of the workforce was employed in manufacturing. From 2001 to 2007 alone, Illinois lost 142,200 manufacturing jobs, a decline of 17.3 percent.<sup>29</sup>

In contrast, Illinois has added 1,580,600 low-wage service jobs since 2001- a growth rate of 9.6 percent. These low-wage service jobs often offer less stability and fewer benefits. This shift played out negatively for many workers: from 2001 to 2007, wages fell in 7 of the 11 job sectors in Illinois.<sup>30</sup>

<sup>26</sup> Illinois Department of Employment Security, Local Area Unemployment Statistics. (n.d.). *Annual average data*. Retrieved December 11, 2007, from <http://lmi.ides.state.il.us/laus/lausmenu.htm>

<sup>27</sup> Bureau of Labor Statistics. (n.d.). *Persons not in the labor force by desire and availability for work, age, and sex*. Retrieved December 19, 2007, from <ftp://ftp.bls.gov/pub/special.request/lf/aat35.txt>

<sup>28</sup> Bureau of Labor Statistics. (n.d.). *Persons at work 1 to 34 hours in all and in nonagricultural industries by reason for working less than 35 hours and usual full- or part-time status*. Retrieved December 19, 2007, from <ftp://ftp.bls.gov/pub/special.requests/lf/aat20.txt>

<sup>29</sup> Center for Tax and Budget Accountability, Center for Governmental Studies Northern Illinois University, & Office for Social Policy Research Northern Illinois University. (2007). *The state of working Illinois 2007*. Chicago & DeKalb, IL: Author.

<sup>30</sup> Ibid.

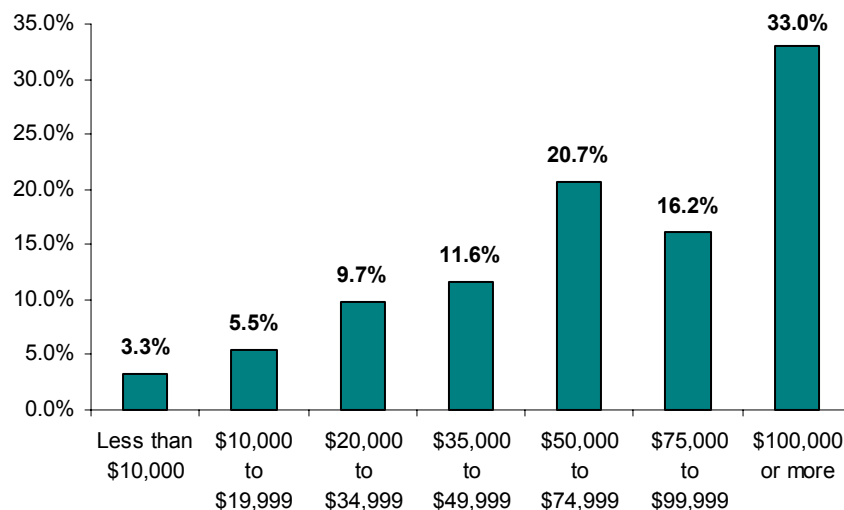
DuPage County is in the Northeastern Economic Development region of Illinois along with Cook, Lake, McHenry, DeKalb, Grundy, Kane, Kendall, Will, and Kankakee Counties. One third of all jobs in the Northeastern Region are lower-wage service jobs with average earnings in 2005 of \$31,453.<sup>31</sup>

**DuPage County has experienced very modest job growth rates since 2000.** From 2000 to 2007, total employment in the County rose by only 4.6 percent, while neighboring counties experienced much greater increases – Kane County rose by 30.0 percent, Will County by 37.9 percent, and Kendall by 68.0 percent.<sup>32</sup>

Incomes and earnings in DuPage County reflect the reality of a changing economy. **From 2000 to 2006, both median earnings and median household incomes declined in DuPage.**<sup>33</sup> The median annual earning in DuPage County in 2006 was \$37,006. In terms of real dollars (adjusted for inflation) median annual earnings have dropped by \$4,179 since 2000. The median household income in DuPage County is \$73,677, meaning half of all households in the county have total annual incomes above \$73,677 and half have total annual incomes that fall below. Similar to earnings, median household income has also declined, falling \$8,470 since 2000. Despite the decline, DuPage County still has one of the highest household incomes in the state and is among some of the highest in the nation.

The high median household income masks the fact that many households in the county are trying to get by with low incomes. **Nearly 1 in every 5 households in DuPage County has an annual income below \$35,000** (Figure 2).<sup>34</sup>

**Figure 2 - DuPage County Household Income, 2006**



<sup>31</sup> Ibid.

<sup>32</sup> Ibid.

<sup>33</sup> U.S. Census Bureau, 2000 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>34</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

Being employed is no guarantee against poverty and economic hardship. In DuPage County, nearly 18,000 people who work (full time, year round or part time or part year) still fall below the poverty line.<sup>35</sup> Poverty rates for people who are unemployed – meaning they are actively looking for employment – are considerably higher than the poverty rates for people who are employed and for people who are not in the labor force (Table 7).<sup>36</sup>

**Table 7 - DuPage County Poverty Rates by Labor Force Status**

Labor Force Status	Percent in Poverty
<b>Employed</b>	2.9%
<b>Unemployed</b>	13.7%
<b>Not in the labor force</b>	7.2%

People with a disability are less likely to work than those without a disability. In DuPage County, over half of people with a disability are not working compared to less than a quarter of those without a disability (Table 8).<sup>37</sup> When people with a disability are able to work, they earn

**Table 8 - Employment Status by Disability Status for the Noninstitutionalized Population Ages 16 to 64, 2006**

	Total	With a Disability	With a Disability, Not Working	No Disability	No Disability, Not Working
<b>Ages 16 to 64</b>	622,112	41,687	52.5%	580,425	22.8%

considerably less than their counterparts without a disability. The median annual earnings for people with a disability in DuPage County is \$9,742 less than the median earnings for people with no disability.<sup>38</sup>

## Income Support Program Utilization

The government has a range of public benefits or income supports that are available to families who are struggling with poverty, low-wages, or unemployment and who meet certain eligibility criteria including income thresholds and asset limits. These income supports provide a vital lifeline for thousands of families in DuPage County who would otherwise have even more difficulty meeting their basic needs.

From 2000 to 2007, the receipt of certain income supports in DuPage County has skyrocketed. **The number of households receiving food stamps in DuPage County nearly tripled, increasing by 184.2 percent, and the number of people enrolled in public health insurance (All Kids, FamilyCare, and Medicaid), increased by 269.4 percent.**<sup>39</sup> These increases reflect increased need, increased utilization due to heightened outreach efforts, and in the case of public health insurance, program expansions.

As a result of welfare reform in the late 1990s, the number of people in DuPage County receiving welfare cash grants, also called Temporary Assistance for Needy Families or TANF, has dropped by 37.7 percent.<sup>40</sup> Research has indicated that in Illinois these large declines in welfare cash grant receipt have not always been accompanied by comparable increases in work, one of the main goals of welfare reform, due to family circumstances, skill deficits, and other barriers to

<sup>35</sup> Ibid.

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Illinois Department of Human Services, Bureau of Research & Analysis. (2007, December). *TANF, FHP, and Food Stamps cases and persons in metro area counties with estimated Chicago, September of each year 2000-2007*. On file with author.

<sup>40</sup> Ibid

employment. This has left a large group of families who are neither working nor receiving welfare cash grants.<sup>41</sup>

**Table 9 - DuPage County Income Support Receipt, September 2007**

	<b>Food Stamps (households)</b>	<b>TANF (persons)</b>	<b>Family Health Plans (persons)</b>	<b>SSI (households)</b>
<b># Receiving</b>	12,418	985	58,703	5,232

Despite popular perception to the contrary, the average benefit amounts for these income supports programs are quite low. The average annual benefit being received in DuPage County for Supplemental Security Income (SSI), the main government program for people with disabilities who have little or no income to meet basic needs, is \$9,033. That amount is less than the poverty line for one person.<sup>42</sup> There are over 5,000 households in DuPage County receiving SSI. The average annual welfare cash grant (TANF) being received in Illinois is even less at only \$2,856 – far lower than the poverty line for any size family. In 2007, the average household food stamp benefit in Illinois was \$233 a month.<sup>43</sup>

These income supports are designed to help struggling families make ends meet, but not all people who are eligible for them are actually receiving benefits (Table 10).<sup>44</sup> For example, in Illinois, over three quarters of people eligible for welfare cash grants (TANF) and housing assistance do not receive the benefit.

**Table 10 - Percent of Illinois Households Eligible for Income Support but not Receiving it**

<b>Income Support</b>	<b>Percent Eligible but Not Receiving</b>
<b>Food stamps</b>	25.5%
<b>Welfare cash grants (TANF)</b>	78.6%
<b>Public health insurance</b>	28.2%
<b>Housing assistance</b>	79.7%
<b>Earned income tax credit</b>	17.4%
<b>Childcare assistance</b>	84.1%

## DuPage County Affordable and Homeless System Housing

Having an adequate supply of affordable housing is vital for reducing homelessness and housing instability for extremely low-income households. Rising housing costs, coupled with stagnating or declining incomes and earnings, results in housing becoming more and more unaffordable. Housing costs are considered affordable if they consume less than 30 percent of a household's income.

An analysis of Fair Market Rents reveals that rents rose by 28.1 percent in DuPage County from 2000 to 2008.<sup>45</sup> The 2008 Fair Market Rent (FMR) for a two-bedroom unit in DuPage County is \$944. In the DuPage County, workers need to earn over \$18 an hour to afford a two-bedroom

<sup>41</sup> Lewis, D.A., Amsden, L.B., & Collins, E. (2004, July). *The two worlds of welfare reform in Illinois*. Evanston, IL: Illinois Families Study, University Consortium on Welfare Reform, Institute for Policy Research.

<sup>42</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>43</sup> Illinois Department of Human Services, Bureau of Research & Analysis. (2007, December). *TANF, FHP, and Food Stamps cases and persons in metro area counties with estimated Chicago, September of each year 2000-2007*. On file with author.

<sup>44</sup> Albelda, R., Boushey, H., Chimienti, E., Ray, R., & Zipperer, B. (2007, October). *Bridging the gaps: A picture of how work supports work in ten states*. Washington DC & Boston: Center for Economic and Policy Research & Center for Social Policy.

<sup>45</sup> National Low Income Housing Coalition. (2006 and 1999). *Out of reach 2006 and 2001*. Washington DC: Author, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

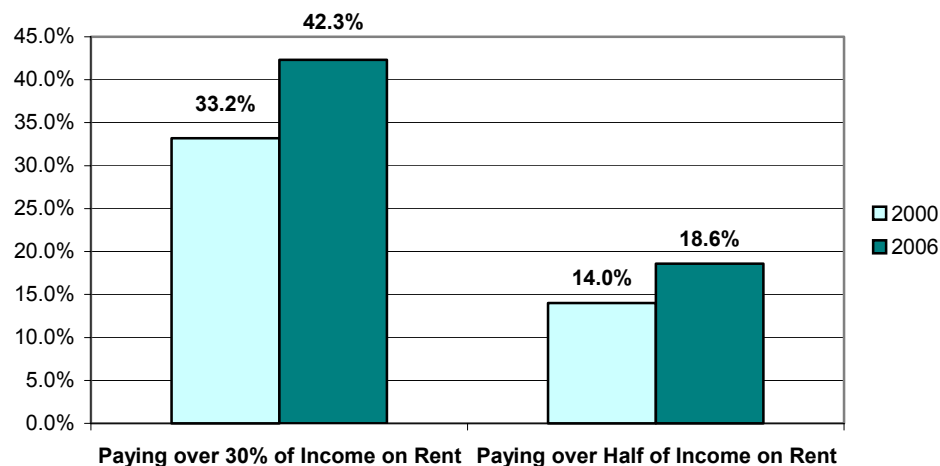
apartment at FMR. A worker who gets paid Illinois' minimum wage of \$7.50 an hour would need to work 97 hours a week in DuPage to be able to afford a two-bedroom apartment at the FMR.<sup>46</sup>

**Table 11 - DuPage County Rent Affordability, 2006**

Fair Market Rent (FMR) for 2BR, 2008	Estimate of Mean Renter Hourly Wage, 2008	Monthly Rent Affordable at Mean Renter Wage, 2008	Wage Needed to Afford 2BR FMR, 2008	Work Hours per Week at IL Min. Wage to Afford 2BR FMR, 2008
944	\$16.24	\$844	\$18.15	97

The opposite of being able to afford housing is having a high housing cost burden. Households are cost burdened when they spend 30 percent or more of their income for housing. The rate of cost-burdened renter households has increased significantly in DuPage County (Figure 3).<sup>47</sup> In 2006, 42.3 percent of all renter households were paying too much of their income toward rent. Almost one in five (18.6 percent) of all renter households in DuPage are severely rent burdened, paying half their income toward their housing costs.<sup>48</sup> This leaves less money for other essentials such as food, medication, and transportation.

**Figure 3 - DuPage County Renter Households by Rent Burden and Severe Rent Burden, 2000 and 2006**



Homeowners are increasingly impacted by high housing cost burden as well as by declining incomes. DuPage County has a homeownership rate of 76.7 percent. The remaining 23.3 percent of households rent.<sup>49</sup> In DuPage County, renter families are 5.9 times as likely to be poor as owner families.<sup>50</sup> However, of all families that are poor in DuPage, 53.6 percent are renter households and the remaining 46.4 percent are owner households.

Another indicator of housing hardship is level of crowding. Nearly 7,300 households in DuPage County are living in crowded conditions.<sup>51</sup> A housing unit is considered crowded if there is more than 1 person per room. Renter households have much higher rates of crowding than owner

<sup>46</sup> Ibid.

<sup>47</sup> U.S. Census Bureau, 2000 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.


<sup>48</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

<sup>49</sup> Ibid.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.





households. In DuPage, 5.0 percent of all renter households are crowded and 1.3 percent of owner households are crowded.<sup>52</sup>

Public housing authorities are key players in the affordable housing context. Since 2000, housing authorities have experienced continuing declines in federal funding levels for housing assistance programs. These funding declines, along with new rules that affect how housing authorities operate and fund their programs, have resulted in long waiting lists for housing assistance. There are three main types of housing assistance: public housing units, housing choice vouchers, and project-based Section 8. The DuPage County Housing Authority offers housing choice vouchers, but does not own or operate public housing sites. Housing choice vouchers provide direct rental assistance to renter households to enable them to find their own housing in the private housing market. The voucher amount is based on the rent and utility costs of a unit, the family's annual adjusted income, and a payment standard set by the local housing authority based on the local Fair Market Rent.

The DuPage Housing Authority has a budgeted amount of 2,571 Housing Choice vouchers from HUD, not including Disaster Housing Assistance Program units. The DuPage Housing Authority stopped formally adding names its waiting list in 2002 when the total exceeded 4,000 households. Currently, there are over 400 names on the waiting list.<sup>53</sup>

The project-based Section 8 program is a federally funded program that makes rental units affordable to low-income families and individuals by providing a mortgage and/or rental subsidy. The subsidy stays with the unit rather than with the individual or family. In DuPage County there are 2,602 subsidized units.<sup>54</sup> The federal government has not funded any new Section 8 projects for years, and current landlords are not required to stay in the program after their contracts expire. 68 percent of contracted units in DuPage County are due to expire before 2012. With the high cost of housing, many landlords are exploring other more profitable options for their buildings and DuPage County may see a real loss of subsidized units in upcoming years.

Another component of the housing picture are units for people with disabilities. In 2006, it was estimated that DuPage County had 2,267 accessible or adaptable units for individuals living with a disability.<sup>55</sup> A majority of these units are adaptable units. Adaptable units are housing units that *can be* modified so that they are accessible for a disabled tenant. There are likely not enough units to meet the demand for affordable and accessible housing needed by the 8,483 poor disabled individuals living in DuPage.<sup>56</sup>

The homeless system is also an important provider of shelter and appropriate housing models for those who are homeless. The majority of the housing capacity within the homeless system currently is in transitional housing (Figure 4).

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<sup>52</sup> Ibid.

<sup>53</sup> DuPage Housing Authority. Personal communication, J. Day, 4-08.

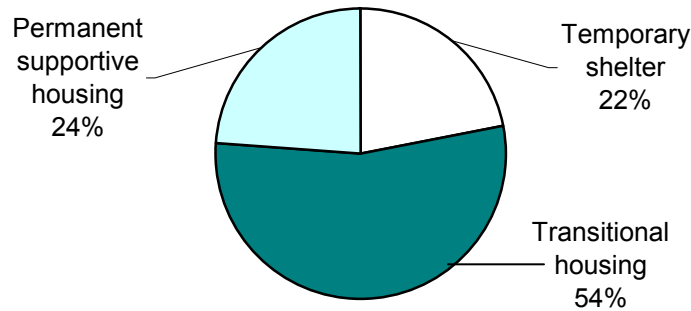
<sup>54</sup> Chicago Rehab Network. (n.d.). *Preservation data query*. Retrieved May 29, 2008, from <http://www.chicagorehab.org/cm/properties/queryBuilder/viewFilters.aspx>

<sup>55</sup> Illinois Assisted Housing Action Research Project. (2007, April). *Locating affordable and accessible housing for people with disabilities in Illinois*. Chicago: Author.

<sup>56</sup> U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.



