

Component 1: Needs Assessment Data Planning for Outcomes

Initial Rationale

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. A centralized data system will allow providers to examine who is homeless, how many people are homeless, why, and for how long. It will measure available programs and resources, as well as services that are lacking. A Homeless Management Information System (HMIS) will help develop a baseline and way to evaluate needs, measure outcomes and success, and allocate resources. The NAEH recommends that local data be collected through a planning process focused on the end goal of eradicating homelessness. A plan covering the spectrum of homeless services and needs, from chronically homeless to those at-risk of becoming homeless should be developed with the input of a broad range of stakeholders. Planning for outcomes should be an ongoing, collaborative, and integrative process.

Goal

The DuPage Homeless Continuum will have a fully functional CMIS system that can 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, the level of their interaction with mainstream benefits and programs, the effectiveness of homeless services in obtaining permanent housing and increasing their participation in mainstream programs. All homeless services providers are contributing data to the countywide CMIS. The system will provide aggregate reports on the characteristics and needs of homeless and at risk persons on a real time basis. The system will identify the number and characteristics of persons in DuPage who are chronically homeless and need permanent supportive housing. This data will be used to identify the most effective strategy for each subgroup of the homeless population and used for planning purposes by those responsible for mainstream as well as homeless-targeted resources.

Responsible Committees

The Needs Assessment (NA) Committee and CMIS Users Group are the responsible parties for identifying objectives, action steps, and timeframes to achieve this goal. The focus will be on 100% participation by all homeless providers, agreeing on the type of data needed, setting up the reports needed to analyze the data, what they need to look like, and what information has to be input to obtain these results.

DuPage County Baseline: 2004

The DuPage Homeless Continuum is using Service Point by Bowman as the software for its Homeless Management Information System. The system is operational but not fully functional at this time. In order to acquire data currently, a manual Providers Survey and a manual Street Count are being implemented. These are being completed by the DuPage Federation on Human Services System Reform.

Progress to date

- √ Objective 1.1: Establish universal criteria for needs assessment data entry by 2004.
 - 1.1.1 CMIS users group to set sub-committee that represents major agencies. (Completed 2004, meetings held monthly)
 - 1.1.2 Define terms or field needing definition.

(Completed 2004, all minimum data requirements have been agreed upon.)

1.1.3 Agree upon definitions.

(Completed 2004. Users have agreed upon needed definitions)

1.1.4 Report back to full CMIS Users Group

(Completed 2004. All areas of concern are fully discussed at the CMIS meetings)

1.1.5 Publish glossary of terms for all agencies.

(Completed 2004. HUD published document on required fields with definitions)

√ Objective 1.2: By January 2006 all HUD funded agencies will be fully entering data into all required fields to the CMIS system.

1.2.1 Secure “going live date” for DuPage Health Department participation in CMIS. (Completed. Health Dept. began using system in 2005).

1.2.2 Assist Family Shelter Services in addressing barriers to participation in CMIS.

- HUD has agreed not to require DV providers to use the CMIS system due to confidentiality issues (2/05)

1.2.3 System Administrator will review agency data to assure full entry of required field. (NA Committee suggests dividing this into 3 individual steps for close monitoring – 2006)

1.2.3.a: Develop report to verify that entries and exits match data on the NA Quarterly Report (2006?)

1.2.3.b: Develop a report that CMIS Users agree will assure accuracy of program enrollment data for all HUD funded programs.(2006?)

1.2.3.c: Develop a quarterly report that reflects overall use of system: CMIS group will establish elements of report (2007)

1.2.4 Continued training is planned as system is updated and staff change.

(Completed 2007. CMIS Users group oversees training needs that are presented by participation agencies. In 12/05 reps attended ART Training. Training is ongoing and operations, no longer strategic and needed ongoing monitoring.

√ Objective 1.3: Audit and analyze data in the system to ensure integrity and usage, beginning in 2005.

1. Determine data fields to be audited for agencies and the system.

(ART ordered in '05. Once in place, System Administrator can begin to develop reports – 06)

2. Develop reports.

2005: DuPage hired a consultant to assist with development of reports who is meeting with all agencies to find out their needs. Once the ART is accessible reports can be developed.

2007: ART is in place and reporting capabilities have increased.

3. Run audits.

- CMIS can run audits on individual agencies as well as users through the Custom Report Writer within Service Point

4. Summarize findings and report to CMIS

- Have ability to summarize any report run and provide these findings to anyone requesting same.

5. Develop plan for correction as needed

- Custom Report Writer is meeting current reporting needs. Lack of ART is not a major issue at this time.

6. Implement corrective actions
 - By utilizing the Custom Report Writer, most all of reporting needs are being met.

Objective 1.4: By January 2006 all other relevant providers that support homeless populations will be invited to participate in CMIS.

1. CMIS System Administrator prepares a list of agencies to invite.
 - As of 2/08, have not created an updated list of providers to invite with regards to participation in CMIS
2. Send letter of invitation. (2005, 06)
 - No letters of invitation have been created.
3. Evaluate response (2005, 06)
 - There are no responses.

√ Objective 1.5: By 2006, using the CMIS system, complete an annual “gaps analysis” for homeless services.

1. Meet with System administrator, Peg and Needs Chair to determine fields and reports required. (meeting held 1/2006)
 - There has been no update to the meeting of 1/06 with regards to required reports.
2. Contract for development of custom report from Bowman System if needed. (Complete. Leslie will develop with ART, new Report Writer. DuPage has also contracted with a Service Pont Consultant as needed – 1/06)
 - The ART has been added to the system and is currently undergoing an update of available memory.
3. Run Report and verify accuracy. (Targeted goal is to run a sample report for data on 1/26/06 when data is available)
 - Have run report and it appears to be very accurate.
4. Share with Needs Assessment Committee and Chairman’s Forum for approval. (Info will be shared – 2006)
 - At the committees invitation, this information will be shared (2/08)

√ Objective 1.6: By 2007, conduct a technology audit for all CMIS users.

1. Determine what is to be audited. (Completed 2005)
 - Still auditing the same information on both the agencies and the users.
2. Develop process for audit activities (Completed 2005)
 - Currently auditing all agencies twice yearly.
3. Run audit (Completed 2005)
 - Audit can be run at any time for any agency or program.
4. Prepare a report of findings and needs for update. (Completed 2005)

Note: Goal is complete. Initial concern of committee was to ensure that all agencies would continue to have the technology needed to run the system. Since the beginning the CMIS Users Group has been the forum for periodic review of each agency’s hardware and system needs. The S.A. compares identified needs with financial resources and orders equipment as needed to make the system operational.

 - All agencies are given the opportunity to obtain new or replacement hardware when requested. These options are given monthly at Users Group Meetings as well as at the twice-annually conducted site visits.

Component 2: Emergency Prevention Programs Close the Front Door

Initial Rationale

Prevention of homelessness is important and a high priority and necessary to keep people housed. An efficient emergency prevention system should be in place with resources for direct and flexible assistance.

Goal

The DuPage County Homeless Continuum will have in place an Emergency Prevention system that assists the maximum number of persons possible and operates efficiently. The DuPage Continuum's centralized intake and referral system at DuPage County Human Services will allow all persons at risk of homelessness timely access to the appropriate homeless prevention programs they need to prevent becoming homeless. In addition to direct client assistance, support for the administration of these programs is necessary. The DuPage Homeless Continuum will provide direct financial assistance to keep people housed. This includes temporary subsidies that may go beyond a one-time payment. Assistance available will include rent/mortgage direct assistance, utility assistance, emergency food, clothing, utility help and transportation, landlord/lender intervention, legal assistance and pre-eviction counseling, default counseling, and housing advocacy. Structural components will be addressed to provide the flexibility and coordination that is necessary for a fully successful emergency assistance program.

