



**CHAPTER FOUR  
ANTI-POVERTY STRATEGIES**

## Anti-Poverty Strategies

The DuPage Federation on Human Services Reform has developed detailed reports regarding vulnerable populations in DuPage County. These reports, *A Profile of the Working Poor* (May, 2002), *A Profile of the Homeless in DuPage County* (July, 2003) and *A Profile of DuPage County Immigrants* (December, 2003) have generated many significant recommendations regarding strategies that can be undertaken to reduce poverty within the County. The development of these Profiles was partly funded by DuPage County Community Development Commission.

The DuPage Federation on Human Services Reform is a collaboration of government, key community organizations, consumers and community leaders. The Federation serves as a catalyst, bringing together the responsible organizations and advocating for development of viable solutions. It is the only organization doing policy analysis and systems change work on human services issues in DuPage County. The profiles and recommendations are available online at the Federation's website, [www.dupagefederation.org](http://www.dupagefederation.org).

Following is a summary of the recommendations made in the three profiles and information regarding the progress made in reaching the recommended outcomes.

### Earned Income

- Organizations working with low-income households should inform them about Earned Income Tax Credit: This is currently being accomplished by each organization in the County and is an ongoing project.
- A public debate should take place in DuPage County about the need for adequate wages: Discussions have begun with the League of Women Voters with the aim of having their co-sponsorship of this public debate.

### Housing

- A major effort is needed to obtain several hundred additional Housing Choice vouchers. The allowable rent that can be charged for subsidized units should be increased to reflect the high rental costs in DuPage: In the past year, the number of housing vouchers serviced by the DuPage Housing Authority has increased due to persons moving into the County who have received housing vouchers in other areas of the state or country. (In this instance, the DHA is able to bill the housing authority that issued the voucher for the housing being provided in DuPage County.) In addition, it is anticipated that a number of housing vouchers will be available this fall due to individuals losing eligibility. Additional housing vouchers are not available through HUD at this time.
- Special Populations such as victims of domestic violence and those in self-sufficiency programs should have priority access to subsidized housing. This is currently being done and is an ongoing project.
- DuPage County's Family Self Sufficiency Program should be expanded to help more families work their way out of subsidized housing and other benefits: Capacity in this program has increased by over 25% in the last two years. The County budget added dollars to the FSS program to serve families on the waiting list, which will further expand the capacity of the program.

## **Health Care**

- Enroll everyone who is eligible in Medicaid and KidCare: This is taking place through ongoing training about public benefits. In addition, agencies are actively reviewing existing caseloads and developing strategies to identify persons who may be eligible for Medicaid and assisting the individual with the application process.
- Reduce red tape and other factors that make doctors reluctant to participate in Medicaid.: Progress has not been made in this area.
- Expand the circumstances under which immigrants can be eligible for Medicaid: Progress has not been made in this area due to federal and state regulations.
- Develop several Community Health Centers in DuPage: A medical access plan for the County has been completed, areas which are in need of community health centers have been identified and target dates for implementation have been established. A new Federally Qualified Health Center will be opening in West Chicago by April 2005. There are specific efforts in place to open additional centers, and leaders of this effort have enlisted the help of the County elected officials in communicating with Federal officials on the importance of these Centers.
- Expand Access DuPage, the program that provides access to health care for uninsured, low income residents of DuPage County: This expansion is currently under way as part of the County-wide medical access plan. DuPage County increased its contribution to Access DuPage in 2005 to help finance this expansion.

## **Child Care**

- The State should increase the income eligibility ceiling for the child care subsidy program: Income eligibility has been increased in the 2003 legislative session.
- Families, once eligible, should be able to remain in the subsidy program until their income approaches a self sufficiency wage: This has been partially addressed by the indexing of the eligibility ceiling, though the ceiling would need to be significantly increased to completely address the issue.

## **Food Assistance**

- Many more schools should participate in the school breakfast, lunch and summer food programs: Due to limited funding, progress in this area has been limited.
- A consolidated calendar showing when and where Food Assistance Programs are open should be developed and distributed in easily accessible format, such as the DuPage C.R.I.S. website: Due to limited funding, progress in this area has been limited.

