



State of Illinois
Illinois Department of Human Services



'HOME ILLINOIS: ILLINOIS'

PLAN TO PREVENT AND END HOMELESSNESS

July 2022-June 2024

Illinois Interagency Task Force on Homelessness

Community Advisory Council on Homelessness

Illinois Office to Prevent and End Homelessness

June 2022



ILLINOIS OFFICE TO
PREVENT AND END HOMELESSNESS

WHO WE ARE

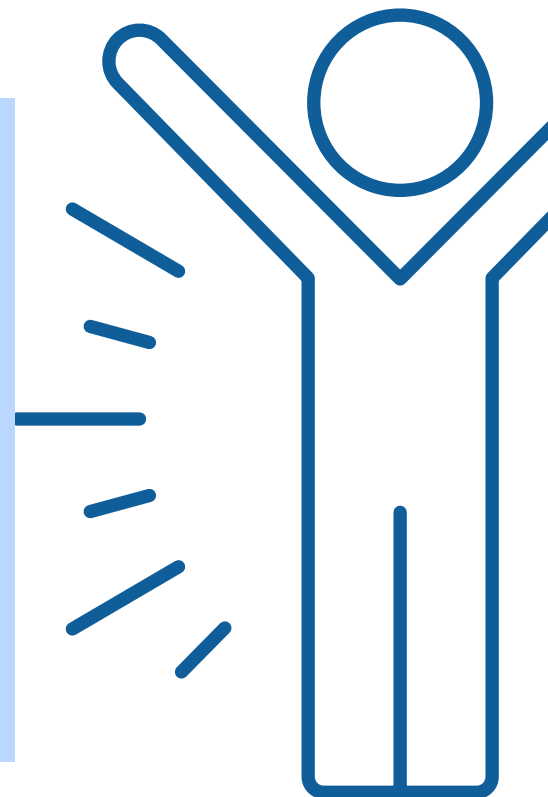
VISION



No resident in the State of Illinois lives on the street, in a shelter or in overcrowded housing. Illinoisians earn a living wage that allows them to afford housing in their community, without fear of eviction. When a housing crisis occurs, safety nets supports allow quick resolution to stabilize housing.

MISSION

Coordinating State of Illinois agency strategies and investments and partnering with the community to build a strong safety net and permanent housing for Illinoisians facing homelessness and housing insecurity.



ILLINOIS INTERAGENCY TASK FORCE ON HOMELESSNESS

Delrice Adams, Executive Director, Illinois Criminal Justice Information Authority

Carmen Ayala, Superintendent, PhD, Illinois State Board of Education

Paula Basta, Director, Illinois Department on Aging

Brian Durham, Executive Director, Illinois Community College Board

Theresa Eagleson, Director, Illinois Department of Healthcare and Family Services

Amaal Tokars PhD, Acting Director Illinois Department of Public Health

Kristin Faust, Executive Director, Illinois Housing Development Authority

Sylvia Garcia, Director, Illinois Department of Commerce and Economic Opportunity

Christine Haley, Chief, Illinois Office to Prevent and End Homelessness (Chair)

Grace B. Hou, Secretary, Illinois Department of Human Services

Rob Jeffreys, Director, Illinois Department of Corrections

Brendan Kelly, Director, Illinois State Police

Heidi Mueller, Director, Illinois Department of Juvenile Justice

Ginger Ostro, Executive Director, Illinois Board of Higher Education

Terry Prince, Director, Illinois Department of Veterans' Affairs

Kristin Richards, Director, Illinois Department of Employment Security

Marc D. Smith, Director, Illinois Department of Children and Family Services

Marc Staley, Deputy Director, Governor's Office of Management & Budget

COMMUNITY ADVISORY COUNCIL ON HOMELESSNESS

Sandy Deters, Housing Coordinator, Embarras River Basin Agency

Otha Gaston, Chicago Lived Experience Commission

Christine Haley, Chief, Illinois Office to Prevent and End Homelessness (Co-Chair)

Jennifer Hill, Executive Director, Alliance to End Homelessness in Suburban Cook County

Niya Kelly, Director of State Legislative Policy, Equity and Transformation, Chicago Coalition for the Homeless

Brandie Knazze, Commissioner, Chicago Department of Family and Support Services

Marvin Lindsey, Chief Executive Officer, Community Behavioral Healthcare Association of Illinois