The focus will be 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, 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 a part of an overall homeless prevention effort.

Responsible Committees

The Grants Funding Committee and the Homeless Prevention Provider Network will be the responsible entities. They will work with the homeless prevention providers including Catholic Charities, The People's Resource Center, Wheaton Youth Outreach, Outreach Community Ministries, Hinsdale Community Services, Salvation Army, Naperville Cares, Northeast Family and Youth Services, and the DuPage County Human Services Department in identifying objectives, action steps, and timeframes to achieve this goal.

Baseline 2004:

The DuPage Homeless Continuum has currently five main homeless prevention service providers. These agencies provide food, clothing, transportation, prescriptions, and direct rent and utility financial assistance. Public funding of approximately \$460,000 is distributed annually¹. The funds available do not support the staff time necessary to distribute or meet all administrative requirements.

Best Practices

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 U.S. Interagency Council on Homelessness (USICH) recommends prioritizing high-risk populations in emergency prevention efforts. In a national examination of community plans to end homeless, 79% of the 90 plans surveyed addressed emergency prevention, most often offering assistance in

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

the form of rent subsidies, mortgage or utility assistance, and case management. Recommended practices include:

- Prevention efforts targeted at communities with high percentage of rent-burdened households
- Housing vouchers/Subsidized housing
- Housing locaters
- Landlord outreach
- Identified funding sources
- Measurable goals and timeline for achievement of these goals

Case Study: Denver, Colorado's plan to end homelessness, which has seen significant reductions in the number of chronically homeless people, calls for funding one-time eviction, foreclosure and utility support for individuals living at 0-50% of the area median income. The plan also recommends working with landlords to reduce barriers to entering housing, such as reducing or waiving application fees, deposits, and move-in fees.

Case Study: Grand Rapids and Kent County, Michigan's plan calls for the development of a coordinated application for public assistance benefits and a slush fund for housing assistance for rent payments, mortgage, etc., and funds for landlord and tenant education.

Progress to Date

√ 2.1: By the end of 2005, coordinate between homeless prevention providers and community partners re: resources available and requirements for accessing them. A signed agreement will document intent to coordinate.

2.1.1 Homeless prevention fund guidelines will be posted on CRIS.

- Guidelines posted and provided with RFPs. Includes a description of best practices, outlines requirements for funding, procedural guidelines, definitions, and requirements for who can and cannot receive assistance. (4th quarter, 2004)

2.1.2 Identify community partners who need this information. (1st quarter, 2005)

2.1.3 Develop outreach materials re: homeless prevention.

- Prevention resources were listed on DuPage County's Community Resource Information System (CRIS) which provides information on 1400² social service agencies through DuPage.

2.1.3.1 Define guidelines for all homeless prevention providers

- Guidelines posted on continuum website and provided with RFPs (2007). Includes a description of best practices, outlines requirements for funding, procedural guidelines, definitions, and requirements for who can and cannot receive assistance.
- Completed evaluation of current process in November 2006, and standards for homeless prevention services were accepted.

2.1.3.2 Include publicity for Federation Mainstream Benefits training

2.1.3.3. Include follow-up and "agreement" with this material (1st, 2nd, and 3rd quarters, 2005)

2.1.3.4. Distribute material

2.1.4. Incorporate training on homeless prevention resources in Federation Mainstream Services training (2nd Q, 2005)

² DuPage County Human Services. www.dupageco.org

2.2: By 2005, expand housing resources available for a one-time, short term and transitional financial assistance that could be used to avert eviction. Measure: 10% increase in number of those who receive homeless prevention services (See Table 2.2)

Legal 2.2.1. Have an idea of a baseline of resources (3rd Q, 2004)

2.2.1.1 Counting

2.2.1.2 Identify legal assistance available and needed (3rd Q, 2004)

- Partners identified: Hope Fair Housing, Prairie State, Center for Independent Living, DuPage Bar Association.
- Prairie State Legal provides legal assistance

Housing 2.2.2. Identify “formal” homeless prevention resources available and needed. (3rd Q, 2004)

- County offers tenant/landlord rights education, shared housing programs. Community partners in providing support include IL Employment and Training center, IDHS, VA, College of DuPage, SSA, Martin Russo Health Center, and DuPage Community Clinic. DuPage Co. Community Services Dept. has toll-free number for centralized intake and referral for homeless and at-risk households within 24 hours of initial contact.

2.2.2.1 Define gaps in current services (4th Q., 2004)

- November 06 Grants Funding Meeting: analysis of geographic distribution of homeless prevention dollars compared to geographic distribution of persons with incomes below poverty level (indicator of at risk of homelessness). Showed that areas of the county (West Chicago, Addison, areas with high Hispanic concentration) appear to be underserved.
- July 07 Grants Funding Meeting: recent study of how federal and state homeless prevention funding were used overlaying the funding on a map of the county that identified poverty areas in the county – helps identify which areas are over served and which are underserved. Appears there are areas that get significantly more funding than others. Discussion on whether there are better ways to distribute funds, whether structural changes are needed, whether funding should be limited by city, village or township boundaries, whether a single pool from which funds can be dispersed is workable, etc.

2.2.2.2. Define support services needed (1st Q, 2005)

2.2.3. Develop systems to address current gaps. (2nd Q., 2005)

- January 2007 RFP and funding recommendations give funding priority to programs serving underserved areas.
- DuPage Homeless Prevention Partnership established geographic services areas to ensure non-duplication of cash assistance and other services by different agencies.

2.2.4 Develop Housing First promotion activities (4th Q., 2005)

Table 2.2: Numbers Served

Services received	FY 2004	FY 2005	FY 2006
Emergency assistance (food, clothing, Rx, transportation)	24,086 people	25,451 persons (7000 households)	34,675 persons (14,227 households)
Rent or utility financial	4,349	3,926 of these persons (1332)	2,765 persons

assistance	(1424 households)	households).*	(908 households)
*Note: 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			

Source: 2005, 2006, and 2007 Prevention Providers Surveys

Rent/Utility Assistance Only

Agencies Reporting	2004 HH	2005 HH	2006 HH	2007 HH
PRC	260	230	169	270
Catholic Charities	268	203	212	257
DuPage Community Svcs.	238	286	224	321
Outreach Comm Ministries	331	286	303	356
Hinsdale Community	327	327	No report	209
Northeast Family Svcs	No report	No report	No report	62
Salvation Army	No report	No report	No report	731
Naperville Cares	No report	No report	No report	660
Totals	1424	1332	908	2866

2.3: By the end of 2007, ensure adequate funding for case management services to process applications. Measure: 10% increase on case management \$ annually for three years.

2.3.1. Identify current baseline of funding available (4th quarter, 2004)

- Public funding for emergency prevention services totaled \$460,000 per year in 2004 (2003 CoC though??) (but % for case management?)³
- The IDHS allocation was 350,900 in FY 05 and FY 06. Jumped to \$ 701,800 in FY 07 and remains that for FY 09.
- In FY 2004 the only dollars used for case management would be those obtained from DuPage CDBG.
- There were no dollars allocated for case management from IDHS until FY 2005 and then it was 7% of their individual agency allocations. This continued in FY 06 and FY07. In FY 08, it increased to 10%. The amounts received by each IDHS provider can be tracked.
- FY08 available for distribution (Continuum of Care Homeless Prevention): \$701,800

2.3.2. Identify partners/sources for increasing funding (1st quarter, 2005)

Funding sources:

- Congress Emergency Food and Shelter Program (EFSP) funds – applications handled through West Suburban United Way. Agencies include Catholic Charities, Salvation

³ The DuPage County Homeless Continuum Plan for Ending Homelessness, April 2004. Page 1 (2003 Fundamental Components Service Activity Chart – CoC Exhibit One 2003).