## **Homeless**

- Several funding streams are available to serve segments of the homeless population, but they are not presently being utilized in DuPage County. These should be explored and implemented on a fast track basis. These include the Safe Haven, Single Room Occupancy and Shelter+Care programs: The 2004 application for HUD funding includes a request for funds to establish a Shelter+Care program. At the present time, the Safe Haven program does not appear to be appropriate for this area. Single Room Occupancy has not been pursued because of the HUD requirement that ten years of funding must be available in the local Continuum's Pro Rata Share.
- An effective outreach system should be developed to find the homeless and recruit them into services: Plans are currently being explored to address this goal.
- DuPage County needs a year round system to provide emergency shelter to the homeless: In the past year, PADS has expanded the number of sites which are open on a year round basis for overnight stays by the homeless.

- All types of housing opportunities should be expanded, coupled with development of 'convertible' housing programs that do not require families to move after a fixed 'transition' period. (Convertible housing begins as temporary housing and later converts to permanent housing, freeing the temporary housing funds to create new temporary housing): A strategic plan has been developed which targets specific actions to address the need for affordable housing within the County, including the concept of 'convertible' housing.
- Better coordination should be developed between the providers of shelter services to the homeless and the providers of mental health and substance abuse treatment services: Currently a profile is being completed on how substance abuse and mental health services are being provided in DuPage County. Once completed it will provide a more comprehensive description of the current resources available, as well as identification of gaps in service. Further recommendations for action will be made in the profile.
- A Memorandum of Understanding should be developed between the Continuum of Care and the Regional Office of Education covering procedures to ensure continuity of education for homeless children. Further, homeless providers should ensure that children remain in their previous school, as is their right under the McKinney-Vento and No Child Left Behind acts: Currently school personnel are being provided training regarding homeless students through a program called Project REACH. Project REACH provides information about the legal obligations of schools and works with homeless providers to ensure students have access to their previous school.
- Homelessness prevention efforts should be targeted at the communities that have high percentages of 'rent-burdened' households, where large numbers of households are paying more than 35% of their income for housing: Currently planning efforts continue to focus strategies on the entire County.
- To reduce or eliminate homelessness, it is essential to have a mental illness/substance abuse treatment system that is well coordinated and has adequate capacity. The system of services for persons with both mental illness and substance abuse needs expansion: The Profile on Substance Abuse and Mental Illness will provide insight as to the current resources and gaps that exist within the current service delivery system. Based on the information gathered, recommendations for further action will be made.
- Currently, the process used to identify the homeless or persons at risk of homelessness, requires the at-risk/homeless persons to contact a member of the Continuum of Care and request help. Outreach efforts need to be established to identify where at-risk populations live and to develop a strategy to resolve the problems that can cause homelessness. The strategic plan for the Continuum of Care (completed April, 2004) identifies as a key action the development of a communication system among human service providers to help identify and rapidly place the unsheltered homeless.

## **Health Care Resource Development**

Several recent developments have substantially increased the availability of health care for low-income residents of DuPage County. This is an important poverty reduction strategy, because of the impact of health on employment. If a person has unaddressed health care needs, his or her ability to work is negatively affected. Further, medical bills are the cause of 50% of all bankruptcies. Accordingly, DuPage County has been an integral participant in a successful collaborative effort to increase the availability of health care for low-income residents of the County. This effort has already resulted in development of two major resources to provide health care.

1. **Access DuPage:** Access DuPage is a collaborative effort whose mission is to provide access to medical services for those individuals and families in DuPage County who would otherwise lack access for economic reasons. Access DuPage began serving patients in February, 2002. Each person enrolled in Access DuPage is assigned to a participating primary care physician or clinic who provides ongoing primary medical care. Enrollees have access to laboratory and radiology services and prescription drugs as ordered by their physicians. For these services, enrollees pay a nominal co-payment. Access DuPage does not directly provide specialty care, hospitalization or human services, but coordinates referrals for these services to a network of specialists who have agreed to treat patients without charge; to hospitals for service under existing charity care policies; and to collaborating human service organizations.

A person is eligible for Access DuPage if he/she resides in DuPage County, is under age 65, has a household income at or below 200% of the Federal Poverty Level (about \$36,000 for a family of 4), and is not eligible for other health insurance programs (Medicaid, Medicare, employer-sponsored insurance, etc).