**Figure 4 - DuPage County Homeless System Housing Inventory by Type**



Currently there are 229 temporary shelter beds in DuPage County. Over one third of these beds are reserved for families. In 2005, there were 221 shelter beds (Table 12).<sup>57</sup>

**Table 12 - HUD Funded Beds, 2004-2007<sup>58</sup>**

BEDS	2004	2005	2006	2007
Shelter individual beds	164	164	165	165
Shelter family beds	57	57	55	64
Transitional housing individual beds	157	135	139	128
Transitional housing family beds	441	448	424	445
Permanent supportive housing individual beds	20	60	62	83
Permanent supportive housing family beds	28	148	154	170
<b>Total beds</b>	<b>867</b>	<b>1012</b>	<b>999</b>	<b>1055</b>

Transitional housing is affordable housing that is time-limited, meaning the family or individual can only live there for a certain period of time. During their stay in transitional housing, an individual or family can receive supportive services that will ready them to move into a permanent housing unit. In DuPage County there are 573 transitional housing beds with over three quarters being reserved for families.<sup>59</sup>

Permanent supportive housing is affordable housing for homeless persons with disabilities that is not time-limited and is linked with case management services that enable residents to remain housed. Residents generally are required to pay no more than one third of their income for the housing. Supportive housing providers offer case management, which includes life skills training and linkages to other needed services such as physical and mental health services, substance use treatment and support, and employment services. In 2007, there were 253 permanent supportive housing beds in DuPage County.<sup>60</sup> In 2008, there will be a total of 319 permanent supportive housing beds, accounting for both HUD-funded and non HUD-funded units.<sup>61</sup>

In a survey of DuPage Homeless Continuum of Care members done as part of the Plan to End Homelessness evaluation, members indicated whether there is "too little, enough, or too much" of specific housing types available (Table 13). Nearly all reported that there is too little affordable housing. The vast majority indicated that there are also too few units of specialized housing for

<sup>57</sup> DuPage County HUD SuperNOFA Application 2007. Exhibit 1.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> DuPage Homeless Continuum document. "History of New Permanent Supportive Housing Funding". Personal communication with P. White-Lijewski, March 25, 2008.

people who are homeless, such as low-demand housing (housing with few rules/requirements typically targeted at people with a mental illness and/or those struggling with substance use), and permanent supportive housing.

Table 13 - Survey Responses: Availability of Housing in DuPage County	
	Too Little Available
Permanent affordable housing	97.4%
Low-demand housing	94.4%
Supportive housing for single individuals	87.9%
Supportive housing for families	85.7%
Transitional housing	76.3%
Emergency shelter	55.6%



# Background: *Continua of Care and Plans to End Homelessness*

## DuPage County Continuum of Care

In 1995, as part of a national effort to streamline applications for federal funding and to promote regional collaboration of homeless services, the U.S. Department of Housing and Urban Development (HUD) began to require that communities submit one single application for McKinney-Vento Homeless Assistance Grants, the primary federal funding source for homeless programs. Continua of Care were created to meet this need, and as of 2006, there were 476 Continua of Care in the United States.

Continua of Care (CoC) not only provide a centralized body for application of federal funds, but also play an important role in facilitating collaboration and coordination among local agencies providing homeless services. Because they are regionally based, CoCs allow for homeless service agencies to work together and meet local needs.

“A Continuum of Care Plan is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.”<sup>62</sup>

According to HUD, CoC’s should be comprehensive and collaborative, and should include strategic planning. The four critical parts of a CoC as identified by HUD are:

- 1) Outreach, intake, and assessment to identify needs and provide appropriate linkages;
- 2) Emergency shelter to provide a safe place to stay;
- 3) Transitional housing with supportive housing to help people remain housed; and
- 4) Permanent housing and permanent supportive housing.<sup>63</sup>

DuPage County’s CoC, known as the DuPage Homeless Continuum of Care was developed in 1998 under the leadership of Mr. Philip Smith, Director of the DuPage County Community Services Department. It is comprised of homeless service providers, government agencies and representatives, individuals, and local businesses, working together to end homelessness in DuPage County. In 2007, 43 provider organizations were listed as members of the CoC.<sup>64</sup>

Oversight and leadership of the DuPage CoC is primarily achieved through committees:

- The **Leadership Committee** oversees the CoC, coordinates the development of homeless services, establishes policies for the Continuum, oversees the work of each committee, and manages Continuum-wide communications, including twice-yearly full membership meetings and updates.
- The **Needs Assessment Committee** is responsible for identifying local service gaps and needs, assessing available services and collecting data, and recommending priorities for the use of resources.

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<sup>62</sup> U.S. Department of Housing and Urban Development. (n.d.). *Guide to Continuum of Care planning and implementation*. Retrieved May 29, 2008, from <http://www.hud.gov/offices/cpd/homeless/library/coc/cocguide/>

<sup>63</sup> Ibid.

<sup>64</sup> DuPage County HUD SuperNOFA Application 2007. Exhibit 1.

- The **Community Outreach Committee** promotes public awareness of homelessness and the Continuum, ensures enrollment in mainstream benefits, seeks to increase income through employment and/or benefits, and provides outreach and engagement to the unsheltered homeless.
- The **Grants Funding Committee** is responsible for developing funding criteria and procedures for service grants, and evaluates and prioritizes applications for funding.
- The **DuPage Homeless Prevention Partnership** is made up of representatives of 10 community agencies that receive homeless prevention funding. This group works together to effectively administer Homeless Prevention services and funds.
- The **CMIS Users Group** meets regularly to support agency users of the countywide Client Management Information System (CMIS). The Committee develops and shares data protocols, sets policies, and works together to solve common problems. (DuPage County refers to the system as CMIS, but it is also known as HMIS: Homeless Management Information System).

The Continuum is staffed by a consultant and there are additional key groups and stakeholders that are actively involved in the work of the CoC and the Plan to End Homelessness including The DuPage Federation on Human Services Reform (collaborates with government and community agencies to create and maintain an efficient human services system), DuPage Housing Action Coalition, DuPage Housing Authority, DuPage County Community Services Department, and the Chicago Office of Community Planning and Development of the U.S Department of Housing and Urban Development.

## Plans to End Homelessness

In 2000, the National Alliance to End Homelessness (NAEH) released *A Plan, Not a Dream: How to End Homelessness in Ten Years*, highlighting that the time has come for the nation to re-commit to ending homelessness rather than just managing it. Drawing on research and innovative programs from around the country, the Plan outlined key strategies in addressing the issue locally through the creation and implementation of 10-Year Plans to End Homelessness. NAEH then provided tools, research, and guidance to communities on developing and implementing local Plans to End Homelessness. NAEH has identified these key elements in a Plan to End Homelessness:<sup>65</sup>

### Key Elements of a Plan to End Homelessness

- ✓ Plan for Outcomes
- ✓ Close the Front Door to Homelessness
- ✓ Open the Back Door Out of Homelessness
- ✓ Build the Infrastructure

Within these main areas, NAEH identifies 10 essentials to ending homelessness in their toolkit for ending homelessness (Chart 1):<sup>66</sup>

<sup>65</sup> National Alliance to End Homelessness. (2000). *A plan, not a dream: How to end homelessness in ten years*. Washington, DC: Author.

<sup>66</sup> National Alliance to End Homelessness. (2003). *Ten essentials to ending homelessness*. Toolkit for Ending Homelessness. Washington, DC: Author.

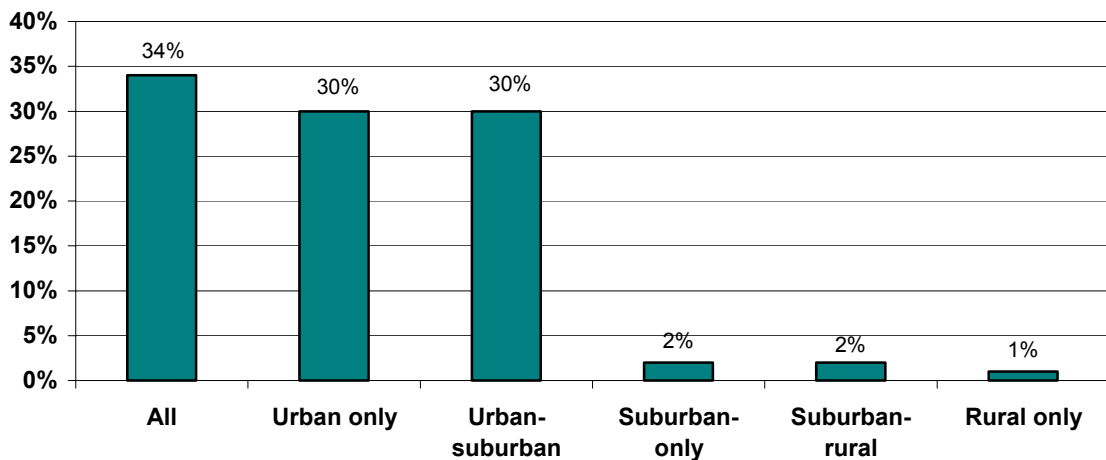
### Chart 1 - Ten Essentials to Ending Homelessness

- 1) Creating a Plan to End Homelessness
- 2) Creating a Data System to Help You End Homelessness
- 3) Establishing Emergency Prevention Programs
- 4) Making System Changes that Prevent Homelessness
- 5) Outreach to Homeless People on the Streets
- 6) Shortening the Time People Spend Homeless
- 7) Re-housing People Rapidly So That They Do Not Become Homeless
- 8) Putting Together Treatment and Other Services for Homeless People
- 9) Creating an Adequate Supply of Permanent Affordable Housing
- 10) Ensuring That Homeless People Have Incomes to Pay for Housing

There are over 300 community Plans to End Homelessness that have been or are being developed in the United States. In a review of 90 community Plans, NAEH identified common themes and areas of focus:

- 66 percent of Plans target all people who are homeless, while 34 percent focus exclusively on ending chronic homelessness.<sup>67</sup>
- 30 percent cover only urban areas, 30 percent cover urban-suburban areas, and only 2 percent were designed exclusively for suburban areas (see Figure 5)
- 83 percent of Plans identify private stakeholders as participating in the process (including hospitals, banks, for-profit housing developers, and homeless consumers) and 90 percent involve public stakeholders (including police departments, housing authorities, mayor's offices, and departments of mental health, public health, and corrections).

**Figure 5 - 10-Year Plans Across the U.S. by Area Type**



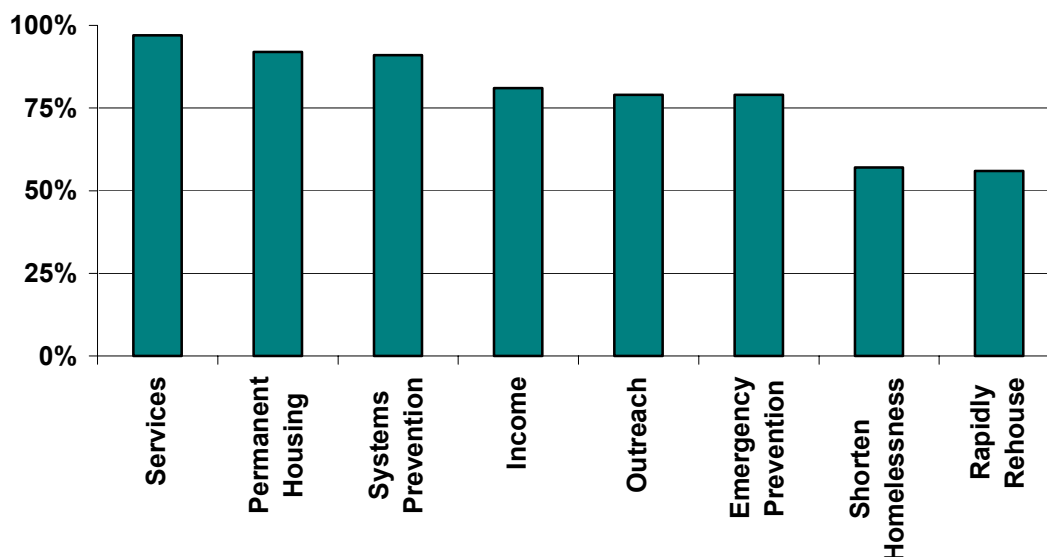
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Recent research on best practices and innovations in Plans to End Homelessness found that while a majority of Plans have relied on NAEH's "Ten Essentials to Ending Homelessness," some essentials are more likely to be included than others (Figure 6). Services, permanent housing and systems prevention are the elements most likely to be included, while shortening homelessness and rapid rehousing are the least likely.

<sup>67</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.

<sup>68</sup> Ibid.

**Figure 6 - Strategies Used in 10-Year Plans Across the U.S.**



69

NAEH identified four strengths key to the successful implementation of a Plan: measurable goals, timeline for achievement of goals, identified funding sources, and assignment of responsibility, yet found that not as many Plans “set clear numeric indicators, timelines, implementing bodies, and identify funding sources.”<sup>70</sup> In addition, the United States Interagency Council on Homelessness (USICH) has identified 10 common elements in successful Plans to End Homelessness (Chart 2).<sup>71</sup> These elements are related to engagement of key stakeholders, planning, and innovation.

Successful Plans have engaged community and political leaders who “own” the Plan. They include decision makers from all levels of government, and coordinate with other state and private agencies. They measure and achieve results by using baselines, benchmarks, timelines, and funding considerations. They emphasize prevention and consumer preferences, and include consumers in planning. High-risk populations are prioritized, and evidence-based practices are implemented. Finally, successful Plans are living documents that include timelines for assessment, evaluation, and updating and that provide opportunities for sharing progress and celebrating successes.

**Chart 2 - Ten Elements of Great Plans to End Homelessness**

*Disciplined People*

1. Political/Community Will
2. Partnerships
3. Consumer-Centric Solutions

*Disciplined Thought*

4. Business Plan
5. Budget Implications
6. Prevention & Intervention
7. Innovative Ideas

*Disciplined Action*

8. Implementation Teams
9. Broad-Based Resources
10. Living Documents

<sup>69</sup> Ibid.

<sup>70</sup> Ibid.

<sup>71</sup> United States Interagency Council on Homelessness. (n.d.). *Good...to better...to great: Innovations in 10-Year Plans to End Chronic Homelessness in your community*. Washington, DC: Author.

# DuPage County Plan to End Homelessness: *Plan Overview, Progress, and Next Steps*

The DuPage CoC agreed on February 2003 to join the national effort to end homelessness by developing a local Plan. Once they agreed on the Plan's overall vision and goals, the CoC raised funds for a collaborative planning process to create the Plan substance – specific objectives and action steps needed to realize the Plan vision.

The Continuum received funds from the Community Memorial Foundation to cover the cost of two professionally facilitated strategic planning sessions.

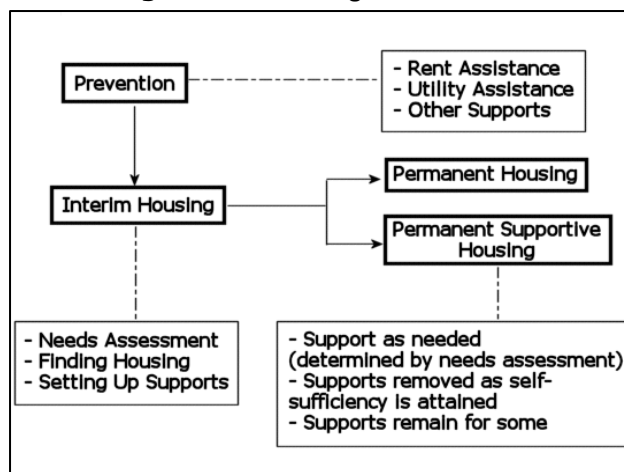
- 74 people participated in the first all-day planning process. Participants broke into small groups based on an outline of components of the Plan, and brainstormed objectives for the next 7 to 10 years for the component for which they were responsible.
- The Leadership Committee then reviewed each group's work, and with the facilitator, refined the objectives. The Leadership recommendations were brought to the second planning session, attended by 68 people. This meeting focused on reaching consensus on the objectives and writing action plans for each component.
- The Plan was then written, distributed, and made publicly available on the DuPage County website. The formal implementation of the Plan began in April 2004.

Following the model developed by the National Alliance to End Homelessness, DuPage's Plan encompasses four broad goals: needs assessment, homeless prevention and advocacy, housing first, and building the infrastructure.<sup>72</sup> The Plan applies the Housing First model (Figure 7), which is a principle of moving people experiencing homelessness into permanent housing as quickly as possible and providing supportive services once people are housed to help them stabilize and maintain housing.

The Plan was divided into nine components (Chart 3). The components emphasize emergency and systems prevention, outreach to the unsheltered, a computerized Client Management Information System (known as CMIS or HMIS), creation of permanent housing, building services around permanent housing, increasing the number of affordable rental housing units and rent subsidies, and providing different housing models for different subpopulations. The components were then assigned to the CoC committees to oversee.

Each component is discussed in greater detail in the rest of this chapter. The components are individually summarized within the context of national Plans and best practices. Progress achieved toward the component goals is then documented, followed by challenges and successes of implementation. Each section concludes with the updated priorities and action steps for the next several years as agreed upon in the strategic planning committee meetings.

**Figure 7 - Housing-First Model<sup>73</sup>**



<sup>72</sup> DuPage Homeless Continuum. (2004, April). The DuPage County Homeless Continuum Plan for Ending Homelessness.

