



DuPage County, Illinois

PLAN TO END HOMELESSNESS:

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

Executive Summary

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

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

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

This Executive Summary as well as the full report and appendices are available for download from www.dupagehomeless.org and www.heartlandalliance.org/maip/.

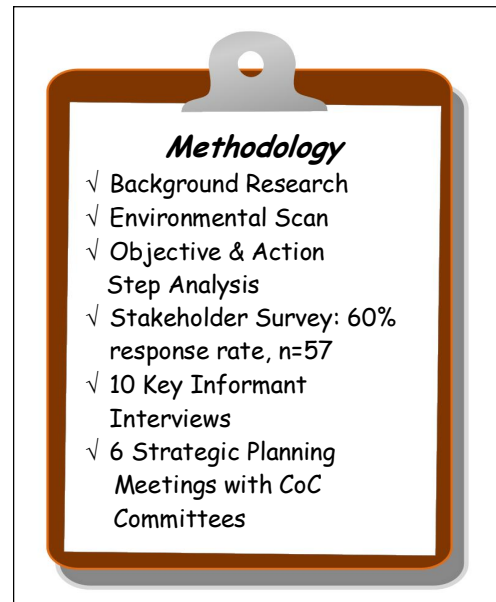
Introduction

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

The National Alliance to End Homelessness is leading a campaign to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. They have developed a blueprint for communities to create 10-Year Plans to End Homelessness in order to put the solution back in the picture.¹ The DuPage County Homeless Continuum of Care (CoC) was an early leader nationally and locally in the development and implementation of its 10-Year Plan to End Homelessness. Work on the DuPage Plan to End Homelessness (the Plan) began in 2003, and as it neared the 5-year mark of Plan implementation, the CoC set two goals: to evaluate progress made on the current Plan, and to engage in strategic planning to update the Plan. This halfway point was seen as a logical and opportune time to evaluate progress thus far and to update action steps to take the Plan to the next level.

In October 2007, the DuPage County CoC hired the Heartland Alliance Mid-America Institute on Poverty to conduct the evaluation and to facilitate a planning process to inform the update of the Plan. The evaluation focused on the progress of the Plan's nine components to date, successes and challenges of implementation, assignment of responsibilities, stakeholder engagement, reporting mechanisms, and funding. This evaluation report and Plan update is based on a convergent analysis of relevant documents, reports, survey data, interviews, and focus groups.

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



¹ <http://www.naeh.org/section/tools/tenyearplan>

Overview of DuPage County

DuPage County is located just 20 miles west of Chicago, with land area of 332 square miles. The County contains portions of 39 different municipalities, 20 of which lie wholly within the County. DuPage is also comprised of nine townships.² DuPage County has experienced significant population growth in the past few decades. From 1980 to 2007, DuPage County's population rose by 41.0 percent or by 270,316 people, and as of July 1, 2007 had a population of 929,192 people.

The homeless system is affected by a multitude of environmental factors including poverty, employment, housing, migration, and the economy. There are currently many economic challenges in DuPage County that affect the homeless service system and put people in precarious situations. Poverty is steadily growing in DuPage County: since 1980, the number of people living in poverty has more than doubled, outpacing population growth. 1 in every 20 people live in poverty and nearly 1 in every 5 households in DuPage County has an annual income below \$35,000.³ From 2000 to 2006, median earnings declined by \$4,179 and median household incomes declined by \$8,470 in DuPage.⁴

During this time of declining wages and incomes, prices for essential goods and services rose substantially, making it more difficult for families to make ends meet. In particular, the rate of cost-burdened renter households has increased significantly in DuPage County. In 2006, 42.3 percent of all renter households were paying too much of their income toward rent. Almost one in five (18.6 percent) of all renter households in DuPage are severely rent burdened, paying half their income toward their housing costs.⁵ This leaves less money for other essentials such as food, medication, and transportation and puts families at risk of homelessness.