Ronald Lund, Community Services Director, Project Now

Tamela Milan-Alexander, Community Engagement Director, EverThrive Illinois/Collaborative on Child Homelessness Illinois

Richard Monocchio, Executive Director, Housing Authority of Cook County

Cathleen O'Brien, Housing Policy & Organizing Coordinator, Access Living

Brenda O'Connell, Community Development Administrator, Lake County

Veronica Reyes, Chief of Staff, Resurrection Project

Susan Reyna-Guerrero, Executive Director, Covenant House

Debbie Reznick, Senior Program Officer, Polk Bros. Foundation (Co-Chair)

Carolyn Ross, President and CEO, All Chicago

Richard Rowe, Senior Program Manager, CSH

Nicole Wilson, Vice President of Community Investment, Heart of Illinois United Way

LETTER FROM LEADERSHIP

The time to end homelessness in Illinois is now. With the support of Governor Pritzker's Executive Order to Fight Homelessness, we have a tremendous opportunity to unify our efforts to prevent people from experiencing homelessness when they fall into a housing crisis. Homelessness is a solvable problem. We have seen communities in our state who have reached a functional zero for veterans' homelessness and chronic homelessness. We are at the crux of incredible funding opportunities with American Rescue Plan Act and Emergency Housing Vouchers. In the months and years ahead, we must push ourselves to coordinate resources, collect and analyze data to secure data driven decisions, think big about innovations to our system and ensure that the voices of people experiencing homelessness and housing insecurity are heard - not just within the homelessness and housing community but that experiences are known to residents across the state.



The following report outlines key action steps that the State of Illinois and valued partners seek to implement over the next two years. Our goal, outlined in the Executive Order, is to address functional zero and unnecessary institutionalization. Although we will not reach functional zero through this plan, we will build the systemic foundation to attain this reachable goal.

Over 400 people participated in the process to draft this plan. Community members detailed priorities for the plan in 16 listening sessions and in written comment. State agencies responded to those priorities through the over 100 activities outlined in this plan.

I believe that we will collectively end homelessness. I believe that we will critically examine the racial disparity that exists in homelessness and eradicate it. I believe that our state will lead in making needed investments to support persons living outside, living in shelters, and living in crowded housing. Together, with persons experiencing homelessness and housing insecurity, homeless service providers, philanthropy, advocates, and government agencies, we will collectively strive towards the goal

I look forward to our work - together.

In solidarity,

A handwritten signature in black ink that reads "Christine M. Haley". The signature is written in a cursive, flowing style.

Christine Haley

Chief, Illinois Office to Prevent & End Homelessness

Chair, Illinois Task Force on Homelessness

Co-Chair, Community Advisory Council on Homelessness

COMMON ACRYONYMS

ARPA	American Rescue Plan Act
CoC	Continuum of Care
DoE	US Department of Education
HUD	US Department of Housing & Urban Development
HMIS	Homeless Management Information System
IBHE	Illinois Board of Higher Education
ICCB	Illinois Community College Board
ICJIA	Illinois Criminal Justice Information Authority
DoA	Illinois Department of Aging
DCFS	Illinois Department of Children and Family Services
DCEO	Illinois Department of Commerce and Economic Opportunity
IDOC	Illinois Department of Corrections
IDES	Illinois Department of Employment Security
HFS	Illinois Department of Healthcare and Family Services
IDHS	Illinois Department of Human Services
IDJJ	Illinois Department of Juvenile Justice
IDPH	Illinois Department of Public Health
IDVA	Illinois Department of Veterans' Affairs
IHDA	Illinois Housing Development Authority
IOPEH	Illinois Office to Prevent and End Homelessness
ISBE	Illinois State Board of Education
ISP	Illinois State Police
PSH	Permanent Supportive Housing
PIT	Point-in-Time Count
PHA	Public Housing Authority
SRN	Statewide Referral Network
USICH	U.S. Interagency Council on Homelessness

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EXECUTIVE SUMMARY

On any given night in Illinois, an estimated 10,431 people are living in shelters and transitional housing programs, in parks and abandoned buildings, in cars and in barns. In addition to Illinois residents who are experiencing literal homelessness, tens of thousands of Illinois families live temporarily and unstably with family and friends. In the 2020 school year, over 41,514 children from Pre-Kindergarten to Seniors in high school lived unstably with family and friends. Other families live on the brink of homelessness, a step away from an eviction notice with the loss of income or the tragic loss of a family member.