<sup>73</sup> The DuPage County Continuum. (n.d.). *Homelessness is an increasingly reality for a significant number of residents in DuPage County*. Retrieved May 26, 2008, from <http://www.dupagehomeless.org/>



### Chart 3 - Components of the Original DuPage Plan to End Homelessness

1. Needs Assessment Data – The DuPage Homeless Continuum is using Service Point by Bowman for its Client Management Information System (CMIS). The initial focus was on 100 percent participation by all homeless providers, agreeing on the type of data needed, setting up the reports needed to analyze the data, determining what information has to be input to obtain these reports, and obtaining needs assessment data for planning purposes.
2. Emergency Prevention – The DuPage Homeless Continuum planned to have in place an Emergency Prevention system that assists the maximum number of persons possible and operates efficiently. The focus was on obtaining more funds from private sources, supporting the staff costs for these programs, maximizing the use of public funding to help more persons, streamlining procedures, identifying means for increasing timely access to prevention resources, identifying requirements that are a barrier for obtaining help now, and using other mainstream programs as part of an overall homeless prevention effort.
3. Systems Prevention – The DuPage Homeless Continuum planned to work with local and state governments to ensure that discharge policies for persons leaving public systems such as jails, hospitals, mental health facilities, and the child welfare system are being implemented to prevent them from becoming homeless. The DuPage Homeless Providers planned to ensure that all eligible persons would be enrolled and benefit from all mainstream programs (mental health, substance abuse, TANF, child welfare, SSI, VA, Medicaid, Kidcare, etc.) for which they are eligible that can assist in meeting their housing needs.
4. Outreach to Unsheltered – The DuPage Homeless Continuum planned to have an outreach and engagement system in place that reduces barriers to housing homeless persons who are not sheltered. A key focus was the development of low demand housing to provide housing for unsheltered persons with mental illness and substance abuse treatment needs. A system of communication among human service providers was to be developed and utilized to provide outreach services to the unsheltered homeless so that they can be rapidly placed.
5. Shorten Homelessness – The shelter and transitional housing providers planned to have procedures in place to minimize the length of time persons remain homeless and the number of times they become homeless, with incentives for all providers to get persons into permanent housing as quickly as possible.
6. Timely Re-housing – The DuPage Homeless Continuum planned to continue skilled housing search and placement services available to facilitate the rapid re-housing of persons losing their housing and persons who are homeless and need permanent housing.
7. Support Services – The goal was that when persons were housed, they would have timely access to funded services including health care, mental health services, substance abuse treatment services, etc. necessary for maintaining housing stability. All funding streams for support services would be fully utilized to maximize the services available.
8. Increasing Income – In order to support housing costs, the DuPage Homeless Continuum providers planned to assist homeless persons in securing enough income to afford rent by rapidly linking them with employment and/or benefits.
9. Creating Permanent Housing – The DuPage Homeless Continuum planned to identify and develop an adequate supply of all types of permanent housing. To achieve this goal, the Continuum would work to expand the number of permanent supportive housing units, expand the supply of community affordable housing units, increase the number of rent subsidies for market rate housing, and explore opportunities for developing safe haven, shelter plus care, and single room occupancy housing. The DuPage Homeless Continuum also planned to communicate and participate with housing groups such as the DuPage Housing Authority and the DuPage Housing Action Coalition and establish relationships with housing developers, government housing programs, and county and municipal government regarding housing needs for those who are homeless and at risk for homelessness.



## Component 1: Needs Assessment Data

### Plan for Outcomes

#### Overview

The National Alliance to End Homelessness (NAEH) recommends that local Plans collect data so that they may plan for outcomes and plan to end homelessness. Data collection, and a centralized method to do so, plays a critical part in ending homelessness. A centralized data system allows users to examine who is homeless, how many people are homeless, why, and for how long. It can measure available programs and resources, as well as services that are lacking, and it will help develop a baseline for program evaluation.

A central goal in the DuPage County Plan to End Homelessness was to have a fully functional Client Management Information System (CMIS) that could be analyzed to identify the number of persons who are homeless, how long they are homeless, what the causes of their homelessness are, what homeless services and mainstream services they receive, and what their needs are to end homelessness.

When the Plan was developed in 2003, the DuPage Homeless Continuum decided to use Service Point by Bowman as the software for its CMIS. When the Plan was implemented, the system was operational but not fully functional. Prior to this point, data was collected through a manual Providers Survey and Point-in-Time Street Count.

In a 2006 evaluation of ninety 10-Year Plans, NAEH reported that 91 percent of Plans include data systems as part of their Plan to End Homelessness. Strong and successful Plans regularly report progress to the community,<sup>74</sup> and a centralized data management system provides a mechanism for gathering and comparing information over time.

#### Looking Back: Progress to Date

**Goals:** The Needs Assessment Committee and CMIS Users Group were both responsible for this component. Priorities set out in the original Plan included 100 percent participation by all homeless providers, agreement on the type of data needed, setting up the reports needed to analyze the data and clarifying what they need to report on, and deciding what information has to be input to obtain these results.

**Activities:** The first objective in the original Plan was to establish universal criteria for needs assessment data entry. This objective was accomplished through the following activities:

- A subcommittee of the CMIS Users Group was created to define terms and minimum data requirements for the CMIS system. Meetings were held monthly, and by 2004, representatives from the participating major agencies had agreed upon all minimum data requirements and definitions. This information was reported back to the full CMIS Users Group and adopted.

The second objective was to have all HUD-funded agencies fully entering data into the required fields in CMIS. This objective was accomplished:

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<sup>74</sup> United States Interagency Council on Homelessness. (n.d.). *Good...to better...to great: Innovations in 10-Year Plans to End Chronic Homelessness in your community*. Washington, DC: Author.

- As of February 2008, 18 agencies are participating in CMIS; reporting of client-level data is 80 percent for emergency shelter beds, 93 percent for transitional housing beds, and 100 percent for permanent supportive housing beds.
- Concerns regarding the participation of domestic violence agencies were resolved when HUD stated that such agencies would not be required to use CMIS due to confidentiality concerns.
- Training for user agencies is ongoing.

The third objective was to audit and analyze data in the system to ensure integrity and usage, beginning in 2005. This objective was achieved:

- With the assistance of a hired consultant to help develop reports, it was determined which data fields would be included in agency and system audits. The consultant met with all agencies to ascertain their needs.
- The Advanced Reporting Tool (ART) can create custom reports out of Service Point and was purchased and put in place in 2007. Since that time reporting capabilities have increased, but there are still issues with obtaining reports from the CMIS data.
- CMIS can be used to run audits on individual agencies as well as users through ART.

The fourth objective was to ensure that all other relevant providers that support homeless populations are invited to participate in CMIS by January 2006. This objective has been accomplished:

- Health Department was invited and is participating.
- The Midwest Shelter for Homeless Veterans has been invited and is working to begin using the system.
- Domestic violence agencies were invited, but are not required to participate at this time.

The fifth objective was to complete an annual homeless population chart using CMIS. While the report has been completed, the numbers are not accurately obtained using CMIS. CMIS report has yet to match the manual survey:

- The System Administrator, the Needs Assessment Committee Chair, and the Continuum Technical Consultant met to determine the fields and reports required.
- Work will continue on this as the CMIS system is capable of doing this, especially with ART added to the system.

The sixth and final objective was to conduct a technology audit for all CMIS users. This task has been accomplished:

- All agencies are audited twice yearly.
- Findings are reported to the agency administrators.
- The CMIS Users Group periodically reviews each agency's hardware and system needs to ensure that all agencies have the technology needed to run the system.
- All agencies are given the opportunity to obtain new or replacement hardware if needed. The System Administrator compares identified needs with financial resources and orders equipment as needed to make the system operational.

## Successes and Challenges

When the Plan was developed, CMIS was declared an essential component for planning and for ensuring accurate data. (Even before the Plan was created, HUD required that CoCs use Homeless Management Information Systems). There has been tremendous progress in the last 5 years in setting clear and measurable objectives, getting the system up and running, running reports, and training users. The monthly CMIS Users Group meetings seem to be a useful forum for agency users to meet and share information, and the System Administrator reports that 85 percent of the user agencies attend these meetings on a monthly basis. However, with these successes have come many challenges as well.

**Table 14 – Survey Responses: CMIS Users Survey Results**

Survey Questions to CMIS Users	Yes	No
Do you feel that you fully understand the system so that you can best use it?	68%	32%
Are you able to access resources and support regarding your use of CMIS?	84%	16%
Has CMIS made the process of gathering and using information easier?	44%	56%

**System Challenges:** Significant challenges in the past 5 years have included duplication of clients in the system, data being lost when the system is updated, and user entry difficulties.

- *Competing Priorities:* When asked to rank on a scale of 1-12 the importance of a central data management system in ending homelessness, 25.1 percent of respondents ranked it between 1 and 4 (1 being most important), and 55.5 percent ranked it between 10 and 12 (12 being least important).
- *Complicated System:* Users expressed frustration with complicated data entry requirements and wish that the system was more user-friendly and less time-consuming. Comments include the difficulty working with a DOS (rather than Windows)-based system, and the inability to get real-time information out of the system. Users would like more technical assistance and notification before system changes are made.
- *Data Entry Errors:* Users would like more reliable, accurate, and consistent data from CMIS, and much time in focus groups and interviews was spent discussing how this could be accomplished. Some committee members felt that there are too many staff members entering data, making quality control more difficult. A handful of informants stated that if data is entered correctly, the system will be more functional, but that there are significant user entry and error barriers to full functionality. Suggestions included making definitions and labels in the system more clear, and being able to trace problem entries to users so that training and correction can be provided.
- *Reporting:* The reporting capability of Service Point has also been a major roadblock, but the purchase of ART has improved this.
- *Use of Data:* In addition, key informants are concerned that most of the data being gathered in CMIS is only being used to report to HUD, and that the information is not otherwise being used to inform practice or program design.
- *Unmet Needs:* Several agencies continue to use multiple systems of data entry because CMIS does not meet their needs.

## Looking Forward: The Next 5 Years

The Needs Assessment Committee and the CMIS Users Group remain committed to collecting data to help plan for outcomes. Main themes for the next 5 years are to increase system functionality, work to ensure accurate data entry, make the system more user-friendly, and better utilize reports and the information they provide.

### 1. CMIS System Support

- Explore the needed amount of resources (funding, technology, support) to invest in CMIS so that agency users feel more confident in the system and its utility.
- Hire a full-time system administrator for CMIS who can help providers master the system, create reports, and make other improvements.
- Hold more regular trainings/workshops on common problems and questions regarding CMIS.
- Add a problem and resolution component to the CMIS Users meetings so that common problems and solutions are shared among agencies.
- Ask agency CMIS administrators to meet with their staff users to document problems and questions to bring back to the CMIS Users Group. Agency CMIS Administrators are each agency's direct contact person with the CMIS Administrator.



## **2. Quality Control**

- The CMIS Users Group will determine the feasibility of providing more trainings to avoid problem entries, and if necessary, explore minimizing the number of system users at each site.
- Agency administrators will meet with the System Administrator to create a list of problems, questions, and a checklist for data entry.
- After forming a subcommittee charged with this task, the CMIS Users Group will create a countywide User's Manual in the next 6 to 12 months, followed by a Best Practices manual. These will include definitions, a codebook, FAQ's, and troubleshooting. (These will draw from the manuals created at agencies).
- Investigate increasing access of agency administrators to have more control over CMIS at their agencies, with the power to edit entries, merged or delete inaccurate data, track users, and run unique and useful reports.
- Explore possibility of agency administrators running regular user reports on staff entering data at each site to ensure accurate data entry, and to intervene early with data entry problems.

## **3. Vendor Issues**

- Explore how CMIS can be more fully utilized to measure unmet needs.
- Formalize a method of communication with Bowman Systems.
- Review the CoC's contract with Bowman to better understand the support services to which they are entitled.
- Ask Bowman about a strong export function in CMIS, as well as how to make the system less case-sensitive, and explore the option of adding alerts when required data is missing.
- If necessary, look into system alternatives to explore other options that could be more user-friendly.

## **4. System Expansions**

- Address users' interest in learning how to use CMIS to better measure areas for which additional funding is needed, or for areas for which funders request data.
- If possible, the Community Outreach Committee would like to increase capacity of CMIS to screen for benefits at intake.
- If possible, the Grants Funding Committee would like to explore how unmet needs can be measured in CMIS, so that funding can be pursued in those identified areas.
- The Needs Assessment Committee will work to gather data (both in and out of CMIS) related to mental health and substance use needs to support requests for additional and increased funding in these areas.
- Investigate users' inability to see a client's history of services accessed at other agencies, consider what it would take to make this an option, and Plan rollout if feasible. This could be helpful in designing an intervention to best suit those hard-to-serve repeat users.
- Committee members are committed to continue participation at data-related conferences and to maintain opportunities to stay informed.
- Continue to improve the Homeless Street Count as it is vital for understanding unmet needs and for planning.
- The DuPage Homeless Prevention Partnership seeks to work toward eliminating duplication in the CMIS.



## Component 2: Emergency Prevention

### *Close the Front Door*

#### Overview

The National Alliance to End Homelessness (NAEH) identifies emergency and systems prevention as a key component of a successful Plan to End Homelessness. NAEH recommends identifying those at risk of homelessness, and the U.S. Interagency Council on Homelessness (USICH) recommends prioritizing high-risk populations in emergency prevention efforts. In a national examination of 90 community Plans to End Homeless, 79 percent addressed emergency prevention, most often offering assistance in the form of rent subsidies, mortgage or utility assistance, and case management. Best practices include prevention efforts targeted at communities with a high percentage of rent-burdened households, enrollment in mainstream benefits programs, housing vouchers/subsidized housing, housing locaters, landlord outreach, and identified funding sources.<sup>75</sup>

Component 2 of the DuPage County Plan to End Homelessness addresses emergency prevention and calls for an efficient emergency prevention system to be in place with resources for direct and flexible assistance so that the maximum number of persons possible can be helped.

When the Plan was implemented in 2004, the DuPage CoC's centralized intake and referral system at DuPage County Human Services was in place to allow all persons at risk of homelessness timely access to the appropriate programs needed to prevent them from becoming homeless. Direct client assistance included services such as temporary subsidies, rent/mortgage financial assistance, emergency food, clothing, utility assistance, transportation assistance, landlord/lender intervention, legal assistance, pre-eviction counseling, default counseling, and housing advocacy. The Plan called for making this system of emergency prevention efficient, well coordinated, and flexible.

When the Plan was developed, the DuPage CoC had five main homeless prevention providers distributing approximately \$460,000 of public funding annually.<sup>76</sup> However, these funds did not support the staff time necessary to distribute or meet all administrative requirements. In order to support the administration of these programs, Component 2 focused on obtaining more funds from private sources if possible, supporting the staff costs for these programs, maximizing the use of public funding to help the most persons possible, streamlining procedures, identifying means for increasing timely access to prevention resources, identifying requirements that are a barrier for obtaining help, and using other mainstream programs as part of an overall homeless prevention effort.

The Grants Funding Committee and the DuPage Homeless Prevention Partnership were responsible for this component. Partners included Catholic Charities, The People's Resource Center, Outreach Community Ministries, Hinsdale Community Service, Salvation Army, Naperville Cares, Northeast DuPage Family and Youth Services, and the DuPage County Human Services Department. These partners worked to identify objectives, action steps, and timeframes to achieve this goal.

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<sup>75</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.

<sup>76</sup> DuPage County Homeless Continuum. (2004, April). The DuPage County Homeless Continuum Plan for Ending Homelessness. Page 1 (2003 Fundamental Components Service Activity Chart – CoC Exhibit One 2003).





## Looking Back: Progress to Date

**Goals:** The main goal of Component 2 was to have in place an emergency prevention system that would assist the maximum number of persons possible and operate efficiently.

**Activities:** The first objective was to coordinate between homeless prevention providers and community partners regarding resources available and requirements for accessing them. This objective was achieved through the following activities:

- The committee completed an evaluation of the current homeless prevention process, and standards for homeless prevention services were created.
- Homeless prevention resources are listed on DuPage County's Community Resource Information System (CRIS) which provides information on 1,400 social service agencies throughout DuPage County, as well as the CoC website.<sup>77</sup>
- Mainstream benefits trainings are offered through the DuPage Federation on Human Services Reform. The training schedule, as well as the training manual, "Making the Connection" are posted on the CoC website.
- A community resource directory, "The Helper," was created, distributed, and is posted on the CoC website.
- In 2007, homeless prevention best practices guidelines were created. These guidelines outline requirements for funding, procedural guidelines, definitions, requirements for who can and cannot receive assistance, as well as coordination activities between the providers.
- In 2007, the CoC website added a homeless prevention page that included background, purpose and goals, guiding principles, geographic locations for services, and statistics.

The second objective was to expand housing resources available for one-time, short-term, and transitional financial assistance that could be used to avert eviction. Success was to be measured by a 10 percent increase in the number of those who receive homeless prevention services by 2005. While this goal was not met by 2005, there has been a considerable increase in the number of persons who did receive prevention services (Table 15). The following activities took place toward this objective:

- Available resources to avert eviction were identified:
  - Legal assistance is available from Prairie State Legal Services and the DuPage Bar Association.
  - The County offers tenant/landlord rights education and shared housing programs. Community partners include One-Stops, Illinois Department of Human Services, Veterans Administration, College of DuPage, Social Service Administration, Martin Russo Health Center, and DuPage Community Clinic.
  - DuPage County Community Services Department has a toll-free number for centralized intake and makes referrals for homeless and at-risk households within 24 hours of initial contact.
- The DuPage Homeless Prevention Partnership identified gaps in current homeless prevention services. A 2006 analysis of the geographic distribution of homeless prevention dollars compared to geographic distribution of persons with incomes below poverty level showed that certain areas of the county, including West Chicago, Addison, and areas with high Latino concentration appear to be underserved.
- In order to address these identified gaps, a January 2007 RFP and funding recommendations gave funding priority to programs in underserved areas.
- The DuPage Homeless Prevention Partnership established geographic service areas to ensure non-duplication of cash assistance and other services by different agencies.

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<sup>77</sup> DuPage County Illinois. (n.d.). Home Page. Retrieved May 30, 2008, from [http:// www.dupageco.org](http://www.dupageco.org)



**Table 15 - Numbers Receiving Emergency Prevention Assistance, FY04 – FY07<sup>78</sup>**

Services Received	FY 2004	FY 2005	FY 2006**	FY 2007
Emergency assistance (food, clothing, Rx, transportation)	24,086 persons	25,451 persons (7000 households)	34,675 persons (14,227 households)**	32,631 persons (10,502 households)
Rent or utility financial assistance (subset of emergency assistance recipients)	4,349 persons (1424 households)	3,926 (1332 households)*	2,765 persons (908 households)**	8,671 persons (2886 households)
*In 2005, the Illinois Department of Human Services instituted a once-in-a-lifetime policy for its homeless prevention funds that reduced the number of clients eligible for assistance. Also there was a major delay in the release of state homeless prevention funds that reduced the number of clients who could receive assistance. **One agency did not report in 2006.				