To make housing more affordable, the DuPage Housing Authority has a budgeted amount of 2,571 Housing Choice Vouchers from HUD, though due to demand for vouchers far exceeding capacity they had to stop adding names its waiting list in 2002 when the total exceeded 4,000 households. In DuPage County there are also 2,602 subsidized units (project-based section 8).⁶ 68 percent of contracted units in DuPage County are due to expire before 2012, and current landlords are not required to stay in the program after their contracts expire. With the high cost of housing, many landlords are exploring other more profitable options for their buildings and DuPage County may see a real loss of subsidized units in upcoming years.

A total of 766 individuals in DuPage County were counted as homeless in the 2007 point-in-time Homeless Count, an increase of 37.5 percent from the 2005 count.⁷ This count represents the number of people homeless on a cold winter night and does not represent the number of people homeless during the course of a full year.⁸ Of the 766 homeless people counted in 2007, 22.5 percent were considered chronically homeless.

² Retrieved on May 28, 2008 from http://www.dupageco.org/economicdevelopment/generic.cfm?doc_id=533.

³ U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

⁴ U.S. Census Bureau, 2000 Decennial Census & 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

⁵ U.S. Census Bureau, 2006 American Community Survey, calculation conducted by the Heartland Alliance Mid-America Institute on Poverty.

⁶ Chicago Rehab Network. (n.d.). *Preservation data query*. Retrieved May 29, 2008, from <http://www.chicagorehab.org/crm/properties/queryBuilder/viewFilters.aspx>

⁷ DuPage County HUD SuperNOFA Applications 2004-2007. Exhibit 1.

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

The DuPage County Plan to End Homelessness: Successes and Challenges

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

Successes of the Past 5 Years

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

Increase in Homeless Prevention and Outreach Opportunities:

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

Increase in Housing Options:

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

Formalized Systems Prevention Advocacy:

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

Increased Access to Mainstream Benefits and Services:

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

Prevention of Homelessness and Increased Stability:

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

Better Information to Assess Needs:

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

Challenges Faced in Plan Implementation

1. **Growth in Demand:** Stakeholders identified the changing needs and populations in DuPage County as a new challenge in service provision (Table 1). Providers also reported a significant increase in the number of people at risk of homelessness including those who have jobs but still need assistance with food and housing because their incomes are simply not sufficient to cover the cost of living in DuPage County. Others at-risk include new immigrants and people who have predatory loans.

Table 1 – Survey Responses: Changes in Populations Served in Past 5 Years	
N=57	Percent of Providers who have seen increase in population in past 5 years
Persons with mental illness and/or substance abuse disabilities	54.3%
Mothers with children	52.9%
Single women	44.1%
Survivors of domestic violence	32.3%
Couples without children	27.3%
Single men	24.2%
Two-parent families	21.2%

2. **Not Enough Funding for Services:** Stakeholders and committees identified the lack of flexible funding for supportive services, case management, and mental health treatment as barriers to providing needed services to help people stabilize and maintain housing. Prevention providers resoundingly agree that there is not enough flexible funding for staff time and support. Also challenging is the lack of an accessible detoxification facility.
3. **Shortage of Affordable and Appropriate Housing:** The lack of affordable housing in DuPage County continues to be a challenge as does the limited availability of specialized housing including low-demand units and supportive housing (Table 2). In addition there continues to be public resistance to building new housing, whether it is affordable, low-demand, or interim shelter housing.