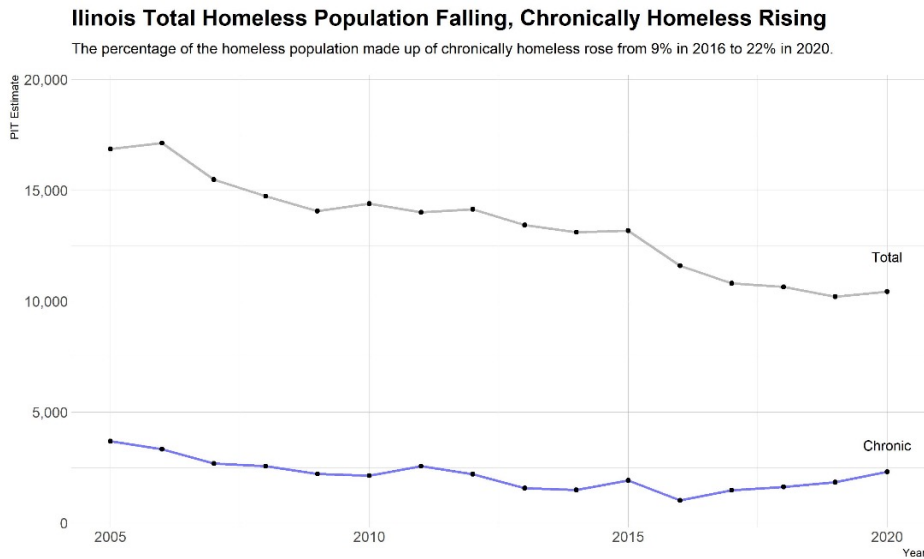
Home Illinois, Illinois' Plan to Prevent and End Homelessness, sets the foundational vision to ending homelessness in the state. Through both established and new innovative strategies, Illinois residents, community agencies and state government will work together to prevent entries into shelter. When literal homelessness does occur, the experience will be brief and one-time.

This report relies on demographic data from the US Department of Housing and Urban Development (HUD) Point-in-Time (PIT) Count on literally homeless households and Illinois State Board of Education (ISBE) data on students experiencing homelessness. Since 2016, the total number of people experiencing homelessness has hovered around 10,500, and chronic homelessness has increased both in number and percentage.

What is Chronic Homelessness?

According to HUD, chronic homelessness is when an individual with a disability who lives in an emergency shelter, in a place not meant for human habitation or a safe haven. The individual must have been living in the above for 12 months continuously, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Persons living in an institutional care facility can also meet a chronic homeless definition if they have lived in the institution for fewer than 90 days and previously lived in an emergency shelter, safe haven or place not meant for human habitation. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual.

PIT Estimates for total and chronic homelessness over time (2005-2020)



According to ISBE, 47,455 school children were identified as experiencing homelessness in the 2019-2020 school year:

- 85.5% doubled-up, living temporarily and unstably with family and friends
- 9.3% living in shelters, transitional housing, awaiting foster care
- 4.2% living hotels/motels
- 0.7% unsheltered, living in cars, parks, campgrounds, abandoned buildings

Rental housing costs continue to put Illinois households at risk of homelessness. According to 2019 American Community Survey estimates, some 47.5 percent of renters were housing cost burdened, that is, paying more than 30 percent of their incomes in monthly rent. At the regional level, the highest concentrations of rent burdened households were in Cook County (49.2%), South/West Metro Chicago (48.1%), Northwest Metro Chicago (47.7%), St. Louis Metro (47.5%) and Carbondale (47.3%).

During the pandemic, the State of Illinois distributed over \$1.2B dollars in rental assistance funds, serving over 190,000 Illinois families.