The third objective was to ensure adequate funding for case management services to process homeless prevention applications. By the end of 2007, success was to be measured by a 10 percent increase in case management funding annually for 3 years. This objective was not achieved:

- In FY 2004, the only dollars used for case management were those obtained from DuPage County's Community Development Block Grant (CDBG) allocation, and the only recipients of that funding were People's Resource Center, Catholic Charities, and DuPage County Community Services.
- There were no homeless prevention dollars allocated for case management from the Illinois Department of Human Services (IDHS) until FY 2005, and then it was 7 percent of the individual agency allocations. This continued in FY 06 and FY 07. In FY 08, it increased to 10 percent.

The fourth objective was to develop two new homeless prevention programs by 2007 to address early intervention and influencing factors in homelessness. This objective was achieved, with the following activities toward this goal did taking place:

- In May 2006, a Working Group of executive directors and key homeless prevention staff started meeting to examine the homeless prevention system and the network through which it works. The Working Group agreed that the system works adequately well, but that improvements can be made, and it is a valuable process to re-assess the system.
- In November of 2006 the Grants Funding committee discussed the Rental Housing Support Program and determined that DuPage was eligible to apply for funds. This program is targeted to people with incomes below 30 percent of the area median income. DuPage received 29 units in the first round. The CoC will apply in the next round for project-based rental support.
- The Working Group released an RFP in 2007 to solicit interest in participating in Continuum's homeless prevention system (goals were to refine the system, improve consistency, and assure access to homeless prevention services in underserved areas). Five proposals were received.
- New initiatives addressing homeless prevention include:
  - New initiative in eviction court between DuPage County Community Services and Prairie State Legal Services.
  - Increased outreach in West Chicago by DuPage County Community Services and "We Go Together for Kids."
  - Increased outreach to Addison with partnerships between Outreach Community Ministry and Northeast DuPage Family and Youth Services.

<sup>78</sup> 2005, 2006, and 2007 Prevention Providers Surveys.

The fifth and final objective was to ensure that by 2008 there was an adequate amount available annually for direct financial assistance to all persons who need it. Timelines and action steps were not laid out for this objective. The DuPage Homeless Prevention Partnership could not reach consensus on how this objective could be measured accurately. There has been a significant increase in funds and providers however, which is a great success (Table 16).

- Total funding from IDHS was \$350,900 in FY 05 and FY 06. It rose to \$701,800 in FY 07 and remains that for FY 08.

**Table 16 - Homeless Prevention Provider and Funding Changes**

	2004 Baseline	2007/2008
Providers	At the start of the Plan, the DuPage Homeless Continuum had 5 main homeless prevention service providers who provided food, clothing, transportation, prescriptions, rent, and utility financial support.	As of July 2007, there were 8 main homeless prevention providers serving DuPage County: Catholic Charities, DuPage County, Hinsdale Community Services, Naperville Cares, Northeast Family and Youth Services, Outreach Community Ministries, Peoples Resource Center, and Salvation Army.
Funds	Public funding for emergency prevention services totaled \$460,000 per year.	In FY2007 and FY2008, DuPage Continuum had \$1,232,184 to distribute in Homeless Prevention Funds and to support case management. Funds included IDHS, FEMA, CDBG, voluntary dollars, and community services block grant dollars.

## Successes and Challenges

The DuPage Plan to End Homelessness is based on a set of visions and beliefs: one of these is that “prevention is important and a high priority and necessary to keep people housed.”<sup>79</sup> In the last 5 years there has been considerable progress toward several of the goals within Component 2. Funding for homeless prevention services increased from \$460,000 to \$1,232,184 over the last 4 years, but has stayed steady over the last 2 years. The number of people receiving homeless prevention services has increased overall (with fluctuations from year to year), and the CoC has been able to examine geographic disparities in funding and access to services across the county. There have been new projects and collaborations, and new funding sources utilized. There has been a slight increase in the percentage of IDHS funds available to be used for case management services. The responsible committees set measurable goals with timelines for implementation, and while all the benchmarks were not met on time, setting clear and measurable indicators for success was critically important in moving these goals forward. Without this program growth and investment, homelessness would have grown considerably over these past five years given challenging economic conditions and other factors.

Prevention providers resoundingly agree that there is not enough flexible funding for staff time and support. Several stakeholders identified the changing needs and populations in DuPage County as a new challenge in service provision (Table 17). Providers reported a significant increase in the number of their clients who have jobs but still need assistance with food and housing because their incomes are simply not sufficient to cover the cost of living in DuPage County. There are significant barriers that homeless prevention providers reported in their work: they feel limited by the lack of staff available to deliver services and are frustrated with CMIS and backlogs of paperwork.

<sup>79</sup> DuPage Homeless Continuum. (2004, April). The DuPage County Homeless Continuum Plan for Ending Homelessness.

The DuPage Housing Action Coalition has agreed to take a more active role in the CoC and offer advocacy trainings to providers. As the DuPage Homeless Prevention Partnership looks to increase funding available for case management and staff time, perhaps these advocacy tools will help in finding and securing new and flexible funding sources.

**Table 17 –Survey Responses: Factors Putting People More At Risk of Homelessness in DuPage County in Past 5 Years**

Risk Factors	Percent of Providers Identifying Risk Factors
Rising costs of basic goods and services	56%
Low-wage job growth	46%
Rise in low-English proficiency	46%
Decreasing/stagnant incomes	40%
Job loss	30%
Predatory lending	28%

## Looking Forward: The Next 5 Years

The DuPage Homeless Prevention Partnership is a large group made up of representatives from many homeless service agencies in DuPage County. The group agrees that emergency prevention is the most cost-effective way to address homelessness and acts as the front door to many other services. The group brainstormed solutions to the challenges they face and agreed to explore the following areas in the next phase of the Plan to End Homelessness:

### **1. Policy and Advocacy**

- Work with the DuPage Housing Action Coalition on advocacy issues: evictions, foreclosures when condo owners are behind on assessments, and local occupancy regulations.
- Explore policy efforts to assist people waiting for Supplemental Security Income payments to begin.

### **2. Outreach, Awareness, and Education**


- Invite guest speakers and funders to meetings.
- Annually update and share best practices manual with county officials and funders.
- Work with regional education office to talk about homelessness and ensure that high school students receive financial education.
- Improve communications with county regarding need for homeless services and prevention rules.
- Outreach to providers and educate them on the homeless prevention eligibility process.
- Invite representatives from the DuPage Homeownership Center to join the DuPage Homeless Prevention Partnership (to build the relationship and improve communication).

### **3. Systemic Issues**

- Explore ways to improve case processing methods.
- Develop an early warning system for those at risk of homelessness.
- Look at forcible evictions over time to track need for and success of homeless prevention.

### **4. Funding**

- Research flexible funding opportunities to fill population gaps.
- Educate funders and raise awareness of homeless prevention's services and needs.
- To better define staff funding needs, establish a staff/client ratio to work toward.

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- Form an ad-hoc committee to come up with ideas for more flexible funding, and investigate promoting a pilot program to a foundation.

The Grants Funding Committee also has some responsibility for implementation of Component 2. The Grants Funding Committee remains committed to emergency prevention as a critical part of stopping homelessness, and understands the need for more funds in order to do so. They set the following goals:

### **1. Funding for Emergency Prevention**

- Offer training sessions to providers on who funds what services.
- Hold a “funders fair” to bring funders and providers together.
- Educate funders on homeless trends.
- Measure utilization of funding by geography.
- Track unmet need to inform funding requests.
- Gather follow-up data to highlight successful programs and need for funding.

### **2. Outreach and Marketing**

- Add the existing 1-800 number for emergency services to CoC website.
- Reach out to churches and congressional offices and provide information on CoC services to build relationships.
- Advertise CoC and homeless prevention services.
- Work with CoC members and partner agencies to offer financial education services to clients.
- Use local media to highlight need for funding.

## Component 3: Systems Prevention

### *Close the Front Door*

#### Overview

Systems prevention has been identified by the National Alliance to End Homelessness (NAEH) as a critical part of ending homelessness. NAEH recommends that community Plans to End Homelessness address and streamline mainstream sources of homelessness (jail/prison, mental health institutions, hospitals, substance use systems, foster care, hospitals, etc.) to ensure that systems transition people into housing and mainstream benefits programs.

In the 2006 evaluation of ninety 10-year Plans, the NAEH reported that 91 percent of these Plans included a systems prevention/discharge component (Table 17).<sup>80</sup>

**Table 17 - Discharge Planning in Plans to End Homelessness Across the U.S.**

Discharge Component Included	% of Plans
Include a systems prevention/discharge component	91%
Include strategies to improve discharge planning from correctional facilities	86%
Address discharge from hospitals	67%
Address transition from foster care	62%
Address discharge from mental health facilities	61%

Recommendations based on best practices in systems prevention include having hospitals identify people experiencing homelessness upon admission and immediately start planning for discharge. NAEH also highlights Plans that offer incentives to programs that reduce the number of their clients who become homeless, and penalizes them when a client does become homeless. For example, Massachusetts adjusted the contract for the State's managed care health provider to require a reduction in discharges to shelters: if participating hospitals within the managed care plan do not reduce this number, financial penalties are placed in the reimbursement scheme.<sup>81</sup> The United States Interagency Council on Homelessness (USICH) has also identified elements common to successful Plans, and several of the best practices identified apply to systems prevention. For example, USICH highlights the value of results-oriented discharge planning protocols, zero-tolerance policies for discharge into homelessness, and the importance of bringing decision makers from various government agencies to the table.<sup>82</sup>


Enrollment in mainstream benefits programs is another critically important piece to ending homelessness because it provides a source of income that will help people experiencing homelessness go directly into housing and maintain housing. In addition to enrollment in mainstream benefits, linking people experiencing homelessness with job training, assistance with job searches, and ultimately employment, also provides a source of income to help house and stabilize individuals.

The third component in the DuPage Plan to End Homelessness emphasized systems prevention as a way to prevent or shorten homelessness. The DuPage Plan called for collaboration with local and state governments to ensure that discharge policies for persons leaving public systems such as jails, hospitals, mental health facilities, and the child welfare system were being implemented to prevent them from becoming homeless. The Plan recommended that persons leaving these

<sup>80</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.

<sup>81</sup> Ibid.

<sup>82</sup> United States Interagency Council on Homelessness. (n.d.). *Good...to better...to great: Innovations in 10-Year Plans to End Chronic Homelessness in your community*. Washington, DC: Author.



public systems have stable housing available and the means to maintain it. The DuPage homeless providers were to ensure that all eligible persons are enrolled and benefit from all mainstream programs (mental health, substance use, TANF, child welfare, SSI, Medicaid, Kidcare, etc.) for which they are eligible.

When the Plan was implemented in 2004, some policies and programs were in place that were designed to prevent DuPage County residents who were being discharged from public systems of care from becoming homeless. The DuPage County Health Department provides some discharge services to any DuPage County resident being released from jails, penitentiaries, state hospitals, or state-funded community hospital beds through its Special Needs Advocacy Program and their Linkage and Aftercare program. However, the Plan noted that this does not always result in securing stable housing for all people discharged from public systems. In response, continuum-wide efforts to increase the enrollment of homeless persons in all eligible mainstream benefits programs were put in place. Additionally, at the time of Plan development, the DuPage Federation on Human Services Reform was completing a benefits training, "Making the Connection – A Guide to Selected Mainstream Programs."

## Looking Back: Progress to Date

**Goals:** The Community Outreach Committee, along with the DuPage Federation on Human Services Reform, was responsible for the main goal within this component: to prevent persons being discharged from institutions and systems of care from immediately becoming homeless. Institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. Through collaboration with mainstream program personnel, goals included the development of discharge policies and staff training to ensure enrollment in mainstream programs.


**Activities:** The first objective in the original Plan was to increase the linkage to permanent supportive housing and services for persons leaving institutions by developing coordinated discharge policies with oversight and agreement to apply the policy. This objective was achieved in many ways and is still in progress:

- A Discharge Planning subcommittee was formed, focusing their initial efforts on discharges from DuPage County Jail. Representatives met with jail staff to identify issues and resources and to gather information. The committee decided to focus their efforts on linking individuals with a mental illness who are discharged with only 3 days of medications to systems of ongoing treatment. The Committee reviewed options for treatment post-incarceration and found that no system exists to coordinate the process between medical care, prescription coverage and receipt, and payment sources.
- All potential discharge policies and potential partner organizations were identified and reviewed, and protocols for discharge and pre-release policies were created.
- Potential partner organizations identified include the Division of Mental Health network, Division of Alcoholism and Substance Abuse, Department of Corrections, county jail, Mental Health Court, Department of Children and Family Services, nursing homes, and veteran's facilities.
- A Memorandum of Understanding (MOU) was completed between discharging institutions and the CoC. However, the CoC is not certain that all of policies are being implemented.
- Formal discharge protocols were implemented with the following systems: foster care, health care, mental health, and corrections.<sup>83</sup>
- The DuPage Health Coalition and its Mental Health Leadership Council also have instituted a subcommittee.

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<sup>83</sup> DuPage County HUD SuperNOFA Application 2007. Exhibit O: Formal Discharge Protocol Implemented.





The second objective in Component 3 was to develop and implement strategies between housing first and mainstream service systems to ensure receipt of mainstream benefits by eligible persons. This objective was achieved:

- The Committee worked with mainstream providers to complete MOUs. Partners included the DuPage office of the Illinois Department of Human Services, Veterans Assistance Program, Society Security, and workforce development. MOUs are annually reviewed to ensure compliance and to update or change.
- A liaison list/resource directory for all mainstream programs and agencies was created for distribution to inmates.
- In order to ensure that agencies can properly identify eligibility for mainstream benefits and utilize all available funding streams, "The Helper," a community resources directory, was completed and posted on the CoC website. This directory is also distributed at benefit training sessions.
- The DuPage Federation on Human Services Reform has held "Making the Connection" trainings 3 to 5 times annually. These benefits trainings for human service professionals help providers identify customers who are eligible for benefits and expedite the application process. Specialized trainings are also available on public benefits for subpopulations such as youth, survivors of domestic violence, immigrants, etc. Advanced trainings are available on Public Benefits and Single Adults, Youth up to age 21, Mental Health and Public Benefits, Understanding Spend Down, Understanding Appeals, Domestic Violence and Public Benefits, Immigrants, and Putting the Pieces Together. The schedule for trainings is posted on the CoC website.
- The training manual from the DuPage Federation training sessions ("Making the Connection Manual – Quick Guide to Public Resources") is also available to download from the CoC website.
- In January 2007, the DuPage Federation on Human Services Reform was approved for a Community Memorial Foundation grant to assist individuals in the eastern segment of DuPage County with access to specific Mainstream benefits: SSA, SSI, Medicaid, and SSDI. The Federation partners with Health Disabilities Advocates to provide system advocacy and help individuals navigate the system.
- A Barriers Subcommittee is working to identify potential training programs, and representatives from the DuPage Federation on Human Services Reform are working with Northern Illinois University to develop a website that can assist agencies with identifying benefits and resources available. The website will include a chat room for information sharing and problem solving. Training programs will also be linked to the site.
- Client Benefit Specialists at DuPage County Health Department are being trained and they will be helping health department clients with applications for public benefits programs.

## **Successes and Challenges**

The Community Outreach Committee and DuPage Federation on Human Services Reform have made considerable progress in training human service workers regarding mainstream benefits (Table 18), and meeting with discharging systems to develop MOUs and formal discharge protocols. Stakeholders are pleased with the increase in agency knowledge regarding mainstream benefits, though are concerned that the training fees are too costly for agencies. Ensuring receipt of benefits and linkages to ongoing treatment after discharge from an institution or system of care is important in preventing and ending homelessness.

Like many other Plans, DuPage County reached out to partners including the Department of Corrections, local hospitals, and veteran's assistance programs. Stakeholders acknowledged the difficulty working with large bureaucracies, but stated that good working relationships have been developed. Unfortunately funding and services are still very limited for discharge planning.



**Table 18 – Survey Responses: Agency Interaction with Mainstream Benefits**

N=26	%
They attended a training on mainstream benefits	51.9%
Employees at their organization are knowledgeable about eligibility requirements for mainstream benefits	80.8%

Key informants and CoC committees both identified the growing need for mental health services in DuPage County. Together with the lack of a quickly accessible detoxification facility in the county or other mental health care providers, there are limited opportunities for ongoing treatment after a person using substances and/or living with a mental illness is released from an institution. When CoC members were asked to rank, on a scale of 1-5 (1 being not at all available/accessible and 5 being very available/accessible) accessibility of specialized services, 81.6 percent ranked the availability of mental health services 1-3, and 75.5 percent ranked the availability of substance use services 1-3.

Planning for a smooth transition from institutionalization to discharge requires that housing be readily available, and the lack of affordable housing in DuPage County continues to be a challenge in accomplishing this goal. In particular, there is not enough housing for people with mental health/substance use issues, or criminal convictions (Table 19).

**Table 19 – Survey Responses: Housing Barriers to Discharge Planning**

	%
Providers who identified “criminal/felony convictions” as a contributing factor making it very difficult to place their clients in affordable housing	31.6%
Providers who report there is “too little” low demand housing for clients with MI/SA issues	59.6%
Providers who report there is “too little” transitional housing in DuPage County.	50.9%

## Looking Forward: The Next 5 Years


The Community Outreach Committee remains committed to making mainstream programs accountable for their role in preventing and ending homelessness. Stakeholders recognize the challenges and changing needs in DuPage County and in response broadened the scope of discharge planning to take into account growing mental health, substance use, and employment needs.

### **1. Mental Health and Substance Use**

- Promote better integration of mental health and substance use services for people struggling with both issues.
- Utilize system navigators to help clients access the mainstream benefits for which they are eligible.

### **2. Coordinated Discharge Policies**

- The DuPage Health Coalition and its Mental Health Leadership Council (MHLC) subcommittee will continue to work on discharge planning. MHLC will set up a task force to develop an “air traffic control system” that would centralize information about resources for persons with a mental illness. When a person is then discharged from a hospital, jail, prison, etc., the discharging entity would have a central starting point to begin to locate resources, triage the resources so that the right people receive the right services, and actually link the person to the service so that they do not fall through the cracks. The “air traffic control” committee will start meeting in 2008.
- The Community Outreach Committee suggested re-energizing the discharge planning committee to focus on jails and prisons.