Twenty-two enrollment sites are located throughout DuPage County, where individuals trained to verify eligibility assist eligible persons through the enrollment process. These sites include the DuPage Community Clinic, the DuPage County Health Department, the DuPage County Division of Human Services, the Illinois Department of Human Services, and other sites.

2. **Federally Qualified Health Center:** These Centers are authorized in medically underserved areas or in areas with medically underserved populations. Several areas in DuPage County were designated as having medically underserved populations in March 2003. A major success was achieved when the first FQHC, the Martin T. Russo Center, opened in Bloomingdale in October 2003. A second FQHC is scheduled to open in Spring 2005 in West Chicago and plans for a third and fourth are in place to open in 2005 and 2006, respectively. These additional centers substantially expand the County's resources for caring for low-income people.

## **DUPAGE MEDICAL ACCESS PLAN**

The success of the Access DuPage and FQHC initiatives convinced key leaders that the time is right to develop a process designed to initiate a "next generation" plan for providing medical care to low-income populations in DuPage County. The overall goal is to ensure that every resident of DuPage County has the opportunity to receive basic medical care. Accordingly, these organizations have convened a design team and developed a comprehensive plan to address the medical care needs of low-income populations of the County.

Recommendations made are:

- Enroll every eligible person within the target population in the program that is most appropriate to his/her needs.
- Provide every enrolled person with a primary care "medical home" from which to receive ongoing primary medical care.
  - Develop a network of FQHCs capable of handling 22,000 patients annually by the end of 2006.
  - Expand the DuPage Community Clinic to allow a capacity of at least 5,000 patients annually.
  - Expand the network of office-based primary care physicians participating in Access DuPage to accommodate at least 3,000 patients annually.
  - Expand the number of office-based primary care physicians willing to accept Medicaid/KidCare patients.
- Provide access to diagnostic services for every enrolled person.

- Provide access to prescription drugs at an affordable price for every enrolled person.
- Provide access to specialty medical care for every enrolled person, upon the referral of his/her primary care provider.
- Provide access to mental health services for every enrolled person.
- Provide access to a full range of hospital services for every enrolled person.
- Refer all requests for services that are not encompassed within the Medical Access Plan to appropriate resources that can help.
- Systematically document the performance of the Medical Access Plan against performance targets to provide a foundation for continuous quality improvement.
- Fund the Medical Access Plan to a level sufficient to attain all of the other goals listed.

## **OTHER ANTI-POVERTY STRATEGIES**

### **FAMILY SELF-SUFFICIENCY**

The Family Self-Sufficiency program was established in 1992 as a comprehensive program for Housing Choice Voucher families participating in the Section 8 Program which combines employment, training and child care, with rental assistance. It has assisted hundreds of families in achieving self-sufficiency and 45 have become homeowners. DuPage County continues to support the case management and services for this successful program using a combination of State and Federal grants and County corporate dollars. There are currently 250 participating families.

### **IDHS ADVISORY COMMITTEE**

An advisory committee was formed in 1998 to the local Illinois Department of Human Services office which determines eligibility for Medicaid, KidCare, Food Stamps and TANF (Temporary Assistance for Needy Families). Several members of the Continuum of Care are active participants. The group contributes to help identify gaps and looks to develop resources to fill those gaps.

### **ACCESS TO MAINSTREAM GOVERNMENT BENEFIT PROGRAMS**

In order to reduce poverty, members of the local Continuum of Care agreed that homeless and low-income individuals need to effectively access government benefit programs. The Continuum membership determined that they need to become more effective at assisting people in accessing these benefits. A training program was developed and is being conducted throughout the County to assist organizations in understanding and connecting to government programs such as Social Security, Veterans Benefits, Food Stamps, Medicaid, KidCare, TANF, WIA (Workforce Investment Act) employment services, health care and unemployment compensation. In addition to ensuring organizations understand benefit eligibility and application processes, Memoranda of Understanding (MOU) are being established with all of the local agencies that provide these services. The MOUs focus on developing improved methods of communication and collaboration to assist low-income and homeless individuals in applying for benefits.