Program	Program Time Period	Households Served	Funding Distributed
Emergency Solutions Grant, Rental Assistance	04/20-12/21	14,943	\$8.4M
IDHS Homeless Prevention Program	04/20-12/21	4,453	\$10M
IHDA Emergency Rental Assistance	08/20-12/20	46,129	\$230.6M
IDHS Rental Assistance Program	04/21-06/21	3,333	\$11.2M
IDHS Emergency Rental Assistance Round 1	04/21-06/22	15,237	\$1M
IHDA Illinois Rental Payment Program Round 1	05/21-07/21	63,964	\$584M
IDHS Emergency Rental Assistance Round 2	03/22-12-22	10,947	\$94.8M
IHDA IL Rental Payment Program Round 2	12/21-01/22	32,500	\$297M
Total Distributed	-	191,506	\$1.2B

Executive Order to Fight Homelessness in Illinois

In September 2021, Governor Pritzker signed the Executive Order to Fight Homelessness in Illinois (EO). The Executive Order created two new commissions within State Government and a new position to lead the work:

- **Illinois Interagency Task Force on Homelessness (Task Force):** The Task Force membership comprises leadership of Illinois State Agencies. The Task Force is charged with delivering a State plan on homelessness and delivering it to the Governor and General Assembly. The key purpose of the Task Force is to coordinate strategy, effort and impact in programs for persons experiencing homelessness and housing instabilities. The Task Force will make regulatory, policy and resource changes to end homelessness. The Task Force will “make oversight recommendations that will ensure accountability, results, and sustained success; and develop specific proposals and recommendations for action.”
- **Community Advisory Council on Homelessness (Advisory Council):** The Advisory Council provides guidance and recommendations to the Task Force on the strategy and implementation of the Illinois Plan to Prevent and End Homelessness. The representation on the Advisory Council is representative of rural, urban and suburban communities.
- **State Homelessness Chief (Chief):** The Chief serves as the chair of the Task Force and co-chair of the Advisory Council. The EO identifies the role of the Chief to “serve as a policymaker and spokesperson on homelessness prevention, including coordinating the multi-agency effort through legislation, rules, and budgets and communicating with the Illinois General Assembly, federal, and local leaders on these critical issues.” As operationalization of the EO commences, the Illinois Office to Prevent and End Homelessness (IOPEH) is created to provide administrative support and infrastructure for the cross-agency work of the Task Force and Advisory Council.

Home Illinois: Illinois’ Plan to Prevent & End Homelessness

This two-year plan focuses on building state and community infrastructure to end homelessness. With the infusion of funding from COVID-19 economic recovery resources, state agencies are expanding capacity to administer programs and communities are expanding to address needs. This Plan provides strategies and supports for the rapid housing and services expansion. Over the next two State Fiscal Years, the Task Force, Community Advisory Council, IOPEH and community providers will complete a deep data analysis to understand what financial, housing, services and human resources will be needed to end homelessness in every region of the state.

Four themes emerged as the pillars of the plan: Racial Equity, Build Affordable & Permanent Supportive Housing; Bolster the Safety Net; Secure Financial Stability and Close the Mortality Gap. A foundational goal of the plan is ending the racial disparity that exists in homelessness. Throughout the plan are activities that push forward reducing unacceptable racial inequities.

State agencies submitted commitments to support the goals of the plan. Each strategy includes a series of activities to support the strategy that follow a consistent format within each pillar:

Status: Existing activity continuing in 2023, Expansion of funding for an existing activity in 2023, New activity in 2023

Agency: State agency taking ownership for implementation of the activity, with additional agencies providing support

Type: Activities categorized as implementation of a process, policy or program

Key activities within the plan include:

A number of initiatives within the plan require interagency collaboration and coordination. Key coordination strategies include:

- **Development of permanent supportive housing:** The Illinois Housing Development Authority (IHDA), Illinois Department of Human Services (IDHS), Illinois Department of Commerce & Economic Opportunity (DCEO) and Illinois Department of Healthcare and Family Services (HFS) will work together on strengthening the development and operations of permanent supportive housing. As IHDA and DCEO administer funding for capital, acquisition and rehabilitation of non-congregate shelter and supportive housing, HFS and IDHS will develop pathways for sustainable supportive services funding.
- **Supporting college students experiencing homelessness:** College students with housing stability should have access to dorms during school holiday breaks and know what employment, food and educational resources are available to them. The Illinois Board of Higher Education (IBHE) and Illinois Community College Board (ICCB) will work with Task Force agencies, community colleges and universities to support students.
- **Improve discharge planning for young adults:** The Illinois Department of Children and Family Services (DCFS), Department of Juvenile Justice (IDJJ), Illinois Department of Corrections (IDOC) and IDHS - Division of Mental Health will participate in a work group to ensure discharge planning and procedures support housing stability for young adults leaving State systems of care.
- **Expansion of medical respite model:** Medical respite, or recuperative care, is temporary housing paired with clinical care for people experiencing homelessness after an in-patient hospital stay. HFS, IDHS and IHDA will work together to support expansion of the availability of medical respite housing across the state.