- 
- Collaborate with JUST, TASC, and other identified partners in order to coordinate discharge policies.
  - Research models for transitional housing from prisons.

Because much of the work on access to mainstream benefits is about increasing income, those action steps have been moved to Component 8, Increasing Income, for the next 5 years of the Plan to streamline reporting or progress. The responsibility still lies with the Community Outreach Committee and The DuPage Federation on Human Services Reform.



## Component 4: Outreach to Unsheltered Homeless

### *Opening the Back Door Out of Homelessness & Into Services*

#### Overview

Outreach to the unsheltered, people who are homeless and sleeping in a public or private place not designed for regular sleeping accommodation, along with a Plan and the infrastructure to house these individuals in low-demand housing, is a critical part of ending homelessness. The National Alliance to End Homelessness (NAEH) recommends a Housing First approach along with a systematic method of reaching out to find, engage, and house homeless persons, especially the chronically homeless and those suffering from mental illness or substance use. Housing First is based on the following principles: 1) the best way to end homelessness is to move individuals who are homeless into permanent housing as quickly as possible; and 2) supportive services attached to permanent housing will help formerly homeless individuals stay housed. As part of this, short-term housing is provided for the minimum time needed to access permanent housing.

In their evaluation of 10-Year Plans across the country, NAEH reported that 79 percent of these Plans included an outreach component, with approximately one third focusing on the chronically homeless. Best practices include consumer-oriented service teams, Assertive Community Treatment (ACT) Teams, Safe Havens, Shelter + Care, Single Room Occupancy units, Housing Support Centers that provide quick access to services and programs, permanent supportive housing for people who are chronically homeless, and an integrated system of mental health/substance use services.

When the DuPage Plan was developed in 2003, DuPage County did not have in place any organized effort to provide outreach to persons who are not sheltered. A main goal established in Component 4 of the Plan was to create an outreach and engagement system that would reduce the barriers to housing homeless persons who are not sheltered. Central to this objective was the development of low demand housing that would provide housing for unsheltered persons with mental illness and substance use treatment needs. In addition, the Plan called for the development and maintenance of a system of communication among human service providers to provide outreach services to unsheltered homeless so that they can be rapidly placed.


#### Looking back: Progress to Date

**Goals:** The Community Outreach Committee, along with the DuPage Federation on Human Services Reform, was responsible for the two main goals of Component 4: to establish a system of coordinated street outreach and to develop low-demand engagement housing.

**Activities:** While work was done toward both goals, barriers and implementation concerns unique to suburban settings prohibited completion of these tasks.

The first objective in the Plan was to create an outreach and engagement system with an emphasis on persons with a mental illness and substance users. While DuPage County does not currently have a coordinated street outreach program, important tasks were completed over the past 5 years:

- A working group was created in 2004 comprised of representatives from various homeless prevention and service agencies. This group identified and reviewed existing models for street outreach and met with agencies providing these services to learn more about best practices. Best practice services included Thresholds in Chicago, the Safe



Haven model, and the Health Department's ACT program. The working group examined costs and staffing requirements for these programs.

- In order to best plan for services, the Community Outreach Committee recommended conducting a needs assessment and inventory of services available in the county.
- Outreach was encouraged through Open Door Days held at local agencies. Open Door Days are walk-in events for unsheltered persons designed to provide a link to services and agencies offering support. At their first Open Door Day in February 2007, DuPage P.A.D.S. had 40 individuals attend the event, and the following agencies were present: DuPage P.A.D.S., Catholic Charities, DuPage County Human Services, Access DuPage, IDHS, and Prairie State Legal Services.
- In 2005, the Community Outreach Committee presented their recommendations to the Leadership Committee. Recommendations included that DuPage develop a similar model to Thresholds in Chicago with an ACT street outreach team and appropriate housing for the individuals (i.e., Safe Haven).
- The second goal within this component was to develop low-demand engagement housing (such as safe havens or harm reduction programs) for those who need permanent housing but are not successful in traditional service models. The Community Outreach Committee's working group met to identify and review existing models, with an emphasis on the local model at Serenity House.


## Successes and Challenges

The Community Outreach Committee is demonstrably committed to providing outreach and services to help house the unsheltered homeless, with strong support from invested leadership. Events such as Open-Door Days at DuPage P.A.D.S. have provided new opportunities to engage unsheltered homeless. Informants identified collaboration among agencies and partner education as major successes in the first half of the Plan. The creation of a Community Outreach working group to review models and make recommendations for an outreach system in DuPage County provided an opportunity to explore the challenges and needs of providing outreach in a suburban setting. However, it is this unique challenge of providing homeless services in a suburban setting that has created the greatest barriers to completion of this goal.

One issue is related to interim housing/shelter challenges. There are very few beds available and those that do exist are either targeted at narrow populations or face geographic challenges. Catholic Charities Hope House is the only general-use permanent shelter facility in DuPage County, with a capacity of 16 persons. There are also shelters for certain populations: survivors of domestic violence, seniors, veterans, and youth. DuPage P.A.D.S. runs nightly shelters in several locations, but this system requires that homeless individuals travel from site to site on a daily basis, a difficult task in a county with a very limited system of public transportation. Without a greater-capacity permanent shelter site, it is not easy for people to apply for General Assistance from the town, nor is it easy to start a process of housing individuals. The challenge here is twofold: since the shelter location changes nightly, it is difficult to clarify a town of residence, and it is harder to keep track of people and provide services with continuity.

Of survey respondents who provide emergency shelter, 85.7 percent reported that demand exceeds their agency's capacity to provide shelter. Among these respondents, on average, 336 people were turned away in the past year due to a lack of capacity for emergency shelter. However, feelings on the need for more emergency shelter were less conclusive: 44.4 percent of respondents said there is "enough" emergency shelter in DuPage County, and 55.6 percent said there is "too little."

Among survey respondents, 94.4 percent reported there being "too little" low-demand housing for people with mental illness/substance use issues in DuPage County. While the Safe Haven model was identified as a recommendation for DuPage County, key players struggle with how to translate an urban homeless model into a suburban program. Suggestions included working with



a smaller number of units to make transitional or interim housing more permanent than the current system of nightly moving.

A main challenge identified in key informant interviews and focus groups was public resistance to building new housing, whether it is affordable, low-demand, or interim shelter housing. Until there is greater political and community will, the CoC will likely continue to face community resistance to new building. 88.9 percent of CoC members reported needing help building community support for new service sites.

While there have been increases in general funding over the last few years, especially for housing, there has not always been funding allocated for wrap-around supportive services, a critical component to keeping people who are chronically homeless sheltered. Increased funding was identified as a need by almost everyone involved in the evaluation of the Plan. Limited funding sources, decreasing availability of funds, and restrictions on funding topped the list of concerns in moving forward and expanding services.

In addition, there is very limited funding for emergency shelter, limiting DuPage's options to make their roving shelter sites permanent. HUD will not fund operational expenses for emergency shelter and the supportive services line item of IDHS will only fund permanent supportive housing. CDBG dollars will fund emergency shelter, but those dollars in DuPage have been stretched thin for years, and they are already supporting the existing shelters.

## **Looking Forward: The Next 5 Years**

The Community Outreach Committee remains committed to providing outreach, engagement, and shelter to homeless persons living on the street.

### **1. Mental Health Needs**

- Explore the feasibility of system navigators to help clients work through the system and enroll in benefits programs, manage money, and search for housing.
- Consider creation of a mental health resource guide and participation in the work of the Mental Health Implementation planning team.

### **2. Low-Demand Housing**

- Explore how to translate an urban Safe Haven model into an effective suburban model.
- P.A.D.S. will continue to provide temporary emergency shelter.
- Investigate adding services to the existing P.A.D.S. model and certifying caseworkers so that they can work with what is already in place and improve upon it.
- The Board of DuPage P.A.D.S. is scheduled to discuss the prospects of a permanent shelter, a decision that will have a significant affect on outreach planning in the county.

### **3. Outreach**

- Use existing programs and build upon these to expand outreach efforts. For example, the one night street count provides an opportunity to reach unsheltered homeless and the Committee discussed growing the count to expand outreach and services to be offered at the time of engagement.
- Funding will continue to be sought to create ACT teams to provide outreach.
- Open-Door Days will also continue as an existing form of outreach, and a new emphasis will be made on publicizing these events.

### **4. Outreach to the Business Community and Other Agencies**

- Bring new partners to the table, both for collaboration and increased funding. Consider having regular breakfasts for local agency executive directors.
- Identify how to market the Plan to increase community buy-in and build support.



## Component 5: Shorten Homelessness

### *Opening the Back Door*

#### Overview

In their evaluation of 10-Year Plans, the National Alliance to End Homelessness (NAEH) found that 67 percent of the Plans included a component to shorten the time people spend homeless, and 34 percent of Plans focus exclusively on ending chronic homelessness. Best practices include housing assistance such as housing locators and housing support centers, quick access to services and mainstream programs through one-stop service centers, Housing First models, permanent supportive housing for chronically homeless persons, and consumer-oriented service teams. NAEH recommends tracking the length of stay in emergency shelters and calls for decreased use of emergency shelter, since the cost of an emergency shelter bed funded by HUD's emergency shelter grants program is more than the average cost of a federal housing subsidy.<sup>84</sup> Chicago's emerging Housing Locator Program provides a local, albeit urban, example of a housing assistance program. The program funds four agencies that provide citywide assistance for housing placement (into private market housing). The staff at these agencies work together to update and share a housing database.

When the Plan was implemented in 2004, shelter and transitional housing providers had procedures in place to reduce or minimize the length of time persons remain homeless and the number of times they become homeless. The Needs Assessment Committee was responsible for this component. Through collaboration with providers and the DuPage County Health Department, a primary goal was to work with all the major homeless providers in the county to identify the needs of homeless subpopulations. Focusing on program policies and operational procedures, they were charged with exploring incentives to decrease the rate of shelter recidivism and to move persons from transitional housing to permanent housing as quickly as possible. This work was to be accomplished through a re-examination of current program requirements to determine where changes could be made to facilitate permanent housing placement.

#### Looking Back: Progress to Date

**Goals:** The main goal was to establish outcome measures that would ensure accountability for housing results and establish incentives to move persons into permanent housing as quickly as possible. The goal was to ensure that shelters and transitional housing providers have procedures in place to minimize the time persons are homeless.

**Activities:** The first objective was to develop standards for interim housing (shelters and transitional housing) that promote housing placement in the most suitable setting as soon as possible:

- The Needs Assessment Committee identified all transitional housing (TH) providers. Updates, proposals, and business plans for TH renewal projects are now regularly presented at committee meetings.
- Hope House began contacting DuPage P.A.D.S. for referrals when vacancies existed at Hope House to increase full utilization of the shelter facility.
- Catholic Charities and P.A.D.S. worked together to identify issues that impact families and individuals in need of emergency housing.

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<sup>84</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.



- Existing standards and models for interim housing were researched (e.g., Housing First, assessment, referral, benefit linkages, case management, and special needs), and the committee reviewed best practices to see how they fit with DuPage County's activities.
- P.A.D.S. made changes in 2004 to better meet these standards; they now provide case management to all individuals coming to shelters for housing; each person meets with staff and is linked to mainstream benefits.
- The committee prepared a written statement of the values accepted by all organizations in DuPage that provide shelter that will expedite placement in permanent housing.
- Regular reports (CMIS, HUD SuperNOFA, and others) report on use of residential housing (shelters and Transitional Housing in DuPage County).

While work was completed toward this objective, the Needs Assessment Committee requested further direction from the Leadership Committee on the intent of this goal, stating that quarterly openings were being tracked more effectively, communication had improved and trainings were being offered to improve shelter use, and they were unclear as to next steps.

The second objective in the original Component 5 was eliminated. It called for the development of an affordable housing clearinghouse that would be used to link households in interim housing with appropriate market housing. The Needs Assessment Committee deleted this objective in 2004 since at that time Service Point had developed "Housing Point" that would be able to address the needs identified in this goal. However, DuPage County has not opted to purchase this feature so this goal may need to be reconsidered.

## Success and Challenges


The Needs Assessment Committee is made up of a large group of representatives from various homeless service agencies. The Plan recognizes that partnerships are necessary to ensure that there is a plan for permanent housing, and additional partnerships have been made outside the committee to work toward this goal. Agencies are well informed on best practices and the Housing First model, and the Needs Assessment Committee continues to provide outreach on these models. Many agencies have changed the services they offer to better align with the goals of the Plan: for example, agencies are developing permanent housing, transitional housing programs, and permanent supportive housing.

The goal of shortening homelessness is closely related to the goals of components 4 and 6, outreach and timely re-housing. The Needs Assessment Committee has been responsible both 5 and 6 component, and has struggled with what the scope should be for this committee's work. Issues that affect time spent homeless and efforts to rapidly re-house have considerable overlap including transportation, mental health, outreach, and housing available.

While NAEH recommends that CoC's explore incentives as a way to shorten or avoid homeless episodes, this has not yet happened in DuPage.

The lack of wrap-around services for mental illness and substance use needs has been identified as a barrier in shortening homelessness, especially with the reported growth in mental health needs in the County over the past 5 years. Stakeholders reported that it is especially challenging to house families, due to a lack of appropriate housing and HUD's emphasis on chronically homeless single individuals. In addition, agencies have limited funding for case management services, a key component in helping individuals access the necessary services to end homelessness.

Different housing models are needed for different subpopulations, and the CoC has struggled with how to translate urban housing models such as Safe Haven and Single Residency Occupancy units (SROs) into a suburban model. In DuPage there are limited housing options and types of



housing, few multi-unit buildings that could be used for homeless service sites and housing, and very expensive land and housing costs (Table 13). 80.6 percent of CoC members find it difficult or very difficult to place their clients in adequate housing. The limited number of general-use emergency shelter beds at a permanent emergency shelter site makes it difficult to provide ongoing services to help people find and maintain housing. In addition, there are limited employment opportunities or public transportation options for homeless individuals in DuPage County, making the transition to housing and self-sufficiency more difficult.

## **Looking Forward: The Next 5 Years**

The Needs Assessment Committee remains committed to shortening homelessness, and understands that the earlier providers can intervene and offer services, the better the outcomes will be. In order to clarify goals and responsibilities, it is recommended that the action steps for this component be divided across a number of components (primarily services and housing) instead of standing on their own.

### **1. Mental Health and Substance Use**

- Increase access to mental health and substance use services.
- Increase mental health service capacity and funding for prescriptions.
- Work with Access Community Health Network mental health action team.
- Gather data on mental health/substance use needs to support need for services.
- Explore the option for a detoxification facility in DuPage County.

### **2. Housing**

- Explore alternative forms of housing (family housing, co-ops, etc.).
- Increase supply of affordable housing and funding for supportive services.
- Expand funding for rental assistance.
- Explore 55+ housing services.
- Work with landlords and offer incentives to rent to tenants with poor credit.
- Continue collaboration with DuPage Housing Authority to increase special initiatives such as the Howlett Initiative that increased number of Housing Choice vouchers.
- Cooperate with the DuPage Housing Authority in the development of additional vouchers and units through the Rental Housing Support Bill.
- Reach out to townships to explore flexibility with occupancy regulations and codes.

### **3. System**

- Continue to build communication between CoC and other agencies.
- Use CMIS to track length of stay and history of services accessed.
- Work with DCFS to offer more transitional services for youth.
- Explore types of incentives for shortening homelessness.

### **4. Transportation**

- Expand DuPage Ride.
- Work with low-wage employers to explore transportation options for employees.



## Component 6: Timely Re-Housing

### *Opening the Back Door*

#### Overview

A critical component in ending homelessness is rapidly re-housing people to shorten and end the time spent homeless. The National Alliance to End Homelessness (NAEH) recommends that all homeless programs ensure that there is a timely plan for permanent housing and that partnerships are established to achieve this goal.

Fifty-seven percent of the ninety 10-Year Plans evaluated by NAEH included components to promote rapid re-housing. Best practices include one-stop service centers that provide housing search support, case management and linkage to services, landlord outreach and housing vouchers, and financial support for individuals moving into new housing. Thirty percent of Plans include partners such as the housing authority (60 percent), nonprofit housing developers (57 percent), banks (32 percent), for-profit housing developers (30 percent), and landlords (20 percent) who can assist with housing efforts. Sixty-seven percent of Plans specifically address Housing First methods, incorporating housing, case management, and supportive services.

The DuPage Plan to End Homelessness addresses timely re-housing in Component 6 of the Plan. It calls for skilled housing search and placement services available to facilitate the rapid re-housing of persons losing their housing and persons who are homeless and need permanent housing. The Needs Assessment Committee was responsible for Component 6. Objectives included the development of a community housing development organization, encouraging transitional housing providers to make two units per year available for permanent leases, and identifying best practices for reducing the time it takes for individuals to get re-housed.

#### Looking Back: Progress to Date

**Goals:** The main goal in Component 6 was to have skilled housing search and placement services available to facilitate the rapid re-housing of persons losing their housing and persons who are homeless and need permanent housing.

**Activities:** The first objective in the original plan was to identify an agency that was interested in becoming a community housing development organization. This objective was achieved:

- As of April 2008, there are three community housing development organizations in DuPage County: Community Housing Association of DuPage (CHAD), Housing Continuum Inc., and DuPage P.A.D.S.
- Bluestem Housing Partners, NFP has applied to be a community housing development organization and is awaiting certification.

The second objective in Component 6 was to have current transitional housing (TH) providers make two of their units per year available for clients to take over the lease and remain in that unit permanently. This objective was considered complete in 2006:

- All transitional housing providers were identified and educated on the housing first concept.
- The Needs Assessment Committee reported that all providers understand and support the housing first strategy and that all TH providers are working to make it possible for families to remain in their unit, or at least in the same apartment complex when they exit the program.

- The Needs Assessment Committee agreed to add data to the quarterly report to track how many TH families who exit the programs are able to remain in their apartment or in the same complex.
- Starting in 2007, the DuPage Housing Authority is making 125 Housing Choice Vouchers available through 6 agency partners.
- The percent of people moving from transitional housing into permanent housing has increased significantly over time (Table 20).