Table 2 - Survey Responses: Availability of Housing in DuPage County	
N=57	Too Little Available
Permanent affordable housing	97.4%
Low-demand housing	94.4%
Supportive housing for single individuals	87.9%
Supportive housing for families	85.7%
Transitional housing	76.3%
Emergency shelter	55.6%

4. **Other Challenges:** Many homeless system innovations have occurred in urban settings, posing challenges in translating models to services in a suburban setting. Stakeholders also reported that it is especially hard to house families, due to a lack of appropriate housing, and HUD's emphasis on chronically homeless single individuals. In addition, there are limited employment opportunities or public transportation options for homeless individuals in DuPage County, making the transition to housing and self-sufficiency more difficult.
5. **Plan Specific Challenges:** There was confusion with how to move forward on a couple of components given considerable overlap in goals, tasks, and key stakeholders. Moving forward the DuPage CoC has the opportunity to realign Plan components and responsibilities in ways that align more closely with CoC committee purpose and operations. In addition, many committee members expressed concern about their scope of work. Membership on the CoC and on special committees is essentially a volunteer position, and stakeholders were concerned about committee members being stretched too thin.

Updated DuPage County Plan to End Homelessness

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

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

1. Prevent homelessness (*close the front door to the system*).
2. Reduce length of time people spend homeless (*open back door out of the system*).
3. Have adequate amounts and types of affordable housing for people to move in to (*build the infrastructure*).
4. Have adequate services in place to support efforts to attain and maintain housing (*build the infrastructure*).
5. Maximize homeless persons' incomes by enrolling them in mainstream benefit programs and linking to employment program opportunities.
6. Operate a robust and accurate information management system in order to document needs and measure progress towards meeting system goals.

Components of Updated Plan to End Homelessness:

- Fundamental Homeless System Service Delivery Components***
1. **Homeless Prevention:** assist persons at risk to maintain their housing through emergency assistance and eviction prevention
 2. **Outreach & Engagement:** conduct outreach to shorten homelessness, and community outreach to build awareness and support
 3. **Housing:** generate long-term housing solutions (supply, vouchers, models) and a way to navigate the system in order to re-house everyone in a timely way
 4. **Employment/ Other Income:** provide access to mainstream benefits, employment and other income
 5. **Services:** provide and link to case management, mental health, substance use, and health care services to shorten homelessness and increase housing stability
- Key Homeless System Foundation & Resources***
6. **Needs Assessment Data:** utilize the Homeless Management Information System (CMIS), and the homeless count to influence system decisions
 7. **Funding:** seek funding from the HUD Continuum of Care, Illinois Dept. of Human Services Homeless Prevention and ESG funds, DuPage County Community Development Block Grant Funds and others
 8. **Systems Change:** promote discharge planning and housing advocacy to prevent homelessness and shorten the length of time people spend homeless

Key Next Steps

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

- Explore export function and alerts for missing data
 - Create a checklist for data entry, Countywide User's Manual, Best Practices Manual
 - Add a Problem/resolution component to CMIS Users Group meetings
 - Monitor and support end-user data entry, user trainings
 - Continue to improve the Point-in-Time Street Count
 - Measure and report on unmet needs
 - Assess level of resources needed for maximized operations
 - Hire a full-time system administrator for CMIS
7. **Funding:** Moving forward the primary focus of the work will be on bringing in federal, state, local, and private funds into the CoC. Some specific next steps include:
- Continue to successfully submit the SuperNOFA
 - Each committee will identify funding priorities
 - Offer training sessions to providers on who funds what services
 - Hold a "fundings fair" to bring funders and providers together
 - Measure utilization of funding for homeless prevention services by geography
 - Track unmet need to inform funding requests
 - Gather follow-up data to highlight successful programs and need for funding
 - Raise awareness on who is homeless in DuPage
 - Participate in the Funders Collaborative
8. **Systems Change:** Moving forward the primary focus of the work will be on discharge planning, advocacy with mainstream providers, and housing advocacy. Some specific next steps include:
- Establish partnership to create a mental health resource guide
 - Work with townships regarding general assistance
 - Provide continuing education to hospital staff
 - Participate in creation of the Mental Health Leadership Council's "Air Traffic Control System"
 - DuPage Housing Action Coalition will conduct advocacy training for CoC and provide legislative updates
 - Continue discharge planning Memoranda of Understanding and determine ways to monitor implementation
 - Work with townships on access to services and on occupancy codes

Snapshot of the DuPage County Plan to End Homelessness Components