Army, DuPage County Community services, Outreach Community Ministries, Hinsdale Community services and People’s Resource Center

- CDBG
- HUD
- Grants for main prevention providers: ESFP/FEMA, ESG, ESGP, IDHS, CSBG
- Only 10% of homeless prevention funds can be allocated for staff time –
- Compassion Capital Fund, HOPE, SOAR

2.3.3. Identify new services for funding (2nd quarter, 2005)

2.3.4. Approach funders for funding (3rd quarter, 2005-2006)

2.3.5. Advocate for funding (1st quarter, 2005-2006)

Table 2.3: 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, Outreach Community Ministries, Peoples Resource Center, Salvation Army, Naperville Cares, and Northeast Family and Youth Services.
Funds	Public funding for emergency prevention services totaled \$460,000 per year.	In FY2007 and FY2008, DuPage Continuum had \$701,800 to distribute in Homeless Prevention Funds.

2.4: By 2007, develop two new homeless prevention programs to address early intervention and influencing factors in homelessness.

2.4.1. Research variables involved in homelessness, i.e. mental health, learning disabilities, family systems (1st quarter, 2006)

- May 2006, group of executive directors and key homeless prevention staff (Working Group) started meeting to examine homeless prevention system and network through which it works, involved agencies. Agreed that system works adequately well, but that improvements can be made and it is a valuable process to re-assess the system

2.4.2 Identify “out of poverty” programs needed (4th quarter, 2006).

- November 2006 Grants Funding meeting: Rental Housing Support Bill – DuPage can apply for funds. Targeted to < 30% MFI and project based – rent support stays with the landlord. Initial estimate is to apply for 200 units. Ongoing.
- DuPage received 29 units in the first round – these will stay with the Housing Authority ongoing. Will apply in the next round for project based rental support.
- New Samaritan projects (GF Meeting April 2007)
 - SAIL Project – funded in the 2007 awards for 5 units for 10 persons.
 - Bright Start project – funded in the 2007 awards for 7 units for 7 persons
- Working Group prepared an RFP to solicit interest in participating in Continuum’s homeless prevention system -RFP is a good opportunity to refine system, improve consistency, and assure access to homeless prevention services in underserved areas. (REQUEST FOR PROPOSAL For Administration and Distribution of Homeless Prevention Funds From the DuPage County Homeless Continuum (January 2007)

- RFP based on homeless prevention goal of 10-year plan and requires applications to demonstrate accessibility, client-centered services, efficiency, wrap-around services, cost efficiency, high need areas, accountability, collaboration, cultural accessibility and outreach. Must participate in HMIS.
- 5 proposals were received.

Agency	Persons	Households
PRC	656	166
Catholic Charities	654	252
DuPage County	957	319
Outreach Ministries (includes numbers for Northeast DuPage Family)	636	190
Total	2903	927

- New initiative in eviction court b/w DuPage Co. Community Services and Prairie State Legal Services
- Increased outreach in W. Chicago by DuPage CO. Community Services and “WE Go together for Kids”
- Increased outreach to Addison with partnerships between Outreach Community Ministry and Quad Community Social Services

2.5: By 2008, ensure that there is an adequate amount available annually for direct financial assistance to all persons who need it.

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**Component 3: Systems Prevention
Close the Front Door**

Initial Rationale

The NAEH recommends that community plans to end homelessness address and streamline mainstream sources of homelessness (jail/prison, mental health institutions, hospitals, substance abuse systems, foster care, hospitals, etc) to ensure that systems transition people into housing and mainstream benefits programs. According to a Regional Roundtable on Homelessness’ (10-5-05) report on discharges from correctional facilities: “A significant number of those released from prison across the nation – 12% in 1999 – were homeless at time of arrest. (Bureau of Justice Statistics, *Reentry Trends in the U.S., Characteristics of Releases*). For those with a mental illness, number of prisoners homeless at time of arrest was closer to 20% (Reentry policy council). Many homeless people identify release from prison as a factor leading to homelessness, and homelessness is correlated with increased rates of re-incarceration.

Goal

The DuPage Homeless Continuum will 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. Persons leaving these public systems will have stable housing available and the means to maintain it. The DuPage Homeless Providers will ensure that all eligible persons will be enrolled and benefit from all mainstream programs

(mental health, substance abuse, TANF, child welfare, SSI, CA, Medicaid, Kidcare, etc.) for which they are eligible that can assist in meeting their housing needs.

Responsible Committees

The Community Outreach Committee is the responsible entity. They will work with the DuPage Federation on Human Services Reform in identifying objectives, action steps, and timeframes to achieve these goals. They will work with the mainstream program personnel to: expedite application processes and application submissions; train case managements staff in effective procedures for successfully accessing mainstream programs, and increase their outreach efforts to the homeless clients. They are already well on their way to achieving these activities. The next step is to prioritize activities, set out their action steps in sequence, and designate responsible persons. They will also work on developing and implement, to the extent practicable, policies for the discharge of persons from publicly funded institutions or systems of care. These institutions and systems of care include health care facilities, foster care or other youth facilities, and corrections programs and institutions. The purpose is to prevent persons being discharged from immediately becoming homeless.

Baseline:

Policies and programs designed to prevent DuPage County residents who are being discharged from public systems of care from becoming homeless are in place. The DuPage County Health Department provides 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 – (SNAP)” and their Linkage and Aftercare program. However, this does not always result in securing stable housing for all people discharged from public systems. Continuum wide efforts to increase the enrollment of homeless persons in all eligible mainstream benefits programs are in process and will continue to expand. The DuPage Federation on Human Services Reform is preparing a “Guide to Selected Mainstream Programs”. These benefits address the fundamental needs of homeless persons for income and support services.

2004 Data:

- IDOC discharges have increased by 40% between 2000 and 2004 with 90% of individuals on parole. As of 3/05, over 700 people had been released in FY 05 to the county under parole (IDOC)
- Between 1994 and 2003 the average daily jail population in the county increased 67% from 46 to 76 per 100,000. During this period the daily jail population in other collar counties decreased by 24%.

Best Practices

NAEH recommendations:

- Hospitals identify homeless people upon admission and immediately start planning discharge.
- Offer incentives to programs that reduce the number of their clients/wards who become homeless, and penalize programs when a client does become homeless.
 - Case Study: Local city officials in Quincy, Massachusetts are working with state officials to develop a “zero-tolerance policy” toward discharging people into homelessness.
 - Case Study: Massachusetts adjusted the contract for the State’s managed care provider to require a reduction in discharges to shelters. If they do not reduce this number, financial penalties will be placed in the reimbursement scheme.
- 91% of 10-year plans evaluated by the National Alliance to End Homelessness (NAEH) include a systems prevention/discharge component.
- 86% of plans include strategies to improve discharge planning from correctional facilities

- 67% address discharge from hospitals
- 62% address transition from foster care
- 61% address discharge from mental health facilities

Progress to date

√ 3.1 By December 2005, increase the linkage to permanent supportive housing and services for persons leaving institutions by developing coordinated discharge policies with oversight and agreement to use the policy.