**Table 20 - Change in Transitional Housing, 2004-2007<sup>85</sup>**

	2004	2005	2006	2007
Transitional housing - individual beds	157	135	139	128
Transitional housing - family beds	441	448	424	445
<b>Total transitional housing beds</b>	<b>598</b>	<b>583</b>	<b>563</b>	<b>573</b>
Number of persons moved from transitional housing to permanent housing	60%	63.6%	76.4%	79.6%

The third objective was to identify best practices for reducing the time it takes for individuals to get re-housed. The Committee did not specifically address this objective.

The fourth objective was to ensure that by 2008, for-profit housing providers would make a minimum of 10 units available to homeless individuals. This objective called for collaboration with the housing clearinghouse, which has yet to be developed. This objective has not been completed.

## Successes and Challenges

The Needs Assessment Committee is made up of a large group of representatives from various homeless service agencies. It is one of the largest CoC committees, and they are committed to working to end homelessness in DuPage County. In the past 5 years there has been significant progress toward the goals of this component – there are now three community housing development organizations in the county, and one more is awaiting certification. Agencies are well informed on best practices and the Housing First model. In addition, the number of housing units available for homeless individuals has increased significantly over the last 5 years. Many agencies have changed the services they offer to better align with the goals of Plan. For example, more agencies are developing permanent housing, transitional housing programs, and permanent supportive housing.

However, the third and fourth objectives were not achieved. This could be due to the fact that the Needs Assessment Committee is responsible for several components and much of the committee's time spent together focuses on reviewing program proposals and renewals for the SuperNOFA. In addition, the third objective, to identify best practice strategies to re-house people, did not have clear outcome measures or an ultimate goal, so perhaps this contributed to this objective falling off the radar.

The goal of timely re-housing is closely related to the main goal of Component 5, which is shortening homelessness. The Needs Assessment Committee has been responsible for both components (in addition to components 1 and part of 8) and has questioned what the scope should be for this committee's work. The members of the Needs Assessment Committee are clearly committed to working to end homelessness in DuPage County, but there were concerns regarding the limits of this committee's purview. The committee was originally charged with leading or contributing to 4 of the 9 components and while they have accomplished a great deal over the past 5 years, committee members raised concerns about the applicability of some topics

<sup>85</sup> DuPage County HUD SuperNOFA Applications 2004-2007. Exhibit 1.

to this committee. For example, while housing advocacy was discussed in the strategic planning session, committee members wondered if this is the right committee for housing.

Housing First emphasizes the availability of services linked to housing. The lack of wrap-around services for mental illness and substance use needs has been identified as a barrier to timely re-housing in DuPage County, especially with the reported growth in mental health needs in the County over the past 5 years. Stakeholders also reported that it is especially challenging to house families, due to a lack of appropriate housing, and HUD's emphasis on chronically homeless single individuals. In addition, agencies have limited funding for case management services, a key component in helping individuals access the necessary services to end homelessness.

Stakeholders identified limited (and recently declining) funding as a significant barrier to the development of new housing, supportive services, and staff capacity to provide case management and linkages to housing. As was identified with Component 5, different housing models are needed for different subpopulations, and the CoC has struggled with how to translate urban housing models such as Safe Haven and SROs into a suburban model. There are limited housing options and types of housing, and few multi-unit buildings that could be used for homeless service sites and housing.

**Table 21 –Survey Responses: Estimated Number Seeking Homeless System Housing, 2007**

Type of Housing	Number
Permanent housing	1057
Transitional housing	302
Supportive housing	238

## Looking Forward: The Next 5 Years

The Needs Assessment Committee remains committed to timely re-housing, yet recognizes the challenge of timely re-housing when there is a limited amount of permanent housing and supportive services available. The goals and action steps laid out for Component 6 are particularly salient for component 9 which is focused on housing. Moving forward the CoC may want to merge components 6 and 9 to centralize work and to streamline tracking of outcomes.

### 1. Housing

- Explore alternative forms of housing (family housing, co-ops, etc).
- Increase supply of affordable housing and funding for supportive services.
- Expand funding for rental assistance.
- Explore 55+ housing services.
- Work with landlords and offer incentives to rent to tenants with poor credit.
- Cooperation with DuPage Housing Authority in the development of additional vouchers and units through the Rental Housing Support Bill.
- Expand housing opportunities with Community Housing Association of DuPage (CHAD).
- More collaboration with DuPage Housing Authority to increase special initiatives such as the Howlett Initiative that increased Housing Choice vouchers.
- Housing Choice vouchers.
- Reach out to townships to explore flexibility with occupancy regulations and codes (collaborate with DuPage Housing Action Coalition).
- DuPage Housing Action Coalition has offered to play a larger role in advocacy and legislative work.
- Invite new stakeholders to join the CoC (housing developers, funders, etc).



## Component 7: Support Services

### Build the Infrastructure

#### Overview

Mental health and substance use are two of the primary factors contributing to homelessness. People affected by these benefit from specialized services. The U.S. Interagency Council on Homelessness reports that the strongest community Plans prioritize high-risk populations such as these.<sup>86</sup> In their evaluation of 10-Year Plans, the National Alliance to End Homelessness (NAEH) found that 81 percent of Plans included an objective focused on linking clients with services. Best practices include integrated systems of mental health and substance use services, quick access to services and mainstream programs through one-stop service centers, wrap-around supportive services with housing (including Shelter + Care programs), and Federally Qualified Health Centers. A majority of these community Plans include partners who may already provide supportive services:<sup>87</sup>

- 70 percent of Plans involve the local Department of Health or Human Services,
- 63 percent involve hospitals/health care providers,
- 43 percent involve the Department of Mental Health, and
- 42 percent involve the Department of Public Health.

DuPage created Component 7 to ensure that homeless and formerly homeless persons have timely access to services and mainstream programs that will provide health care, mental health services, and substance use treatment services necessary for maintaining housing stability. Component 7 also called for all funding streams for support services to be fully utilized to maximize the services available. Along with the DuPage Federation on Human Services Reform, the Grants Funding Committee was responsible for the work within this component. Proposed tasks included the development of new support services funding sources such as Medicaid, HOPWA, WIA for youth, education programs for youth, and federally qualified health centers.

#### Looking Back: Progress to Date

**Goals:** The main goal of Component 7 was to ensure that when people are housed, they have timely access to services and mainstream programs that will provide health care, mental health services, and substance use treatment services necessary for maintaining housing stability. All funding streams for support services were to be fully utilized to maximize the services available.

**Activities:** The first objective was to identify available, missing, and insufficient/inadequate support services. The following steps were taken to work toward this goal:


- Define targeted homeless populations and inventory available support services.
- The Grants Funding Committee worked with the DuPage Federation on Human Services Reform to examine existing and potential resources to determine needed changes.
- Three federally qualified health centers have been developed in DuPage County. They are the Martin Russo Center, the West Chicago FQHC, and Bensenville/Addison area FQHC.
- DuPage County was awarded \$300,000 to implement recommendations to expand mental health services to serve those who cannot currently access mental health services.
- A 2006 study of prevention funding found that certain areas in DuPage County are underserved and under-funded.

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<sup>86</sup> United States Interagency Council on Homelessness. (n.d.). *Good...to better...to great: Innovations in 10-Year Plans to End Chronic Homelessness in your community*. Washington, DC: Author.

<sup>87</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.





The second objective in Component 7 was to develop needed support services by 2010. Work toward this objective is still underway, but progress has already been made:

- In January 2006, DuPage County convened a Mental Health Implementation planning team to design a system that would increase availability of mental health services.
- In 2006, the Mental Health Access Plan was implemented: Access Community Health Network hired new psychiatric workers, Outreach Community Ministries hired 2 part-time psychologists, and the DuPage Community Clinic hired a psychology doctoral intern.

## **Successes and Challenges**

CoC members expressed confidence in their growing ability to identify the need for homeless services in DuPage County. A mental health taskforce made up of representatives from hospitals, health care services, National Alliance for the Mentally Ill, and other agencies has come together to address the discharge of individuals with a mental illness and linkages to services.

However, the needs of the community are rapidly changing, and several stakeholders stressed the growing need for mental health and substance use services in DuPage County. Stakeholders identified the lack of a residential detoxification treatment center in DuPage County as a significant barrier for homeless clients working to attain services and housing, as well as the lack of wrap-around supportive services for mental illness and substance use. Informants reported that the DuPage Health Department is the only large mental health provider in the county. DuPage P.A.D.S. provides emergency shelter for the chronically homeless, but clients with erratic behavior (often due to mental illness or substance use) are often turned away. Stakeholders from both the Needs Assessment Committee and Grants Funding Committee expressed an interest in using CMIS to better measure mental health and substance use needs, so that additional funding can be explored.

Several stakeholders and committees identified the lack of flexible funding for supportive services, case management, and mental health treatment as barriers to providing needed services to help people stabilize and maintain housing. In addition, there have been increases in funding for housing, but not for attached supportive services.

## **Looking Forward: The Next 5 Years**

The Grants Funding Committee remains committed to building supportive services to help meet the needs of homeless persons in DuPage County. Main themes for the next 5 years include increasing funding and continuing to build support services.

### **1. Increase Available Funding**

- Develop/expand capacity of mental health and substance use treatment services in order to increase the number of people receiving services.
- Raise awareness among providers regarding funding opportunities:
  - Hold a "Funders Fair" for providers to meet funders and learn about funding options
  - Continue work on "Funders' Collaborative."
  - Provide training sessions for providers on funding opportunities.
  - Create a dialogue between funders and providers – consider adding funders to the DuPage CoC to make this an ongoing process.

### **2. Support Services**

- Work with Health Coalition through DuPage Federation on Human Services Reform and with Access DuPage Network to continue building available support services.
- Continue to document unmet needs and use this data to explore funding.



## Component 8: Increasing Income

### Overview

The National Alliance to End Homelessness (NAEH) recommends that community Plans make mainstream programs accountable for preventing and ending homelessness. Enrollment in mainstream benefits and earned income through employment can help end homelessness, and 81 percent of 90 community Plans evaluated by NAEH included a component to link homeless persons with services. Local chambers of commerce are involved in 23 percent of Plans. Best practices for increasing income include a living wage to address the needs of persons who are working.<sup>88</sup>

In order to support housing costs, Component 8 of the DuPage County Plan to End Homelessness emphasizes the need for homeless service providers to assist homeless persons in securing enough income to afford rent by rapidly linking them with employment and/or benefits. Goals included maximizing homeless persons' incomes by enrolling them in mainstream benefit programs and finding or improving employment program opportunities.

The Community Outreach Committee, along with the DuPage Federation on Human Services Reform, was responsible for this component. Suggested action steps included identifying the programs available at the DuPage County Workforce Development Division (WDD) that can increase employment earnings for homeless persons, improving access to these WDD programs, and putting systems in place that obtain cash assistance from TANF or SSI as quickly as possible. WDD is part of the WorkNet DuPage Career Center of DuPage County and is funded by the Workforce Investment Act. WDD provides employment, training, education, and related services to job seekers and employers. In addition, the Plan called for further developing the working procedures with the Social Security Administration and the Veterans Administration.

When the Plan was developed in 2004, the DuPage CoC was developing memorandums of understanding with the Illinois Department of Human Services, Social Security Administration, Veterans Administration, and the DuPage County Workforce Development office in order to increase the income and benefits of homeless persons. DuPage P.A.D.S. had become an affiliate of the Workforce Development Division and was providing employment services at its daytime Support Center.

### Looking Back: Progress to Date


**Goals:** The main goal of Component 8 was to secure enough income for rent by rapidly linking homeless individuals with employment and benefits.

**Activities:** The first objective in Component 8 was to increase usage of existing mainstream benefits to 50 percent of eligible clients. The DuPage Federation on Human Services Reform was responsible for this goal, which was achieved through the following activities:

- Baseline data was gathered on the usage of benefits by eligible clients.
- The DuPage Federation invited IDHS and the Illinois Hunger Coalition to work together to strategically compile data and develop strategies to minimize barriers through agency collaboration.
- A Barriers Task Force was convened by the CoC in 2004 to determine if there is a consensus that an issue in benefits access does exist in DuPage County; to gather

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<sup>88</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.

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- information about barriers, anecdotal and factual; to identify potential solutions to resolve each barrier, and to identify next action steps and the role of each participant.
- Following the work of the Barriers Task Force, strategies were developed to minimize barriers to employment and enrollment in benefits.
    - The DuPage Federation regularly offers “Making the Connection: Accessing Mainstream Public Benefits” workshops, and the Barriers Task Force is identifying additional potential training programs on mainstream benefits.
    - “The Helper,” a community resource directory, was developed by the Barriers Task Force in order to increase usage of mainstream benefits and ensure that all available funding streams are fully utilized for people receiving or applying for public benefits. This directory has been periodically reviewed and updated and is available on the Continuum website. This directory is also distributed at benefit training sessions.
  - The DuPage Federation on Human Services Reform (the Federation) conducts outreach to encourage usage of these resources and to establish a process to facilitate linkage to benefits.
    - The Federation worked to establish continuum liaisons with each of the mainstream program offices in DuPage County (IDHS, WDD, VA).
    - The Federation consults with and develops specialized products for agencies, and can design a quick reference sheet for benefit eligibility to be used at agency intake.
    - Mainstream benefit program policy updates are available on the Continuum website.
    - The Federation is working with Northern Illinois University to develop a website that can assist agencies with identifying benefits and resources available.
    - The Federation is working on a food stamp outreach grant for the West Chicago area.
    - The Federation is working with the Downers Grove Social Security office and the local IDHS office to provide information on the CoC and community resources, as well as linkages to help staff better identify benefit resources.
    - Client Benefit Specialists at County Health Department are being trained and they will be helping health department clients with applying for public benefit programs.
  - In January 2007, the DuPage Federation on Human Services Reform was approved for a Community Memorial Foundation grant to assist individuals in the eastern segment of DuPage County with access to specific Mainstream benefits: SSA, SSI, Medicaid, and SSDI. The Federation partners with Health & Disability Advocates to provide system advocacy and help individuals navigate the system.
  - A liaison list/resource directory for all mainstream programs and agencies was created for distribution to inmates.

The second objective was to develop strategies to increase income through employment and support services in order to obtain and maintain housing. In September 2004 the Community Outreach Committee recommended eliminating this objective, but CoC documents indicate that it was re-assigned to the Needs Assessment Committee. There has been confusion as to whether this objective was truly eliminated or re-assigned. There have been positive outcomes in terms of employment: 42 percent of homeless persons are employed when they leave supportive programs.

The third objective called for the responsible committee to identify and link with ongoing efforts to change eligibility requirements and to increase benefit levels. In May of 2005 the Community Outreach Committee recommended eliminating this objective. The following activities related to this goal have been completed:

- The committee recognized that the need to identify and link with efforts to change eligibility requirements and to increase benefit levels is closely aligned with identifying barriers to receiving benefits and the need for advocacy.
- Committee members agreed that CoC members need to be aware of other resources available to public benefits recipients. “The Helper” was developed to address this issue.
- Expediting applications for persons who are homeless for mainstream benefits was moved to the first objective in Component 8.



## Successes and Challenges

The Community Outreach Committee and the DuPage Federation on Human Services Reform work together on both this Component and Component 3, which focuses on systems prevention and enrollment in mainstream benefits. There is considerable overlap between the work of these two components. Moving forward, the action steps pertaining to access to mainstream benefits will be housed within Component 8.

As reported in Component 3, there has been tremendous success in increasing mainstream benefits enrollment. The DuPage Federation regularly offers trainings, provides outreach on mainstream benefits, and develops informational materials and resources to help providers assess eligibility and enroll clients in benefits. Providers are confident in their knowledge of mainstream benefits, though are concerned about the high costs for future trainings. Also, despite good training, providers still encounter processing issues with the state agencies that delay receipt.

There has been less work conducted to increase employment opportunities or to change eligibility requirements, the second and third objectives within Component 8, in part due to workload. The Community Outreach Committee is responsible for all or parts of four components in the Plan to End Homelessness, and much of their work has focused on systems prevention, discharge planning, and outreach to the unsheltered. However, they are committed to exploring employment opportunities for homeless clients in the next 5 years. 71.4 percent of CoC members ranked “increased earned income through employment” as one of the top 5 (out of 12) components most important in ending homelessness. Stakeholders suggested increasing skill-building opportunities in the Plan to End Homelessness. Examples include offering job training, financial literacy and management classes, goal setting, and organizational skill training.

The Leadership Committee has discussed the possibility of bringing new stakeholders to the table who may be able to participate in employment training and opportunities, such as local colleges, universities, chambers of commerce, and local businesses. In addition, future collaboration with the DuPage Housing Action Coalition may provide CoC members an opportunity to gain advocacy skills and advocate on behalf of changing eligibility requirements.

## Looking Forward: The Next 5 Years

The Community Outreach Committee remains committed to improving access to employment and opportunities to increase homeless persons’ income. Main themes for the next 5 years are to explore workforce development programs and expand access to mainstream benefits.

### **1. Workforce Development**

- Expand homeless employment program opportunities.
- Explore homeless employment models, social enterprise models, and developmentally disabled models.
- Work with College of DuPage, One-Stop, DuPage Worknet, Workforce Development Department, and West Suburban Jobs Network.

### **2. Mainstream Benefits**

- Work with townships regarding access to general assistance and consider MOUs.
- Increase capacity to screen for benefits at intake at agencies in the CoC.
- Continue outreach to agencies regarding mainstream benefits.
- Commit to ongoing benefits training and consider varying the format of the trainings (1 to 2 hour sessions, some focused on particular topics, and fee reductions).
- Provide continuing education to hospitals (case managers, social workers, etc.) in order to increase enrollment of eligible persons into mainstream benefits programs.
- Keep track of outcomes following trainings and enrollments in order to increase enrollment of eligible persons into mainstream benefits programs.