To see all of the State Agency activities in the plan, please go to page 69

IHDA	Invest \$90M in permanent supportive housing
HFS	Request authorization from Medicaid to create a housing tenancy support and medical respite benefit
IDHS	Together with the Illinois Commission on Poverty Elimination and Economic Security, complete study of the impact of Child Tax Credit on family homelessness; Implement guaranteed income pilot with families experiencing homelessness
ISBE	Through the addition of community navigators, establish Wrap Around Wednesdays at central points within a regional area; Serve as a one-stop, single-day effort to enable identified McKinney-Vento eligible families to access a multitude of wrap-around services to meet the unique needs of each family

IOPEH	Create Homelessness & Racial Equity Roundtable; Commission a study on the root causes of racial disparities of homelessness in Illinois
IDOC/Illinois Criminal Justice Information Authority (ICJIA)/IOPEH	Lead a joint Task Force and Community Advisory Council work group on securing access to housing for persons with sex offenses on their record; Explore legislative and program strategies to secure housing
Illinois Department of Employment Security (IDES)	Match administrative records between unemployment insurance records and the Homeless Management Information System to understand employment stability and industry, unemployment (length of time, take up of employment benefits) demographic characteristics, housing and employment program services access
IOPEH	Create Rural Homeless Initiative to understand root causes and structural barriers to homelessness in rural communities; Develop strategic initiatives to end rural homelessness.
IOPEH	The HUD Illinois State Office of Public Housing and the Illinois Office to Prevent & End Homelessness convene a Public Housing Authority & Homelessness Work Group to support PHAs in implementation of key strategies to end homelessness
ISP	Convene Illinois law enforcement to develop best practices for response to the homeless calls for service and encampment mitigation to ensure that responses are lawful and handled with respect for the dignity of the individuals involved
Illinois Department of Public Health (IDPH)	Support the development of a Statewide 2-1-1 system, to ensure equitable access to homeless services and supports and strengthen the crisis safety net
IBHE/ICCB	Create the administrative infrastructure necessary for the implementation of The Higher Education Housing Opportunities Act; Establish the role of homeless liaison as an advocate and resource for homeless students, improve the accessibility and affordability of on-campus housing,

In Fiscal Year 23, the 16 State Agencies of the Interagency Task Force will manage \$564.8M in programs that are homeless dedicated or where homeless households are prioritized for assistance.

Federal Funding	\$256,089,939
State Funding	\$211,631,212
Federal Stimulus	\$97,083,824
Total State Investment in Homelessness	\$564,804,975

‘HOME ILLINOIS: ILLINOIS’

PLAN TO PREVENT AND END HOMELESSNESS

SECTION I:

HOMELESSNESS & HOUSING INSECURITY IN ILLINOIS

On any given night in Illinois, an estimated 10,431 people are living in shelters and transitional housing programs, in parks and abandoned buildings, in cars and in barns. In addition to Illinois residents who are experiencing literal homelessness, tens of thousands of Illinois families live temporarily and unstably with family and friends. In the 2020 school year, over 41,514 children from Pre-Kindergarten to Seniors in high school lived unstably with family and friends. Other families live on the brink of homelessness, a step away from an eviction notice with the loss of income or the tragic loss of a family member.

Home Illinois, Illinois’ Plan to Prevent and End Homelessness, sets the foundational vision to ending homelessness in the state. Through both established and new innovative strategies, Illinois residents, community agencies, and state government will work together to prevent entries into shelter. When literal homelessness does occur, the experience will be brief and one-time.

This report relies on demographic data from the U.S. Department of Housing and Urban Development (HUD) Point-in-Time (PIT) Count on literally homeless households and Illinois State Board of Education (ISBE) data on students experiencing homelessness. PIT Counts are completed annually by the local Continuum of Care (CoC) in late January. Communities canvass their community to engage unsheltered persons and also count persons living in shelters and transitional housing. CoCs understand that they will not encounter every unsheltered person and use a multiplier to calculate the number of unsheltered households. In 2021, HUD did not require communities to complete an unsheltered count. With an incomplete 2021 count, Home Illinois will utilize the 2020 PIT Count data for demographic analysis.

What is Chronic Homelessness?