3.1.1 Identify all potential discharge policies (4th quarter, 2004)

- Identified potential organizations interested in discharge planning
- May 05: K. Nelson preparing a grid for frontline workers to better understand the issues. State will not create formalized discharge plans: due to new HUD regulation they will not fund housing for persons who have a formal discharge plan
- August 05: draft of discharge policy review including potential participants in planning discussion
- Discharge Planning Committee met in December 05, focused efforts on discharges from DuPage County Jail. Reps met with Jail staff to identify issues, resources and data gathering. Committee planed to reconvene with a primary focus on mentally ill individuals being released who only have three days of drugs needing linkage to systems of ongoing drugs and treatment.
- Identified need for discharge policies, goals, elements of successful planning, resources and discharge planning, who is involved
- DuPage Fed. leading a task force to learn more about individuals discharged into homelessness from public institutions and to identify possible solutions (3-06)
- 2007 SuperNOFA Exhibit O - Formal Discharge Protocol Implemented:
 - Foster Care
 - Health Care
 - Mental Health
 - Corrections

3.1.2 Collect discharge and pre-release agreements and alert key contacts re: objectives/actions (4th quarter, 2004)

3.1.3 Review present discharge policies and compile into one document (1st quarter, 2005)

3.1.3.1 Distribute and review (?)

3.1.3.2 Compile (?)

- Identify jail discharge policies and options for treatment post-incarceration. However, no system exists to coordinate the process b/w medical care, Rx coverage, and payment sources (April 2006)

3.1.4 Identify other continuum of care action plans to see if they are working on this and develop a coordinated action (4th quarter, 2004)

3.1.5 Draft sample discharge and pre-release protocols (3rd quarter, 2005)

- Sample draft of MOU completed (b/w Discharging institutions and CoC regarding Discharge planning policies)

3.1.6 Get key stakeholders to develop coordination agreement (4th quarter, 2005)

3.1.7 Develop marketing strategy for buy-in (4th quarter, 2005).

- Discussed at 2-04 meeting having “positive press regarding the homeless once the two workshops for the action plan” are completed, since it would be a positive plan for people of DP to be aware of.

Partners: DMH Network, DASA, DOC, County Jail, MH Court, DCFS, D.D., Nursing Homes, Veterans

Note: 2006 HUD application lists goal of finalized jail protocol in 2007, foster care protocol final in 2011, and jail and foster care protocol in use by 2016. (Development of foster care discharge protocol at statewide level with Regional Roundtable on Homelessness)

Note (KN, 2-07): Significant portion of 3.1 is being incorporated into the goals of the DuPage Health Coalition and its Mental Health Leadership Council (MHLC) subcommittee. MHLC will set up a task force to develop a kind of “Air Traffic Control system” that would centralize information about resources for the mentally ill. When a person is then discharged from a hospital, jail, prison, etc., the doctor or other official would have a central starting point to begin to locate resources, triage the resources so that the right people received the right services, actually link the person to the service so that they do not fall through the cracks. The air traffic control committee will be meeting for the first time sometime in the next couple months to further plan.

√ 3.2 By September 2005, continue to develop and implement strategies between housing first and mainstream service systems to ensure receipt of mainstream benefits by eligible persons.

3.2.1 Finish contacts to mainstream providers to complete MOU's (3rd quarter, 2004)

3.2.1.1 Distribute final MOU or agreement to continuum members. (3rd quarter, 2004).

• As of 2/04:

- Signed agreement from IDHS-DuPage
- Veterans Assistance Program ready to sign their MOU
- Social Security still discussing theirs
- K. Nelson has met with Workforce Devo Office for their MOU
- DuPage Housing Action Coalition and Continuum reps met prior to 2/06 Community outreach committee meeting to establish a MOU, delineating the relationship between the two groups and their respective roles
- Considering MOUs with jail, prisons, hospitals, and DCFS
- Sample MOU b/w discharging institution and CoC regarding planning policies and practices doc completed.

3.2.1.2 Review MOU's annually to ensure compliance/update or change. (3rd quarter 2005, ongoing)

3.2.1.3. Distribute liaison list for mainstream programs. (2nd quarter, 2005).

- (August 04): all mainstream programs now have liaisons for agencies to contact
- Resource directory provided to inmates

3.2.2 Properly identify potential eligibility

- (October 2005) Community Resources Directory complete and ready to be posted on Continuum website. Will continue to update and distribute at benefit training sessions – developed in order to increase usage of mainstream benefits and ensure that all available funding streams are fully utilized by persons eligible for and applying for benefits

3.2.2.1 Provide training re making the connection. (4th quarter, 2004- one person from each organization

- Ongoing trainings – 6 in 2004, 5 in 2005-2006.
- Workshop scheduled one time each month – working to design a whole day workshop that will alternate each month with a half-day workshop
- Community resource manual posted on continuum website.

3.2.2.2 Link eligibility check-ups to CMIS (TBD after CMIS is fully functional)

3.2.3 Train/network mainstream programs about CoC (4th quarter, 2004).

3.2.3.1 Develop broad based training program on CoC.

(DuPage Federation in charge of providing trainings)

1/2007: DuPage Federation was approved for a Community Memorial Foundation grant to assist individuals in the eastern segment of DuPage CO. with access to specific Mainstream benefits: SSA, SSI, Medicaid and Disability. Federation will partner with Health Disabilities Advocates and assist individuals with how to navigate through the system and system advocacy.

2/2007: Grant with HDAD is continuing. Barriers subcommittee is working to identify potential training programs, and continue with the training through Making the Connection series. K. Nelson is worked with NIU to develop a website that can assist agencies with identifying benefits and resources available. Site will include a chat room to be able to share information and problem-solve linkage issues. Training programs will also be linked to the site. Client Benefit Specialists at DCHD are being trained and they will be helping health department clients with applying for public benefits programs. Also working on writing a FS outreach grant for West Chicago area.

Component 4: Outreach to the Unsheltered Homeless Opening the Back Door

Initial Rationale

The National Alliance to End Homelessness recommends a Housing First approach, along with a systematic method of reaching out to find and house homeless persons, especially the chronically homeless and those suffering from mental illnesses or substance abuse. As part of Housing First, short-term housing is provided for the minimum time needed to access permanent housing.

Goal

The DuPage Homeless Continuum will have an outreach and engagement system in place that reduces barriers to housing all homeless persons who are not sheltered. A key focus will be the development of low demand housing which will provide housing for unsheltered persons with mental illness and substance abuse treatment needs. A system of communication among human service providers will be developed and utilized to provide outreach services to the unsheltered homeless so that they can be rapidly placed.

Responsible Committees

The Community Outreach Committee is the responsible entity. It will work with the DuPage Federation in identifying objectives, actions steps, and timeframes to achieve this goal. They are designated to determine all outreach systems currently in place, gaps in outreach, and recommend plans for achieving outreach and rapid housing to persons living on the streets and other homeless persons. They will work in collaboration with all the major homeless providers and the DuPage Health Department.

Best Practices

In a 2006 evaluation of ninety 10-Year Plans, the NAEH reported that 79% of these plans included an outreach component. Approximately one-third focus on ending chronic homelessness. NAEH recommends

that local agencies reach out to unsheltered homeless, engage them, reduce barriers to housing, and provide them with a quick link to housing.

- Project Homeless Connect
- ACT Teams
- Safe Haven
- Shelter + Care
- SRO
- Housing support centers
- Quick access to services and mainstream programs through one-stop service delivery centers
- Permanent supportive housing for chronically homeless
- Consumer-oriented service teams
- Integrated system of mental health/substance abuse services

DuPage County Baseline: 2004

The DuPage County Homeless Continuum does not have in place any organized efforts to provide outreach to persons who are not sheltered. These persons are living in cars, forest preserves, parks, and underpasses. An organized outreach effort is needed to bring in the unsheltered homeless. In the 2003 Provider Survey, the Continuum assessed the informal outreach efforts taking place.

Progress to date

Objective: Have an outreach and engagement system with emphasis on mentally ill and substance abusers.