## Component 9: Creating Permanent Housing

### *Build the Infrastructure*

#### Overview

Housing should be a central part of any Plan to End Homelessness: without an adequate supply of accessible and affordable housing, homeless service programs cannot help clients transition into housing. Of the ninety 10-Year Plans to End Homelessness evaluated by the National Alliance to End Homelessness (NAEH), 92 percent address permanent housing, and 67 percent use a Housing First Approach. Best practices include permanent supportive housing for chronically homeless and disabled individuals; local legislation in support of a housing wage; linkages with employment assistance or benefits to help afford rent; accessible services; partnerships with landlords and housing developers to improve access to affordable housing; and short-term financial assistance to help individuals attain housing and get stabilized. It is also important to include stakeholders who will affect housing availability: 60 percent of Plans involve local housing authorities, 57 percent involve nonprofit housing developers, 30 percent involve for-profit housing developers, and 20 percent involve landlords.<sup>89</sup>

Component 9 encompasses a central goal in the DuPage County Plan to End Homelessness: to identify and develop an adequate supply of all types of housing. Tasks included expanding the number of permanent supportive housing units, expanding the supply of affordable rental housing units, increasing the number of rent subsidies for market rate housing, and exploring opportunities for developing Safe Haven, Shelter + Care, and Single Room Occupancy housing.

The Grants Funding Committee was responsible for this component. Identified partners included representatives from DuPage P.A.D.S., Catholic Charities, DuPage Human Services, DuPage Housing Authority, and DuPage Housing Action Coalition. The Grants Funding committee was to focus on identifying specific new housing needs, program and funding feasibility, and action steps necessary for the development of this housing. In addition, the CoC was to establish relationships with housing developers, government housing programs, county government, and municipal government regarding housing needs for the homeless and those at risk of homelessness (Chart 4).

#### Chart 4 - Component 9 Goals

- Expand the number of permanent supportive housing units.
- Build inventory of affordable rental housing units.
- Develop additional rental subsidies to increase affordable housing options.
- Develop permanent supportive housing alternatives for the chronically homeless who may not want to participate in services.
- Identify the housing needs for homeless subpopulations.
- Develop partnerships with relevant stakeholders.
- Develop networks with community groups to increase housing advocacy and resources.

When the Plan was developed in 2003, the DuPage Continuum had in the 5 years prior funded 54 permanent supportive housing individual beds with the DuPage Health Department, 5 family supportive housing units through Catholic Charities, and another 27 permanent housing units for families and individuals with Catholic Charities and DuPage P.A.D.S. See Table 22 for a complete history of funding for permanent supportive housing.

<sup>89</sup> National Alliance to End Homelessness. (2006). *A new vision: What is in community plans to end homelessness?* Research Reports on Homelessness in America. Washington, DC: Author.





## Looking Back: Progress to Date

**Goals:** The main goals were to develop relationships with housing advocacy organizations, develop new permanent supportive housing units, and create countywide rental subsidy programs to supplement Housing Choice Vouchers. These goals were achieved.

**Activities:** The first objective was to develop and formalize the CoC's partnership with the DuPage Housing Action Coalition (DHAC) and other appropriate organizations such as the Supportive Housing Providers Association to advocate for the needs of the chronically homeless. The Community Outreach Committee was responsible for this objective, and the following tasks were completed to achieve this goal:

- The CoC Leadership Committee met with DHAC representatives to identify common goals and opportunities to work together on housing issues that affect homelessness and housing in the county.
- A Memorandum of Understanding was developed with the CoC and DHAC that delineates the relationship between the two groups and their respective roles.
- DHAC continues to advocate on behalf of issues that affect homelessness and housing in DuPage County:
  - In 2006, DHAC worked with DuPage Federation and DuPage United to bring grant recipients together to advocate against cuts to the FY 07 Human Services budget.
  - In 2006, DHAC held a meeting regarding the Affordable Housing Plan developed in the 1990s and made the following recommendations: there is a need for a housing coordinator at the county level; municipal engagement must be fostered; and a constituent coalition should be developed.
  - DHAC continues to work to develop relationships with local legislators, establish questions for campaign candidates to respond to, and develop legislative agendas.
  - DHAC actively advocates for federal Housing Voucher reform with Congresswoman Judy Biggert and at the state level on various other issues such as Real Estate Transfer Tax reform, the Safe Homes Amendment, "Good Housing, Good Schools," and Tenant Protection in Foreclosure.
  - DHAC is involved with the Affordable Housing Symposium in promoting advocacy efforts regarding affordable housing.

The second objective was to create 20 permanent supportive housing (PSH) units for the chronically homeless with 20 more units in the pipeline by 2008. The Grants Funding Committee was responsible for this objective, and this goal was met and surpassed. Since the Plan was implemented, 175 new PSH beds have been developed, and as of March 2008, there are a total 319 PSH beds in DuPage County:

- The DuPage Health Department has designated 50 percent of their regular PSH beds for the chronically homeless as of 2007.
- The Grants Funding committee continues to encourage partnerships between service providers and developers and educates Continuum members about HUD funds and uses.
- DuPage CoC has obtained new PSH funding every year that incentive projects were offered by HUD (since 1999). (Incentive projects became Samaritan Projects for chronically homeless in 2005).
- As of April 2008, there are three community housing development organizations in DuPage County: Community Housing Association of DuPage (CHAD), Housing Continuum Inc., and DuPage P.A.D.S. Bluestem Housing Partners, NFP has applied to be a community housing development organization, but has yet to be certified.
- A new funding source was identified for support services in permanent housing projects, from IDHS Bureau of Homeless Services (supportive housing line item in state budget).



**Table 22 - History of New Permanent Supportive Housing Funding Received in DuPage County**

Application Year	Agency	Units/Beds	HUD Category	Project Name
1999	DuPage County Health Dept.	12 units /28 beds*	PSH - individuals	Cap 6 & 7
2000	DuPage County Health Dept.	3 units/6 beds*	PSH - individuals	MISA
2001	DuPage County Health Dept.	6 units/14 beds*	PSH - individuals	Cap 5
2002	Catholic Charities	5 units/24 beds	PSH - families	New Hope
2003	Catholic Charities/DuPage P.A.D.S.	14 units/14 beds individuals 13 units/58 beds families	PSH – individuals PSH - families	Partners In Housing
2004	DuPage County Health Dept.	17 units/ 26 beds	Shelter + Care – 14 individuals + 3 families	Shelter + Care
2004	Catholic Charities	17 units / 76 beds	PSH - families	SHIFT – changed from TH to PSH
2005	DuPage P.A.D.S.	7 units/ 7 beds	PSH – chronic individuals	Carol’s Place
2006	DuPage P.A.D.S.	7 units/ 7 beds	PSH – chronic individuals	Sanctuary House
2007	DuPage P.A.D.S.	7 units / 7 beds	PSH – chronic individuals	Bright Start
2007	DuPage County Health Dept.	5 units/ 10 beds	PSH –chronic individuals	SAIL
Total – HUD funded		113 units/ 277 beds		
Non-HUD Funded				
2007	Catholic Charities	4 units/22 beds (3- 3 br and 1 2-br)	PSH	DOME
2008	DuPage P.A.D.S.	8 units /20 beds 4- 2 br for families and 4 - 1 br for individuals (1 per unit)	PSH	Olympus Place
Total – Non-HUD funded		12 units/ 42 beds		
GRAND TOTAL		125 units/ 319 beds		
*50% of these beds from the DuPage County Health Dept. have since been designated for the chronically homeless				

The third objective was to create countywide rental subsidy programs to supplement Housing Choice Vouchers by 2009. The DuPage Housing Action Coalition and Grants Funding Committee were responsible for this objective. The following tasks were completed:

- DuPage County received 29 vouchers in the first round of funding of the Statewide Rental Housing Support Program. There are two more rounds to go.
- The Howlett Initiative, a pilot program implemented by DuPage Housing Authority, has released 125 vouchers, mainly for persons exiting transitional housing (as of March 2008). Originally, the program was to provide 25 vouchers per year for 5 years, but all 125 were released at once due to high demand.



## Successes and Challenges

There has been tremendous progress in the development of new permanent supportive housing in DuPage County. Important partnerships have been established, and additional funding streams for new housing and housing subsidies have been tapped. Yet there is still a considerable shortage of permanent affordable housing in DuPage County and a shortage of appropriate housing for special populations, including homeless families.

Housing is a key component in the Plan to End Homelessness and many committees' work directly or tangentially relates to housing, yet they are unsure where the goal of housing best fits. Some stakeholders suggested developing a new committee comprised of representatives from various committees, businesses, and agencies whose focus would solely be housing. For example, a Housing Committee could work with the Needs Assessment and Grants Funding Committees to determine the type of units and areas where housing is needed, and work with agencies to address the need. However, leaders were concerned about a new committee as many CoC members are stretched thin with their existing volunteer work on the Continuum.

Related to housing challenges is the lack of public transportation in DuPage County, which makes it difficult to house people and hope that they will be able to secure employment. Several survey respondents identified transportation as an issue that is vital to ending homelessness, yet it is not directly addressed in the Plan to End Homelessness.

Key informants also identified a need for more private sector involvement, as well as increased municipal understanding of the need for affordable housing. The size and composition of DuPage County was also identified as a barrier – stakeholders suggested that it is too easy for towns to “pass the buck” to a neighboring town when “NIMBY” (not in my backyard) issues arise.

## Looking Forward: The Next 5 Years

The Grants Funding Committee remains committed to permanent housing being a central component in the Plan to End Homelessness. Priorities over the next 5 years include developing new goals for housing, outreach and marketing, and creating new partnerships.

### **1. Housing**

- Develop a new numeric goal for permanent units (use CMIS data and street count).
- Look at HUD applications for guidelines on new housing goals and benchmarks.
- Measure the percent of need that is met by current permanent housing.
- Connect providers to funders through Funders Fair, Funders' Collaborative, and trainings.

### **2. Outreach/Marketing**

- Improve public awareness of homelessness and housing issues.
- Bring housing developers to the table through outreach.

**3. Advocacy:** DuPage Housing Action Coalition (DHAC) met to discuss their role in the Plan to End Homelessness. They are committed to participating and being an active member of the CoC.

- DHAC will invite the CoC to its Annual Meeting to set their legislative agenda.
- DHAC will conduct advocacy trainings at intervals so that CoC members can be more comfortable doing advocacy work.
- DHAC launched a new website, which will be an important source of information and action for CoC members.
- DHAC will encourage greater membership in DHAC by CoC members.
- DHAC would like a standing portion of the CoC membership meeting (10 to 15 minutes) to discuss advocacy, legislative updates, and ways CoC members can be involved.



# The DuPage County Plan to End Homelessness: Successes and Challenges

DuPage County's Plan to End Homelessness emphasizes emergency and systems prevention, outreach to unsheltered, needs assessment, creation of permanent housing, supportive services, increasing affordable and different types of housing, and moving people experiencing homelessness into permanent housing as quickly as possible, following a Housing First approach.

## Successes of the Past 5 Years

Stakeholders are engaged and committed to ending homelessness in the County and are proud of the many successes over the last 5 years, not the least of which is that **federal funding for homeless services in DuPage County totaled \$3,052,322** in 2007, a 38 percent increase since 2003. Other successes include the following:

### *Increase in Homeless Prevention and Outreach Opportunities:*

- ✓ **Homeless Prevention Funding has increased by over 160 percent** in the last 5 years, rising from \$460,000 to \$1,232,184 in 2007.
- ✓ The **first Open Door Day** was held in February 2007 attended by 40 unsheltered individuals.
- ✓ Information on **1,400 social service agencies throughout DuPage County** is listed on the County's Community Resource Information System.
- ✓ A **community resource directory, "The Helper,"** was created for providers and clients.

### *Increase in Housing Options:*

- ✓ There are **229 emergency shelter beds** and **573 transitional housing beds**.
- ✓ There are **319 permanent supportive housing beds**, an increase of 560 percent since 2003.
- ✓ **154 Housing Vouchers** were made available in 2008.
- ✓ DuPage County has obtained **new funding for permanent supportive housing** every year that incentive projects have been offered.
- ✓ **3 Community Housing Development Organizations** have been or are being developed.

### *Formalized Systems Prevention Advocacy:*

- ✓ The Continuum of Care and the **DuPage Housing Action Coalition** formalized their relationship to work together on housing issues in the county.
- ✓ **Discharge protocols** were created with foster care, health care, mental health, and corrections.

### *Increased Access to Mainstream Benefits and Services:*

- ✓ CoC members have received training on **mainstream benefits** programs.
- ✓ There are **3 Federally Qualified Health Centers** in DuPage County.
- ✓ A **Mental Health Access Plan** was created to increase the availability of mental health services.

### *Prevention of Homelessness and Increased Stability:*

- ✓ **32,631 people received emergency assistance** in 2007, allowing them to avoid homelessness and stay in their homes.
- ✓ **42 percent of homeless persons are employed** when they leave supportive programs.
- ✓ Over **80 percent of homeless persons stay in permanent housing** over 6 months.

### *Better Information to Assess Needs:*

- ✓ All HUD-funded agencies are using CMIS, the county-wide Client Management Information System, to **collect and analyze data regarding homelessness**.

## Influence of the Plan to End Homelessness

CoC members and stakeholders were surveyed to determine how the Plan has influenced their work. In order to put these results into perspective here is a brief description of those who responded to the survey. The majority of survey respondents (87.5%) provide direct services. There was a significant diversity in the length of time the respondents have been involved with the CoC: 26.5 percent have been involved for only 0-1 year, 14.7 percent for 2-4 years and 58.8 percent for 5 years or more. A significant minority of respondents were not involved in the initial plan development and have had limited interaction with the plan.

That having been said, stakeholders interpreted the overall vision of the Plan, to end homelessness in 10 years, in a number of ways. Most (72.7 percent) do not believe this will be accomplished, particularly within the time frame. This skepticism is rooted in a few issues:

- the homeless system not having enough resources to accomplish the goal;
- worsening economic factors beyond the control of the CoC (increasing housing costs, declining wages, growing poverty); and
- limited/lack of leverage of the CoC over mainstream systems.

Stakeholders did, however, see a number of positive systemic outcomes related to the Plan (Table 25). These included raising awareness of homelessness in a suburban county and of needs of people who are homeless, and increased collaboration of homeless agencies. A consistent finding in this evaluation process has been that the Plan to date has considerably increased collaboration and the strength of the CoC.

<b>Table 25 – Ways the Plan Impacted Homelessness</b>	
<b>How Has the Plan Impacted Homelessness in the Past 5 Years?</b>	<b>% Yes</b>
Promoted collaboration	56.1%
Raised awareness	49.1%
More services	35.1%
Increased funding	24.6%
Increased use of evidence-based practice	19.3%
Fewer people who are homeless	12.3%

The Plan has had varying degrees of influence on CoC members (Table 26). Just under half (42.9 percent) of CoC organizations have changed its work or services to better align with the Plan. The priorities of the Plan are reflected in half (51.3 percent) of the organizations' strategic plans

<b>Table 26 – Survey Responses: Degree to Which the Plan Influenced CoC Members</b>	
<b>To What Extent Does the Plan Influence or Guide Your Work? (n=57)</b>	
Extremely/ Very influential	38.4%
Somewhat influential	33.3%
Slightly influential	20.5%
Not at all influential	7.7%
<b>If not at all influential:</b>	
Plan does not reflect our priorities	0%
Plan is not directly relevant to our work	100%

Moving forward, the CoC should investigate ways to promote integration of the Plan into the work of all of the agencies within the homeless system.



## Challenges Faced in Plan Implementation

1. **Growth in Demand:** Stakeholders identified the changing needs and populations in DuPage County as a new challenge in service provision. Increases have been seen in people with a mental illness and/or substance use disabilities, mothers with children and others (Table 2). Providers also reported a significant increase in the number of people at risk of homelessness including those who have jobs but still need assistance with food and housing because their incomes are simply not sufficient to cover the cost of living in DuPage County. Others at-risk include new immigrants and people who have predatory loans.
2. **Not Enough Funding for Services:** Stakeholders and committees identified the lack of flexible funding for supportive services, case management, and mental health treatment as barriers to providing needed services to help people stabilize and maintain housing. Prevention providers resoundingly agree that there is not enough flexible funding for staff time and support. Also challenging is the lack of an accessible detoxification facility.
3. **Shortage of Affordable and Appropriate Housing:** The lack of affordable housing in DuPage County continues to be a challenge as does the limited availability of specialized housing including low-demand units and supportive housing (Table 13). In addition, there continues to be public resistance to building new housing, whether it is affordable, low-demand, or interim shelter housing.
4. **Other Challenges:** Many homeless system innovations have occurred in urban settings, posing challenges in translating models to services in a suburban setting. Stakeholders also reported that it is especially hard to house families, due to a lack of appropriate housing, and HUD's emphasis on chronically homeless single individuals. In addition, there are limited employment opportunities or public transportation options for homeless individuals in DuPage County, making the transition to housing and self-sufficiency more difficult.
5. **Plan Specific Challenges:** There was confusion with how to move forward on a few components given the considerable overlap in goals, tasks, and key stakeholders. Moving forward the DuPage CoC has the opportunity to realign Plan components and responsibilities in ways that align more closely with CoC committee purpose and operations. In addition, many committee members expressed concern about their scope of work. Membership on the CoC, and on special committees, is essentially a volunteer position, and stakeholders were concerned about committee members being stretched too thin.



# The DuPage Plan to End Homelessness

## Moving Forward

In evaluating the DuPage County Plan to End Homelessness, successes, challenges, and suggestions regarding CoC operations were identified. When the Plan was developed in 2003, the CoC demonstrated their commitment to work together over the next 10 years toward the goal of ending homelessness. This mid-point evaluation provides an opportunity to not only re-evaluate progress and action steps in the Plan, but also to examine the Plan as a whole, and the supporting CoC operations, communications, and planning processes.

The DuPage CoC applied many best practices in the development of its Plan to End Homelessness. The nine components of the Plan closely align with the four areas emphasized by the National Alliance to End Homelessness: plan for outcomes, close the front door to homelessness, open the back door out of homelessness, and build the infrastructure. There are many emerging practices being used across the country that DuPage has not yet incorporated into their work. This update serves as a good opportunity to reexamine best practices and emerging models elsewhere and to determine whether or not to apply them in DuPage.