According to HUD, chronic homelessness is when an individual with a disability lives in an emergency shelter, in a place not meant for human habitation or a safe haven. The individual must have been living in the above for 12 months continuously, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Persons living in an institutional care facility can also meet a chronic homeless definition if they have lived in the institution for fewer than 90 days and previously lived in an emergency shelter, safe haven or place not meant for human habitation. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual.

Continuum of Care:

A Continuum of Care (CoC) are the persons and agencies working together to end homelessness in a local community. CoCs are funded by HUD and primarily focus on serving households who meet the HUD definition of literal homelessness. There are 19 CoCs in Illinois. The CoC serves as the local homelessness policy and planning body.

CoCs submit a consolidated funding application to HUD to support local homeless outreach, shelter and housing program. CoCs manage the data system that tracks household participation in shelter, outreach and housing systems called the Homeless Management Information System (HMIS). Although every CoC is required to operate a HMIS system, each community has their own HMIS system and may use different vendors.

Please see a CoC Map in the Appendix.

Analysis of 2020 PIT Count

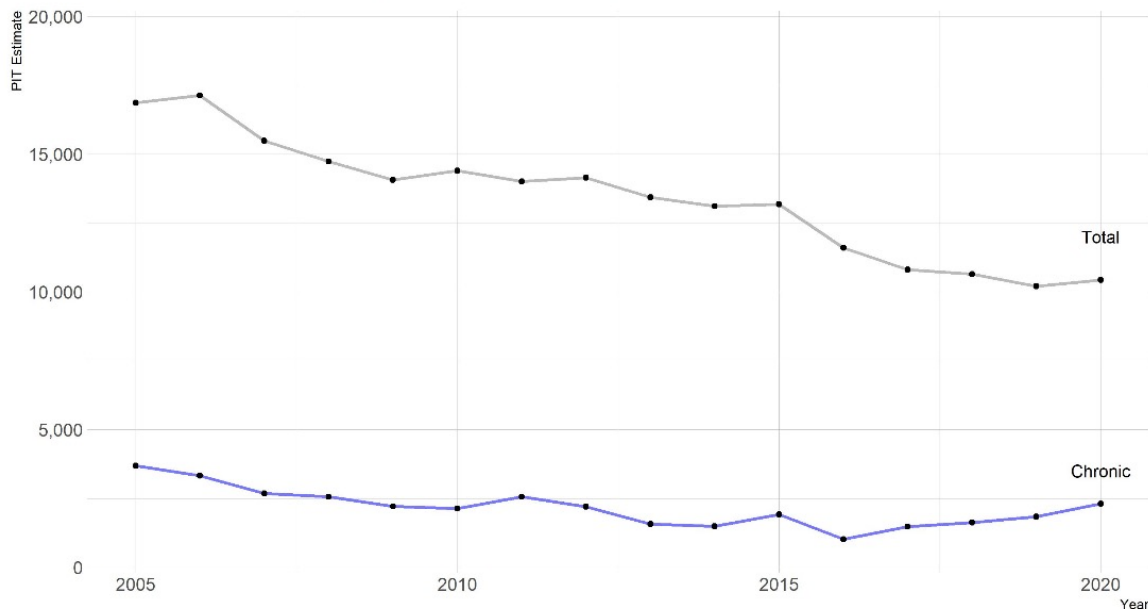
In 2020, 10,431 people experienced homelessness on any given night. 2,305 people were found to be experiencing chronic homelessness, defined as those with a disabling condition who are continuously homeless for four episodes in the last three years where the time homeless combined is at least 12 months, or one episode of homelessness that lasts at least 12 consecutive months.

Since 2016, the total number of people experiencing homelessness has hovered around 10,500, and chronic homelessness has increased both in number and percentage