4.1 By 2006, establish a system of coordinated street outreach for persons who are homeless.

4.1.1. Establish a working group (Through Community Outreach Committee) (completed 3rd quarter, 2004)

- 9-23-05: Community Outreach working group meeting: working group members: Bev Garrett, NCO; Mary Lou Lowry, NAMI; Jeanne Obrochta, Hines VA (will function as a collaborative agency); Carol Simler and Beth Epstein, DuPage PADS; Kathryn Nelson, DuPage Federation

4.1.1 Identify and review existing models (take funding into account) - completed 2nd quarter, 2005

- Met with Thresholds and Heartland Alliance to review models for mobilization and ACT.
- Need to separate outreach workers working in pairs;
- ACT Team Model
 - Health Dept. has funds for DuPage ACT Team as of 2003
 - In 2003 report there are 97 unduplicated individuals in ACT program receiving case management from Health Dept (not on the street, existing cases).
 - Total cost for 2003: \$343,000, \$4373 per person, 5.5 staff members
- Safe Haven Model
- Thresholds model
- MISA program: in 2003 served 141 individuals, \$303000, \$2645 per person, 5.1 staff persons.
- No street outreach (as of 10-05) being conducted by Health Dept.
- Recommend conducting a needs assessment - – planning for services must start with

obtaining an account of what is the demand for services. Inventory of services currently being offered in the county.

- Define number in need of services: Kathryn and Mary Lou will outline assessment of need for street outreach and ACT team
 - Street count 2004: 50 unsheltered
 - 2005: 19 unsheltered
- Will collect data on number of PADS clients who would benefit from a safe haven and the number of clients who need street outreach. This will be collected through an improved street count and in collaboration with the Street Count Task force
- Carol, Beth, Bev, Mary Lou will meet to discuss need for Safe Haven
- Provider surveys, waiting list counts
- Open Door Days – should continue with an emphasis on encouraging agencies to reach out to unsheltered homeless at food banks, day centers, etc

4.1.2 Present recommendations to Leader's Forum - completed 3rd quarter, 2005

- 10-05: after reviewing several models, recommend that DuPage develop a similar model to Thresholds in Chicago with an ACT outreach team for street persons and somewhere the individuals can go (ie. A Safe Haven). In order to determine whether this model is needed in DuPage, committee will collect data on number of PADS clients who would benefit from a safe haven and the number of clients who need street outreach. Need will be determined before making any type of recommendation for project development.

Milestone: Mobilization 2006

4.2 By 2008, develop engagement housing (such as safe havens or harm reduction programs) for those who need permanent housing but are resistant to traditional service models.

- 4.2.1 Establish a working group through Community Outreach Committee (3rd quarter, 2004)
- 4.2.2 Identify and review existing models (take money into account) – 2nd quarter, 2005
 - Serenity house
- 4.2.3 Present recommendations to Leader's Forum – 3rd quarter 2005
- 4.2.4 Steps TBD

Milestone: Establishment 2008

Component 5: Shorten Homelessness Opening the Back Door

Initial Rationale

The goal of permanency in housing is worthwhile. There are currently no incentives to decrease the rate of shelter recidivism or move persons from transitional housing to permanent housing as quickly as possible. The National Alliance to End Homelessness recommends that Continua explore incentives as a way to shorten or avoid homeless episodes.

Goal

The shelter and transitional housing providers have procedures in place to reduce or minimize the length of time persons remain homeless and the number of times they become homeless. There should be incentives for all providers to get persons into permanent housing as quickly as possible. Re-examine the current program requirements to determine where changes that will facilitate permanent housing placement are possible and desirable. Establish outcome measures that ensure accountability for housing results and establish incentives to move persons into permanent housing as quickly as possible.

Responsible Committees

The Needs Assessment Committee is the responsible entity. It will work with all the nonprofit homeless providers and the DuPage County Health Department in identifying goals, action steps, and timeframes to achieve this goal. All the subpopulations and all the major homeless providers will be represented with this group. The group will need to focus on program policies and operational procedures in determining objectives and action steps for these issues. They will need to be very familiar with program operations and constraints, as well as opportunities for change.

Best Practices

67% of the 92 plans researched by National Alliance to End Homelessness include a component to shorten time of homelessness. Practices include:

- Develop housing search methods/housing support centers
- Housing locators
- Decrease use of emergency shelter
- Provide quick access to services and mainstream programs (for example, through one-stop service centers) – address gaps in service delivery.
- Move people out of shelter quickly by providing assistance with housing search services and financial assistance. Provide a link to permanent housing if necessary.
- Minimize length and number of times people are homeless
- Track length of stay in emergency shelters
- Housing First models
- Permanent supportive housing for chronically homeless persons
- Consumer-oriented service teams

Case Study: Chicago's Plan has an interim housing and rapid re-housing program whose goal it is to re-house homeless people within 120 days. Since 2003, 2,200 interim housing beds (turn over more quickly) have replaced emergency and transitional shelter beds.

Case Study: Chicago's Housing Locator Program funds 4 agencies that provide city-wide assistance for housing placement (into private market housing). Staffs work together to update and share a housing database.

Case Study: California Homeless Assistance Program: provides 30 days hotel stay and move-in costs (including rent deposits) for newly homeless families receiving welfare support. Costs about \$700/family, and 60% are stabilized after 6 months.

Progress to date

5.1 By 2006, develop standards for interim housing (shelters and transitional housing) that promote housing placement in the most suitable setting as soon as possible.

APPENDIX C

Component Analysis: The Last 5 Years

- 5.1.1 Identify all emergency and transitional shelters and invite them to the table (3rd Q., 2004)
 - Transitional housing is provided by DuPage PADS, DWAR World Relief, Bridge Communities, Catholic Charities, NCO Youth and Family Services
 - Updates, proposals, and business plans for TH renewal projects regularly presented at committee meetings
 - Subcommittee developed (2004). Catholic Charities and PADS have worked together to identify issues that impact families and individuals in need of emergency housing.
- 5.1.2 Identify principles for standards. Principles to include: Housing First, assessment, referral, benefit linkages, case management, developmental appropriateness, special needs. (1st Q., 2005)
- 5.1.3 Research existing standards and models (1st Q., 2005)
 - PADS has made changes (2004); provide case management to all individuals coming to shelter for housing. Each person meets with staff and is linked to mainstream benefits.
 - Review current best practices standards and match to DuPage practices (Jean Rosio, 2/05)
- 5.1.4 Write standards (3rd Q., 2005)
 - Prepare a written statement of the values accepted by all DuPage Shelter organizations that will expedite placement in permanent housing (Deb Darzinksis, 2/05)
- 5.1.5 Identify gaps, resources, and impact of standards. (4th Q., 2005)
- 5.1.6 Plan implementation with mechanisms for evaluations (4th Q., 2005).
 - Develop a quarterly report on use of residential housing (shelters and TH in DuPage County), noting waiting list issues, gaps, and unmet needs.

NOTE: “NA Committee requests further direction from the Chairman’s Forum on the intent of this goal. The NA committee is tracking quarterly openings more effectively, communications and joint trainings have occurred to improve shelter use, special populations are being identified through this communication, etc. Is something very formal required?”

5.2. **ELIMINATED.** By 2006 Develop an affordable housing clearinghouse that will be used to link household in interim housing with appropriate market housing.:

- 5.2.1. *Create a survey to all homeless providers i.e. market housing resources(including criteria, e.g rent, size, # of rooms) 4th Q, 2004*
- 5.2.2. *Determine best way to house information considering county centralized Info’s, referral, DES hotline, and CRIS. 1st Q., 2005*
- 5.2.3. *Compile results and enter information into system. 2nd Q, 2005*
- 5.2.4. *Develop a plan for keeping information current. 3rd Q., 2005*
- 5.2.5. *Notify providers of the resource. 4th Q., 2005.*

NOTE: This objective was deleted in 2004, since that time Service Point has developed “Housing Point” that may address the needs identified in this goal. Ask the Chairman’s Forum if we should reconsider this program.