DuPage stakeholders felt that on the whole, the Plan covered the right areas of homeless services and prevention. When asked what else they would do to end homelessness if they had the resources, survey respondents had several ideas:<sup>90</sup>

*"**Interim housing and services** to assist homeless individuals in reducing the barriers that cause homelessness (mental illness, substance abuse, change in employment, etc.)...and offer **onsite health care services** for those we serve."*

*"Expand **outreach in underserved communities**. Create a robust **employment center** with focus on job development, placement, and training/preparation for at-risk adult job seekers."*

*"Provide more **subsidized housing vouchers** so that clients can move from our transitional housing to permanent supportive housing."*

*"We would like to see that the presence or needs of **homeless juvenile wards of the state** or former wards, who typically have specialized health care needs, often mental health care needs, would be assessed."*

*"Expand **permanent supportive housing** so all chronically homeless individuals who were eligible could be afforded the opportunity to call a place a home."*

*"Provide more **supportive services** to those who are homeless or at risk."*

*"We would provide **substance abuse treatment services with transitional housing** for women with children...We would develop **a transitional housing program** that would bridge the gap between people in primary care treatment or hospitals who are waiting to enter residential care."*

*"People who are at the greatest risk of homelessness need **services prior to becoming homeless**. Homelessness is usually not the result of one event. It happens when conditions come together at the same time. Address those conditions for those at greatest risk to prevent the homeless situation from happening."*

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<sup>90</sup> Quotes throughout this section are from CoC members who completed the evaluation survey.





## Recommendations

### A. Update Plan to More Effectively Assign Responsibility and Communicate Goals

One of the key strengths to the successful implementation of a Plan to End Homelessness is assignment of responsibility for the Plan components. Moving forward the DuPage CoC has the opportunity to realign Plan components and responsibilities in ways that align more closely with CoC committee purpose and operations. Realignment may also help stakeholders understand how the Plan as a whole works and how it interacts with the homeless system.

1. **Review and Update Plan Goals:** It is often easier to communicate system goals to key audiences than specific components or interventions. Refresh goals and use in presentations.
2. **Revise Plan Structure:** the following are proposed component recommendations:
  - Reorder the components. In presenting the Plan, leading with the CMIS system is a challenge to keep audiences engaged. Instead, move the core service delivery areas to be front and center.
  - In order to clarify goals and responsibilities, it is recommended that the action steps for the Shortening Homelessness component be divided across a number of components (primarily services and housing) instead of standing on their own. The vision of Shortening Homelessness should still be strongly embedded in the plan.
  - Combine the Timely Re-housing Component with the Creation of Permanent Housing Component as there is considerable overlap in goals, tasks, and key stakeholders. Retain the vision of Timely Re-housing throughout the plan.
  - Add a specific component on Funding to align with CoC committee structures and functioning. Funding is vital to the Plan's success, and the need for resource generation needs to be more explicit. Have each committee submit funding priorities annually.
  - Organize the components into two functional areas:
    - Fundamental Homeless System Service Delivery Components (Homeless Prevention, Outreach & Engagement, Housing, Employment/Other Income, and Services)
    - Key Homeless System Foundation and Resources (Needs Assessment Data, Funding, and Systems Change)
3. **Assess Committee Responsibilities:** While each committee has accomplished a great deal of work on their assigned component(s), many members expressed concern about their scope of work. Membership on the CoC, and on special committees, is essentially a volunteer position, and stakeholders were concerned about members being stretched too thin.
  - Given the time consuming SuperNOFA responsibilities of the Needs Assessment and Grants Funding Committees, reevaluate their ownership of so many components of the Plan, and assess opportunities to have them focus on funding priorities.
  - Investigate assignment of responsibility for housing goals. The creation of permanent housing, development of housing models, and placement of homeless persons into appropriate housing are central goals in the Plan, and many committees' work plans relate to these goals. However, there is no committee where these goals all fit together, and there are limited mechanisms to share information across committees, except at the Leadership Committee. Thought was given to creating a housing committee that would have representatives from different committees and work on the big housing picture, but there were concerns that this was too great an obligation for members who are already stretched thin. Leadership decided to spread across three existing committees and improve communications through a dashboard of housing benchmarks and progress.
  - Because there is both considerable overlap between the work of various committees and limited methods for formal communication between committees, the Leadership Committee should be formally assigned with oversight of the full Plan. This oversight will not only allow centralized ownership, but will also allow for evaluation efforts to come from and be supported by the Leadership Committee.

Table 27 has the proposed components, order and assignment of responsibility relative to the initial plan. Suggestions are based on discussions at committee meetings, interviews with key stakeholders, and an analysis of challenges faced in the first 5 years of Plan implementation and are designed to align with the operational structure and nature of the DuPage CoC.

<b>Table 27 - Updated vs. Initial Plan: Proposed Components, Order and Responsibility</b>			
<b>Updated Component</b>	<b>Assignment of Future Responsibility</b>	<b>Initial Component</b>	<b>Initial Committee Ownership</b>
<b>1.Homeless Prevention:</b> assist persons at risk to maintain their housing through emergency assistance and eviction prevention	Homeless Prevention Provider's Committee, Grants Funding Committee	2. Emergency Prevention	Grants Funding & HPP
<b>2. Outreach &amp; Engagement:</b> conduct outreach to shorten homelessness, and community outreach to build awareness and support	Community Outreach Committee Leadership Committee	4. Outreach to Unsheltered	Community Outreach & DuPage Federation
<b>3.Housing:</b> generate long –term housing solutions (supply, vouchers, models) and a way to navigate the system in order to re-house everyone in a timely way	Needs Assessment Committee Grants Funding Committee Community Outreach Committee	6. Timely Re-housing  9. Creating Permanent Housing	Needs Assessment Committee  Grants Funding & DuPage Federation
<b>4. Employment/Other Income:</b> provide access to mainstream benefits, employment, and other income	Mainstream benefits: DuPage Federation Employment: P.A.D.S. & partners including Workforce Development, WorkNet, and West Suburban Job Network	8. Increasing Income	Community Outreach & DuPage Federation
<b>5. Services:</b> provide and link to case management, mental health, substance abuse, and health care services to shorten homelessness and increase housing stability	Mental health: DuPage Federation Substance abuse: Community Outreach Committee Needs Assessment Committee	7. Support Services	Grants Funding & DuPage Federation
<b>6.Needs Assessment Data:</b> utilize the Homeless Management Information System (CMIS), and the homeless count to influence system decisions	Needs Assessment Committee CMIS Users Group	1. Needs Assessment Data	Needs Assessment & CMIS Users Group
<b>7. Funding:</b> seek funding from the HUD Continuum of Care, Illinois Dept. of Human Services Homeless Prevention and ESG funds, DuPage County Community Development Block Grant and others	Grants Funding Needs Assessment Committee		
<b>8. Systems Change:</b> promote discharge planning, and housing advocacy to prevent homelessness and shorten the length of time people spend homeless	DuPage Federation on Human Services Reform DuPage Housing Action Coalition	3. Systems Prevention	Community Outreach & DuPage Federation
<b>Merge with services and housing</b>		5. Shorten Homelessness	Needs Assessment



## **B. Update Key System and Plan Processes**

The achievement of the following recommendations will be worked toward within the limits of available time and funds.

### **1. Build Public Awareness of the Plan: Ownership, Outreach, and Marketing**

Successful Plans have the public support of elected officials and regularly report progress to the community to share success and raise awareness.<sup>91</sup> Official involvement and marketing of the Plan were two themes that came up in meetings and interviews during the evaluation process.

*"Create a vision for municipalities and Chambers of Commerce. Encourage workable solutions they can implement. While not meaning to be, these groups are pretty uninformed of need."*

*"Help municipalities adopt visions, such as: each community needs to care for its own; people should be able to live where they work."*

Suggestions of actions for the Leadership and Community Outreach Committees to improve Plan public awareness included:

- Invite media to events to release reports on successful outcomes and progress.
- Host legislator and executive director breakfasts.
- Investigate funding for an ad campaign on the face of homelessness in DuPage County.
- Use the "America's Road Home Statement of Principles and Action" for endorsement of the 10 Year Plan by the Mayors, Managers, and DuPage County officials.
- Develop a marketing plan for the Plan to End Homelessness.
- Develop Plan spokespeople.
- Create a simple presentation for outreach to:
  - Business groups (e.g. Chambers of Commerce, Rotary, housing developers, banks)
  - Philanthropic groups (Lions clubs, foundations)
  - Churches and community groups
  - Congressional offices and municipalities

### **2. Institute Annual Evaluation, Planning and Reporting**

A key strength to the successful implementation of a Plan to End Homelessness includes measurable goals. Moving forward DuPage County has the opportunity to refine its goals, data collection, and reporting in order to show progress made in addressing homelessness in a timely way. Initially some components were set up for better measurement than others, and stakeholders had mixed opinions on how well outcomes had been measured and reported. To help ensure that the Plan remains a living and dynamic document, strategies were discussed and are recommended to facilitate regular opportunities for evaluation and strategic planning:

- Have each committee conduct an annual evaluation and strategic planning to update component action steps. Each committee could devote one meeting per year to filling out a logic model/plan for the next year's work. This would give the committee an opportunity to measure progress in the last year, and then plan for the year ahead, with clear activities and outcomes to make objectives concrete and measurable. Have all committees use the same template. At this time each committee should also assess membership and determine if recruitment of new stakeholders is necessary.
- Create an annual report card to document Plan progress. This is a user-friendly short report that highlights big picture successes within certain categories and provides a snapshot of the prior year's work. The Leadership Committee would have oversight of this.
- Annually bring media attention using the report card format to inform the community of successes, partnerships, unmet needs and challenges that still exist

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<sup>91</sup> United States Interagency Council on Homelessness. (n.d.). *Good...to better...to great: Innovations in 10-Year Plans to End Chronic Homelessness in your community*. Washington, DC: Author.

### **3. Cultivate CoC Membership and Engagement of New Stakeholders**

A common theme in stakeholder interviews and strategic planning sessions was the value of collaboration with other agencies. Through the Plan, formal relationships have been built with discharging institutions and advocacy groups such as the DuPage Housing Action Coalition. Stakeholders agree that the Plan has increased collaboration, that these collaborations continue to be valuable.

- It is recommended that future efforts should encourage an even more diverse group of stakeholders to come to the table. Possible new partners include:
  - Local funders and foundations
  - Chicago's CoC (work on advocacy)
  - For-profit housing developers
  - Consumers
  - Elected officials, mayors, managers
  - Faith-based groups

Several CoC members discussed the importance of planning for the future of the CoC, specifically how to plan for leadership succession when current leaders retire and/or leave the CoC.

- It is recommended that the CoC investigate committee leadership options such as revolving chairs, or creating vice-chair positions to cultivate new leadership.

*"Recruit individuals who see the big picture to participate."*

*"It would be helpful to have more active members from the financial institutions, and housing developers."*

The twice-yearly full membership meetings provide a valuable opportunity for members to meet and learn more about the work of the different CoC committees, progress toward the goals laid out in the Plan, and ongoing opportunities to improve service delivery.

- It is recommended the CoC use these meetings and the CoC website for a variety of purposes:
  - Legislative updates: DHAC members requested a standing portion of these meetings to update the CoC on advocacy, current legislation, and ways to get involved.
  - Orientation to the CoC and the Plan: hold a 30-minute orientation/update on the CoC and the Plan prior to one full membership meeting annually to inform new members.
  - Add agenda items to the full meeting allowing for updates from each committee.

*"I would like to see more regular communication from the committees to the general membership."*

*"Improve feedback about the various committee activities and how each committee is aligning with the other."*

Members of the Continuum of Care appear committed to the Continuum and the Plan. 77.1 percent of survey respondents attend half or more of all scheduled CoC meetings. 26.3 percent would not change anything about these meetings, 12.3 percent would make meeting content more relevant to their work, and 10.5 percent would make the meeting process more efficient.

- The CoC should explore new member information sessions and ways to solicit input from members as to agenda content for full CoC meeting.

*"For new members to the Continuum, have a full information session on the processes of the Continuum, why it exists, what its purpose is, who it reports to, etc..."*

### **4. Integrate the Plan to End Homelessness with Other Key Plans in the County**

There are a number of planning processes happening in DuPage County.

- The CoC should have representation at other planning tables to ensure that the needs of people who are homeless are represented and to inform the Plan to End Homelessness.

*"We have goals for CDBG regarding homelessness, but these goals are not necessarily in alignment with the DuPage County Plan to End Homelessness."*



# Updated DuPage County Plan to End Homelessness

In reviewing the evaluation findings and recommendations the Leadership Committee of the DuPage Continuum of Care has agreed to the following goals, components and next steps for the DuPage County Plan to End Homelessness.

## Global Goals of the DuPage County Homeless System and Plan to End Homelessness:

1.

## Components of Updated Plan to End Homelessness:

### ***Fundamental Homeless System Service Delivery Components***

1. **Homeless Prevention:** assist persons at risk to maintain their housing through emergency assistance and eviction prevention
2. **Outreach & Engagement:** conduct outreach to shorten homelessness, and community outreach to build awareness and support
3. **Housing:** generate long-term housing solutions (supply, vouchers, models) and a way to navigate the system in order to re-house everyone in a timely way
4. **Employment/ Other Income:** provide access to mainstream benefits, employment and other income
5. **Services:** provide and link to case management, mental health, substance use, and health care services to shorten homelessness and increase housing stability

### ***Key Homeless System Foundation & Resources***

6. **Needs Assessment Data:** utilize the Homeless Management Information System (CMIS), and the homeless count to influence system decisions
7. **Funding:** seek funding from the HUD Continuum of Care, Illinois Dept. of Human Services Homeless Prevention and ESG funds, DuPage County Community Development Block Grant Funds and others
8. **Systems Change:** promote discharge planning and housing advocacy to prevent homelessness and shorten the length of time people spend homeless



## Key Next Steps

1. **Homeless Prevention:** Moving forward the primary focus of the work will be on funding, systems improvements and education to prevent homelessness. Specific next steps include:
  - Policy and advocacy work with DuPage Housing Action Coalition
  - Annually update best practices manual
  - Explore flexible funding
  - Establish a staff/client ratio to work toward
  - Create an early warning system, with the eviction court process for example
  - Streamline case processing methods
2. **Outreach & Engagement:** Moving forward the primary focus of the work will be on street outreach, low demand housing, and mental health services. Some specific next steps include:
  - Identify funds to support system navigators
  - Explore how to translate Safe Haven model into effective suburban model
  - Launch Assertive Community Treatment (ACT) teams, if funding can be secured
  - Build on street count to link with services
  - Hold more Open Door Days
  - Conduct outreach to new partners
3. **Housing:** Moving forward the primary focus of the work will be on increasing affordable and appropriate housing supply. Some specific next steps include:
  - Set new numeric goal for new units
  - Connect providers with funders
  - Measure percentage of total need met by current permanent supportive housing
  - Bring housing developers to the Continuum of Care (CoC)
  - Continue the CoC and DuPage Housing Action Coalition (DHAC) collaboration
  - Collaborate with landlords and employers on housing and transportation options
  - Look for additional funding options for rental assistance
  - Explore alternative forms of housing (family, co-op, 55+)
4. **Employment/Other Income:** Moving forward the primary focus of the work will be on enrollment in mainstream benefits and linking with employment training and programs. Some specific next steps include:
  - Continue to provide mainstream benefits trainings and explore ways to lower the cost
  - Track outcomes following mainstream benefits trainings to document progress
  - Increase capacity to screen for benefits
  - Explore homeless employment models and expand training opportunities
  - Expand homeless employment program opportunities
  - Investigate linkages with townships' general assistance programs
5. **Services:** Moving forward the primary focus of the work will be on funding to expand case management, mental health, and substance use services. Some specific next steps include:
  - Expand/develop capacity of mental health and substance use treatment services to meet growing need
  - Survey CoC agencies on mental health needs over time to identify unmet needs
  - Seek funding for supportive services
  - Use the Homeless Management Information System to track length of stay and services accessed
  - Work with Department of Child and Family Services on transitional services for youth
6. **Needs Assessment Data:** Moving forward the primary focus of the work will be on Homeless Management Information System (CMIS) system support, quality control, addressing vendor issues, and examining system expansions. Some specific next steps include:
  - Utilize custom reports



- Explore export function and alerts for missing data
- Create a checklist for data entry, Countywide User's Manual, Best Practices Manual
- Add a Problem/resolution component to CMIS Users Group meetings
- Monitor and support end-user data entry, user trainings
- Continue to improve the Point-in-Time Street Count
- Measure and report on unmet needs
- Assess level of resources needed for maximized operations
- Hire a full-time system administrator for CMIS

7. **Funding:** Moving forward the primary focus of the work will be on bringing in federal, state, local, and private funds into the CoC. Some specific next steps include:

- Continue to successfully submit the SuperNOFA
- Each committee will identify funding priorities
- Offer training sessions to providers on who funds what services
- Hold a "funders fair" to bring funders and providers together
- Measure utilization of funding for homeless prevention services by geography
- Track unmet need to inform funding requests
- Gather follow-up data to highlight successful programs and need for funding
- Raise awareness on who is homeless in DuPage
- Participate in the Funders Collaborative

8. **Systems Change:** Moving forward the primary focus of the work will be on discharge planning, advocacy with mainstream providers, and housing advocacy. Some specific next steps include:

- Establish partnership to create a mental health resource guide
- Work with townships regarding general assistance
- Provide continuing education to hospital staff
- Participate in creation of the Mental Health Leadership Council's "Air Traffic Control System"
- DuPage Housing Action Coalition will conduct advocacy training for the CoC and provide legislative updates
- Continue discharge planning Memoranda of Understanding and determine ways to monitor implementation
- Work with townships on access to services and on occupancy codes

## Snapshot of the DuPage County Plan to End Homelessness Components