Table 1: Illinois Total Homeless Population Falling, Chronically Homeless Rising

Illinois Total Homeless Population Falling, Chronically Homeless Rising

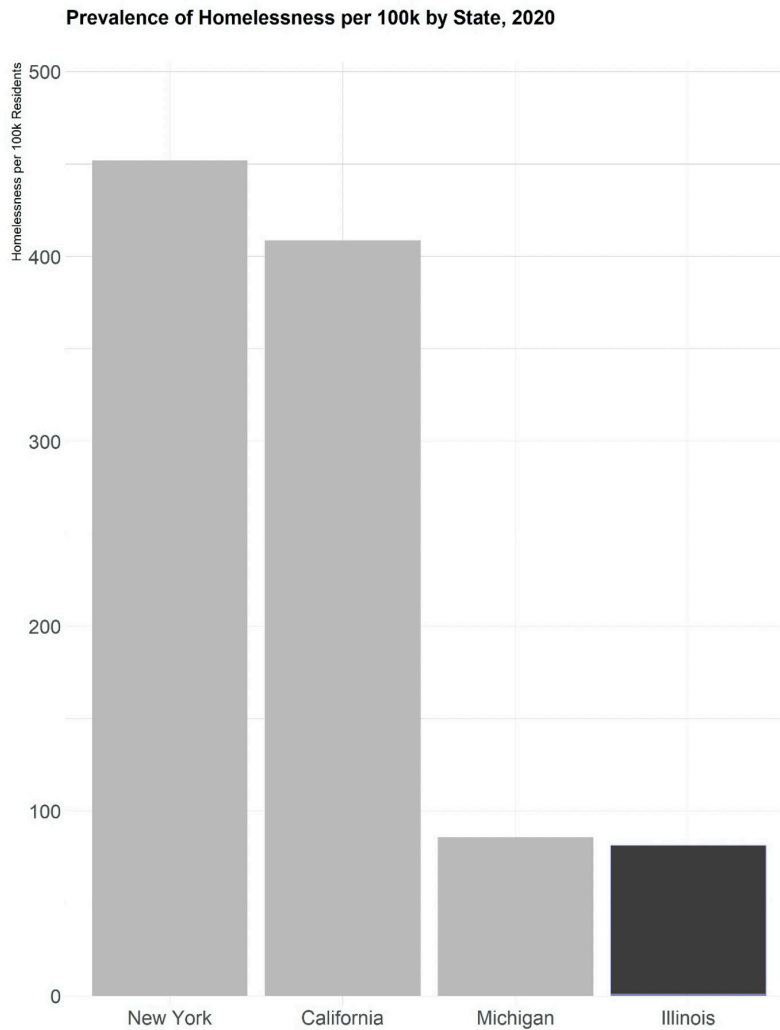
The percentage of the homeless population made up of chronically homeless rose from 9% in 2016 to 22% in 2020



When comparing Illinois with similar states, New York, California, and Michigan, Illinois has the lowest prevalence of homelessness. Illinois' prevalence is comparable with Michigan (81 and 85 per 100,000, respectively), with California and New York both having more than 5 times the rate of homelessness per capita.

Table 2: Prevalence of Homelessness per 100k by State, 2020

Prevalence of Homelessness per 100k by State, 2020

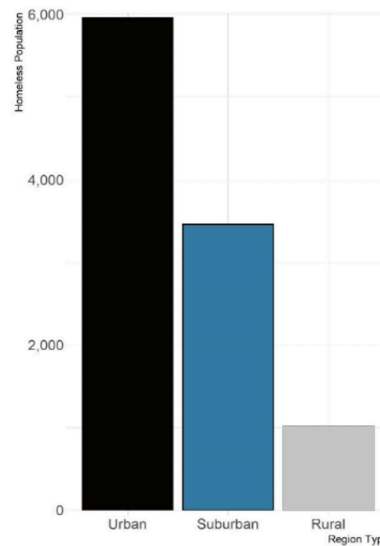
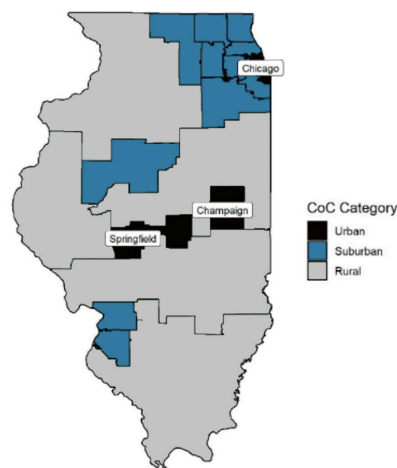


Of the 10,431 Illinoisans experiencing homelessness in 2020, 60 percent reside in Cook County, a disproportionate amount given that Cook County only accounts for 41 percent of the statewide population according to the 2020 U.S. Census.