Component 6: Timely Re-housing Opening the Back Door

Initial Rationale

All homeless programs must ensure that there is a timely plan for permanent housing and that partnerships have been established to achieve this goal.

Goal

The DuPage Homeless Continuum has in place 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.

Responsible Committees

The Needs Assessment Committee is the responsible entity. It will work with all the nonprofit homeless providers and the DuPage County Health Department in identifying objectives, action steps, and timeframes to achieve this goal. All the subpopulations and all the major homeless providers will be represented with this group. The group will need to focus on program policies and operational procedures in determining objectives and action steps for these issues. They will need to be very familiar with program operations and constraints, as well as opportunities for change.

Best Practices

- 57% of the 90 10-year plans evaluated by NAEH included components to promote rapid re-housing
- Develop housing search methods/housing support centers
- One-stop service centers
- Landlord outreach: encouraging landlords to agree to rent to low-income tenants.
- Housing vouchers
- Miami-Dade County: replaced their shelter system with Homeless Assistance Centers, where all homeless people go through intake and assessment and their immediate needs are met. The goal is to assess and evaluate their overall needs and re-house them ASAP
- California Housing Assistance program: provides 30 days hotel stay and move-in costs (including rent deposits) for newly homeless families receiving welfare support.

Progress to date

√ 6.1 By June 2005, identify an agency that is interested in becoming a community housing development organization.

(Note: Needs Assessment Committee (2005) considers that this goal is completed. See final action step 6.1.7)

- 6.1.1 Gather information on benefits of becoming a community housing development organization. 4th Q., 2004
- 6.1.2 Identify target populations. (1st Q. 2005)
- 6.1.3 Disseminate information that was gathered (2nd Q., 2005)
- 6.1.4 Develop a marketing strategy for buy-in (3rd Q., 2005).
- 6.1.5 Hold community informational meeting. (4th Q., 2005)
- 6.1.6 Follow-up with meeting attendees. (4th W., 2005)

6.1.7 Get a commitment from an agency to become a community housing development organization. (4th Q., 2005).

- Note: Catholic Charities, Diocese of Joliet and DuPage PADS are both seeking to become CHDOs in DuPage County (2005).

√ 6.2 By June 2006, current transitional housing providers will make two of their units per year available for clients to take over the lease and remain in that unit permanently.

Note 1.26.06 (regarding 6.2.2-6.2.5): NA Committee members reviewed this goal and consider it completed. All providers understand and support the housing first strategy. 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.

6.2.1 Identify transitional housing providers. (3rd Q, 2005 Completed)

6.2.2 Determine incentives for buy-in for this concept (4th Q., 2005)

6.2.3 Develop marketing strategy for buy-in. (1st Q., 2006)

6.2.4 Educate transitional housing agencies on housing first concept (2nd Q., 2006)

6.2.5 Assist agencies to develop strategies in order to comply with target goal. (3rd Q., 2006)

6.2.6 Confirmation from agencies that they are in compliance. (4th Q., 2006).

- Note 1-26-06: The NA Committee agreed to add data to track how many TH families who exit the programs are able to remain in their apartment or in the same complex to the Quarterly Report.

6.3 Identify best practices for reducing the time it takes for individuals to get re-housed by June 2007.

6.3.1 Identify resources where information can be gathered on best practices. (1st or 3rd Q., 06)

6.3.2. Identify desired features and screen for them (1st or 3rd Q., 06)

6.3.3 Gather information from identified resources (2nd or 4th Q., 06)

6.3.3.1 Meet with HUD (2nd or 4th Q. 2006)

6.3.3.2 Go on field trips to programs (2nd Q 06 or 1st Q, 2007)

6.3.4. Identify programs that are models of best practices as it relates to timely re-housing (3rd Q 06 or 2nd Q 07)

6.3.5 Compare similarities and differences between “model” and DuPage Continuum of Care. (4th Q 06 or 3rd Q. 07)

6.3.6 Identify the advantages and disadvantages of various elements. (1st or 3rd Q., 07)

6.3.7 Identify practices that DuPage CoC will adopt (2nd or 4th Q., 07).

6.4 Annually, starting by 2008, for-profit housing providers will make a minimum of ten units available to homeless individuals.

6.4.1 Work with housing clearinghouse to collaborate.

Component 7: Support Services Build the Infrastructure

Goal

When persons are housed, they will have timely access to funded services and mainstream programs that will provide health care, mental health services, substance abuse treatment services, etc., necessary for maintaining housing stability. All funding streams for support services will be fully utilized to maximize the services available.

Responsible Committees

The Grants Funding Committee is the responsible entity. It will work with the DuPage Federation in identifying objectives, action steps, and timeframes to achieve this goal. The group will focus on developing new funding sources for support services such as Medicaid, HOPWA, WIA for youth, education programs for youth, federally qualified health centers, etc.

Best Practices

81% of the ninety 10-Year plans studied by the National Alliance to End Homelessness included a objective focused on linking clients with services.

- Integrated system of mental health/substance abuse services – can prevent and stabilize
- Quick access to services and mainstream programs – through one-stop service centers
- Detox centers
- Wrap-around supportive services with housing
- Meet mental health needs of dually diagnosed
- Federally Qualified Health Centers

DuPage County Baseline: 2004

The DuPage Federation on Human Services Reform has completed a “Guide to Selected Health Care Resources in DuPage County” and is also establishing a resource listing of support services to the homeless for distribution to all homeless providers as an aid to the front line workers. The DuPage Continuum has the potential for building their capacity in providing support services to the homeless through untapped or underutilized funding sources. All components of the homeless service delivery system will provide comprehensive, individualized support services designed to maintain housing stability or attain housing stability.

Progress to date

Objective 7: Support Services – Timely access to funded services and funding streams are fully utilized.

7.1 By 2004, identify available, missing, insufficient/inadequate support services.

7.1.1 Define/segment targeted homeless populations. (3rd Q., 2004)

7.1.2 Inventory available support services. (4th Q., 2004)

- FQHCs: Martin Russo Center, 2nd one in West Chicago, third center planned for Bensenville/Addison area

7.1.3 Conduct gaps analysis. (1st Q., 2005)

- July 06: study of federal prevention funding found certain areas that are underserved and under-funded

APPENDIX C

Component Analysis: The Last 5 Years

7.1.4 Develop a list of needed services (1st Q, 2005).

- Discussion of CDBG grants at 7-06 meeting
- DuPage County Board was awarded \$300,00 to implement recommendations on expansion of mental health services to serve those who cannot currently access mental health services (3/05)

7.2 By 2010 develop needed support services.

7.2.1 Convene planning teams to create plans to develop adequate services (4th Q, 2004)

- Worked with content area experts
- 1/06: DuPage County convened a Mental Health Implementation planning team to design a system that would increase availability of mental health services

7.2.2 Examine existing and potential resource to determine what changes are needed. (2nd Q, 2005) - worked with DuPage Federation

- DuPage Federation receiving funding to develop a public benefits website (July 07)

7.2.3 Key organizations endorse the plan for supportive services (1st and 2nd Q., 06)

- Continuum members and affected agencies

7.2.4 Implement plan (3rd and 4th Q., 2004)

- Continuum members and affected agencies
 - Mental Health Access Plan implemented(1/06):
 - Access Community Health Network recruiting psychiatrist and psychiatric social worker
 - Outreach Community Ministries hired 2 part-time psychologists
 - DuPage Community Clinic hired a psychology doctoral intern

7.2.5 Annually analyze and update inventory of supportive services/gaps analysis (4th Q., 06)

- DuPage Federation

Component 8: Increasing Income

Secure enough income for rent by rapidly linking with employment and benefits

Goal

In order to support housing costs, the DuPage Homeless Continuum providers will assist homeless persons in securing enough income to afford rent by rapidly linking them with employment and/or benefits. The homeless service system will make it a priority to maximize homeless persons income by enrolling them in income benefits and/or finding or improving their employment. Partnerships with workforce development programs will be developed to increase their earnings.

Responsible Committees

The Community Outreach Committee is the responsible entity. It will work with the DuPage Federation in identifying objectives, action steps, and timeframes to achieve this goal. The group will focus on identifying the programs available at Workforce Development that can increase employment earnings for homeless persons, improving access to these Workforce Development programs and putting systems in place that obtain cash assistance from TANF or SSI as quickly as possible. It will also further develop the working procedures with the Social Security Administration and the Veterans Administration.

Best Practices & Opportunities

- Living wage
- DuPage County Economic Development Division recruits businesses to the county
- IL Employment and Training Center can provide job training in higher wage jobs that are demanded
- College of DuPage could provide training
- Provide credit counseling through Metropolitan Family Services
- Address needs of working poor – many homeless people report being employed
- Could involve Chamber of Commerce (involved in 23% of plans)

DuPage County Baseline: 2004

The DuPage Homeless Continuum is now 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. Also, DuPage PADS is now an affiliate of the Workforce Development Division and provides employment services at its daytime Support Center. These memorandums are identifying procedures to facilitate identification and enrollment of homeless persons.

Progress to date

Objective: Increasing Income: Secure enough income for rent by rapidly linking with employment and benefits

√ 8.1 By 2005, increase usage of present mainstream benefits to 50% of eligible clients (DuPage Federation)

8.1.1 Determine baseline of # of eligible clients usage by contacting mainstream agencies (4th Q, 2004)

- Kathryn will contact mainstream providers for demographic data (8-04)

8.1.2 Obtain data re: vulnerable populations (4th Q., 2004)

8.1.3 Compile data (1st Q, 2005)

APPENDIX C

Component Analysis: The Last 5 Years

- Invite DHS and Illinois Hunger Coalition to work with committee to develop a process to strategically compile data and develop strategies to minimize barriers by involving agencies in a process
- 8.1.4 Identify why they're not using benefits (4th Q, 2004).
- By 10-04, K. Nelson will convene a **barriers task force** to determine if there is a consensus that an issue does exist; gather information about barriers; anecdotal and factual; identify potential solution to resolve each barrier and identify next action steps and role of each participant (CO 9-04)
 - As of 11-04, task force had met twice
- 8.1.5 Develop strategies to minimize barriers. (1st Q, 2005)
- “Making the Connection: Accessing Mainstream Public Benefits” workshops
 - Community Resources Directory – K. Nelson will continue to update
- 8.1.6 Outreach to encourage usage (4th Q, 2004) (and establish a process to facilitate linkage to benefits)
- 8.1.6.1 Link with other organizations already doing outreach (4thQ, 2004)
- Worked to establish continuum liaisons with each of the mainstream program offices – IDHS, Workforce Devo Office, VA (5/04)
 - Community Resources Guide developed by DuPage Continuum’s barriers task force in order to increase usage of mainstream benefits and ensure that all available funding streams are fully utilized for persons receiving or applying for public benefits. The resources listed are little known ones that are available through the mainstream benefit programs or govt agencies
- 8.1.7 Implement strategies to minimize barriers (1st Q, 2004 – 2006).
- “Making the Connection: Accessing Mainstream Public Benefits” workshops
 - DuPage Fed encouraged to develop specialized products for agencies, and providing consultation, as well as designing a quick reference sheet for benefit eligibility to be used at agency intake (C.O. 8-04)
 - Eligibility link for benefits in CMIS? (CO 8-04)
 - Mainstream benefit program policy updates available as of (8-05) on continuum website.
 - Community resource manual available on Continuum website

Note (2/2008): Grant with HDAD is continuing. Barriers subcommittee is identifying potential training programs, and Making the Connection trainings are continuing. K. Nelson is working with NIU to develop a website that can assist agencies with identifying benefits and resources available. Site will include a chatroom to be able to share information and problem solve linkage issues. Training programs will also be linked to the site. Client Benefit Specialists at DCHD are being trained and they will be helping health department clients with applying for public benefit programs. Also working on a FS outreach grant for West Chicago area. K. Nelson has spoken with the Downers Grove Social Security office and local IDHS office regarding the CoC and community resources and linkage to help staff better identify benefit resources.

Note: September 2004: Community Outreach committee recommends eliminating objectives 8.2 and 8.3 entirely. 8.2 assigned to needs assessment committee?

8.2 By 2005, develop strategies to increase income through employment and support services, in order to obtain and maintain housing (Needs Assessment Committee) (aka. By 2005, identify and link with efforts to change eligibility requirements and to increase benefit levels)

8.2.1 Identify resources available to increase employment (1st Q, 2005)

- 8.2.2 Identify best practices being used for coordinating vocational services (1st Q, 2005)
 - 8.2.3 Identify barriers to employment and support e.g. transportation, child care, losing health care, etc. (2nd Q, 2005)
 - 8.2.4 Develop strategies to implement best practices (4th Q, 2005)
 - 8.2.5 Develop strategies to minimize barriers (4th Q, 2005)
 - 8-05: automated application process for public benefits is being developed by BVM. It would transmit information from agencies internal system to the applications and then directly to the benefits office. Clients would only need one point of entry for information.
- 8.3 By 2005, identify and link with on-going efforts to change eligibility requirements and to increase benefit levels (Community outreach committee)
- 11-04: 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.
 - 8-05: felt that continuum members needs to be aware of other resources that are available to recipients of public benefits. A resource directory is being developed to address this issue.
- 8.3.1 Identify advocacy issues to support (11-04 recommendation: move to Q2 and add: identify partners)
- 8-07: looking into affordable housing legislation
- 8.3.2 Identify organizations already advocating in this area (move to Q3)
- 8.3.3 Identify if there is a coordinated effort (move to Q3)
- 8.3.4 Decide whether to join these efforts (move to Q3)

Note: May 2005: committee recommends deleting this objective and move expediting applications for persons who are homeless for mainstream benefits to 8.1

Component 9: Creating Permanent Housing Build the Infrastructure

Initial Rationale

The DuPage Continuum will identify and develop an adequate supply of all types of permanent housing. To achieve this goal, the Continuum will 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 units, and explore the opportunities for developing safe haven, shelter plus care, and single room occupancy housing. The DuPage County Plan to End Homelessness adopts a “Housing First” approach, which is based on the belief that the best way to end homelessness is to help people move into permanent housing as quickly as possible.

Goals

Expand the number of permanent supportive housing units.

Increase the number and availability of permanent supportive housing units to meet the identified need in order to provide stable housing for the chronically homeless and homeless households with disabilities.

Build inventory of affordable rental housing units.

It is critical to increase the supply of affordable rental housing units in DuPage County. This may be done through operating subsidies for new construction or project based rent subsidies to landlords. Cost effective permanent supportive housing program for the chronically homeless will depend on an adequate supply of affordable rental housing. Housing stability for those persons and families who have been episodically homeless also depends on an adequate supply of affordable rental housing.

Develop additional rental subsidies to increase affordable housing options.

The DuPage Homeless Continuum will advocate for an adequate supply of permanent housing units available through rental subsidy programs such as Housing Choice vouchers and/or state funded rent subsidies to make rent affordable to the lowest income families.

Develop permanent supportive housing alternatives for the chronically homeless who may not want to participate in services.

The DuPage Homeless Continuum will explore the feasibility of developing safe haven, shelter plus care and single room occupancy housing for persons who need this level of housing.

Identify the housing needs for Homeless Subpopulations

The DuPage Homeless Continuum will determine the optimal housing models for different subpopulations that have treatment needs also. These include substance abuse, domestic violence victims, and the severely chronically mentally ill.

Responsible Committees

The Grants Funding Committee is the responsible entity. It will work with the PWL in developing action steps for the five goals listed above. Representatives from DuPage PADS, Catholic Charities, DuPage Human Services, and DuPage Housing Authority will be important resources. The Grants Funding committee will designate the liaison from this group to the Continuum. They should focus on identifying specific new housing needs, identifying program and funding feasibility, and action steps necessary for the development of this housing.

Goals

Develop partnerships with relevant stakeholders.

The DuPage Continuum will communicate and participate with housing groups such as the DuPage Housing Authority and the DuPage Housing Action Coalition. It will begin 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.

Develop networks with community groups to increase housing advocacy and resources.

The DuPage Continuum will continue its ongoing communication with churches and religious organizations, civic groups, and service clubs in order to promote the need for more affordable housing and to provide additional resources to homeless persons.

Responsible Committee

The Grants Funding Committee is the responsible entity. It will work with Continuum members who participate in the DuPage Housing Action Coalition in identifying objectives, action steps, and timeframes to achieve this goal for the next two bullet points. A subgroup should be formed with a designated leader who can report on progress to the Continuum memberships. They should focus on targeting the stakeholders and community groups, developing action plans to cultivate them, and identify the results they want to achieve.

Best Practices

67% of the 10-Year Plans studied by National Alliance to End Homelessness use a Housing First approach.

- Housing First
- Permanent supportive housing for chronically homeless (affordable housing linked to supportive services)
- Identify local resources:
 - DuPage Homeownership Center
 - Community Housing Association of DuPage
 - Catholic Charities
 - DuPage County
 - DuPage PADS
 - Bridge Community
- Illinois Housing Development Authority's Rental Housing Support Program (provides rental assistance through subsidies for those at or below 30% of area median income – local administration agencies apply and administer the program locally).
- Housing wage – the wage level that allows people to pay 30% or less of their income on rent
- Link with employment assistance or benefits to help afford rent
- Mental health, substance abuse services, child care, etc.
- Case Study: California Homeless Assistance Program provides 30 days hotel stay and move-in costs (including rent deposits) for newly homeless families receiving welfare support. Giving these financial resources helps get them quickly back into housing. Costs are about \$700/family, and 60% are stabilized after 6 months.
- Case Study: Baltimore Housing First program: program works with client and landlord in 3-way agreement. Program recruits landlords, finds funding sources, as well as slush fund for client assistance.

DuPage County Baseline: 2004

In the last five years, the DuPage Continuum has funded 54 permanent supportive housing individual beds with the DuPage Health Department. They have also funded permanent supportive housing units for 5 families through Catholic Charities. Another 23 permanent housing units for families and individuals with Catholic Charities and DuPage PADS have been funded in 2003.

DuPage Homeless Continuum History of New Permanent Supportive Housing Funding

Appl. 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 PADS	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 PADS	7 units/ 7 beds	PSH – ALL chronic individuals	Carol’s Place
2006	DuPage PADS	7 units/ 7 beds	PSH – ALL chronic individuals	Sanctuary House
2007	DuPage PADS	7 units / 7 beds	PSH – ALL chronic individuals	Bright Start
2007	DuPage County Health Dept.	5 units/ 10 beds	PSH –ALL chronic individuals	SAIL
			* - 50% of these beds have since been designated for chronically homeless	
	TOTALS	113 units/ 277 beds		

Progress to date

- √ 9.1 By 2005, develop and formalize our partnership with DuPage Housing Action Coalition and other appropriate organizations such as SHPPA to advocate for the needs of chronically homeless. (Community Outreach Committee)
 - 9.1.1 Meeting of Chairpersons Forum and DHAC representatives

APPENDIX C

Component Analysis: The Last 5 Years

- Goals of relationship with DHAC: identify housing issues in the county that prevent homelessness and housing and how DHAC's goals link with these issues; identify data to go to local legislators. (11/04)
- 9.1.2 Identify common goals and opportunities on which to partner.
 - DHAC advocating against cut to Human Service Grant in FY 07. DuPage United and DuPage Federation are working with DHAC to bring grant recipients together to develop strategies in 11/06. Meeting planned regarding the Affordable Housing Plan developed in the 90s. Recommendations from DHAC: need for a housing coordinator at the county level; municipal engagement; and a constituent coalition (10/06)
- 9.1.1 Create a Memorandum of understanding that describes the relationship and philosophy.
 - Memorandum of understanding created between Continuum and DHAC that delineates relationship between two groups and their respective roles (10/05)
 - DHAC is working to develop relationships with local legislators, establishing questions for campaign candidates and developing an agenda (8/06)
 - DHAC actively advocates for Housing voucher reform with Rep. Judy Biggert (along with various other issues such as Real estate Transfer Tax reform, Safe Homes Amendment, Good Housing, Good Schools, and Tenant Protection in Foreclosure (3/07)
 - DHAC involved with the Affordable Housing Symposium –identifying the criteria for municipalities regarding affordable housing
- √ 9.2 By 2008, create twenty permanent supportive housing units for the chronically homeless with twenty more units in pipeline.
(Grants Funding Committee)
 - 9.2.1 Target and encourage partnerships between service providers and developers. (Ongoing)
 - 9.2.2 Educate Continuum members about HUD funds and uses annually
 - 9.2.3 Create a new PSH program each year that a HUD incentives is available (4th quarters, 2004 and 2005)
 - DuPage Continuum has obtained funding every year that incentive projects were offered (since 1999). Incentives became Samaritan projects for chronically homeless in 2005.
 - 9.2.4 Certify new community housing development organizations (1st Q, 2005)
 - Catholic Charities
 - Bluestem Housing Partners, NFP
 - DuPage PADS received approval (8/06)
 - 9.2.5 Create more partnerships with for-profit developers (4th Q., 2005)
 - 9.2.6 Charge Needs Assessment Committee with establishing priority target populations for PSH projects (1st Q, 2005)
 - 9.2.7 Prioritize creating new units – do not displace other low income households (less than 80% median family income) when feasible (ongoing)
 - DuPage Health Department has designated 50% of their regular PSH beds for the chronically homeless as of 2007
 - 9.2.8 Identify funding sources other than HUD. (3rd Q, 2004)
 - CDBG
 - Accessing supportive housing line item through the state
 - 9.2.9 Determine timeline for above action steps(4th Q, 2004)
- √ By 2009, implement countywide rental subsidy programs to supplement housing choice vouchers.
(DuPage Housing Action Coalition/Grants Funding Committee)

APPENDIX C

Component Analysis: The Last 5 Years

9.3.1 Maximize the funds available from the state rent subsidy program (3rd Q, 2005)

- DuPage received 29 vouchers in the first round of funding. Two more rounds to go.

9.3.2 Develop process for distributing state rent subsidy funds (4th Q, 2005)

9.3.2. Form a sub-committee to discuss an additional county rental subsidy program by 2008.

9.3.2.1 Discuss possible funding sources (2008)

9.3.2.2 Brainstorm uses of current voucher funds (2008)

- RFP Homeless Prevention Program Continuum of Care Funding Proposal FY 2008 to IDHS
- Howlett Initiative – pilot program implemented by DuPage Housing Authority – to provide 25 vouchers per year for 5 years mainly for persons exiting from transitional housing. As of March 2008, they have released all 125 vouchers at once due to pent up demand.