Table 3: Illinois homeless population by CoC, summary graphic (2020)

60% of Illinoisans experiencing homelessness in 2020 reside in Cook County

Point-in-Time Counts from January, 2020

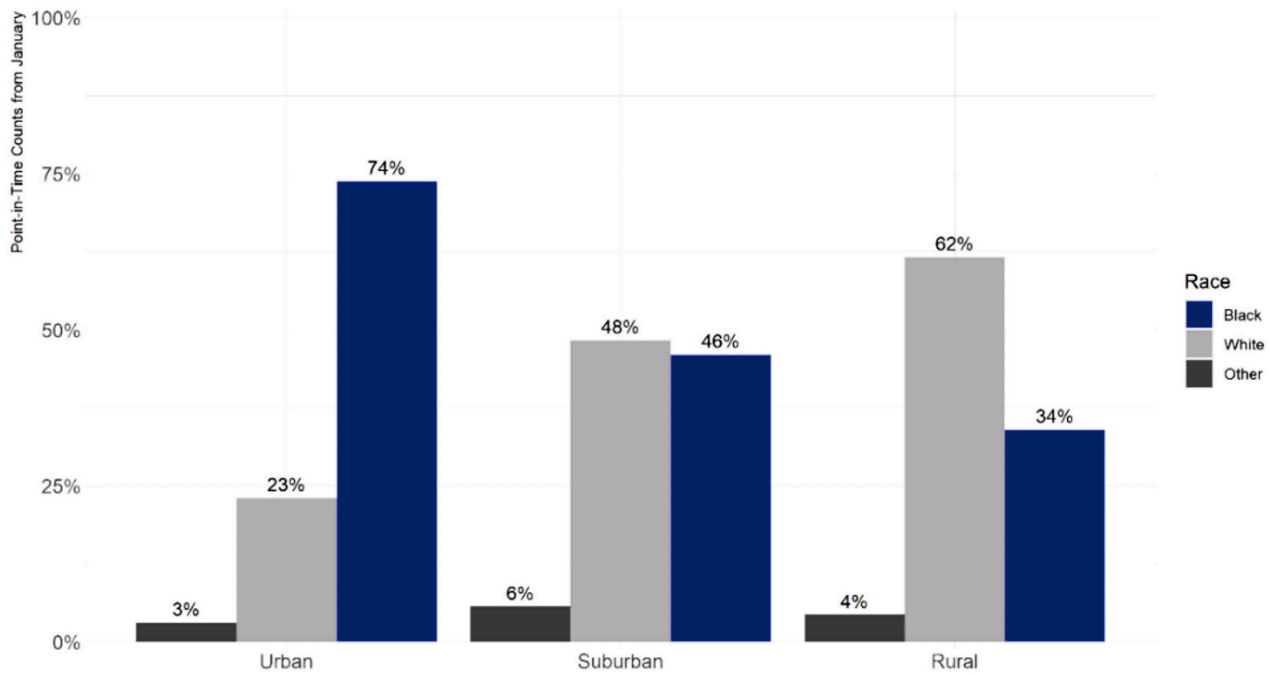


COC Number	COC	Category	Total	% of Illinois Homeless	Chronic	% Chronic
IL-510	Chicago	Urban	5,390	52%	1,521	66%
IL-511	Cook County	Suburban	846	8%	174	8%
IL-501	Rockford/DeKalb, Winnebago, Boone Counties	Suburban	465	4%	37	2%
IL-517	Aurora, Elgin/Kane County	Suburban	410	4%	101	4%
IL-512	Bloomington/Central Illinois	Rural	408	4%	71	3%
IL-514	DuPage County	Suburban	328	3%	50	2%
IL-507	Peoria, Pekin/Fulton, Tazewell, Peoria, Woodford Counties	Suburban	311	3%	59	3%
IL-508	East St. Louis, Belleville/St. Clair County	Suburban	298	3%	37	2%
IL-513	Springfield/Sangamon County	Urban	294	3%	73	3%
IL-502	Waukegan, North Chicago/Lake County	Suburban	292	3%	24	1%
IL-506	Joliet, Bolingbrook/Will County	Suburban	276	3%	24	1%
IL-520	Southern Illinois	Rural	233	2%	22	1%
IL-500	McHenry County	Suburban	155	1%	14	1%
IL-503	Champaign, Urbana, Rantoul/Champaign County	Urban	140	1%	25	1%
IL-516	Decatur/Macon County	Urban	135	1%	28	1%
IL-518	Rock Island, Moline/Northwestern Illinois	Rural	135	1%	16	1%
IL-515	South Central Illinois	Rural	123	1%	10	0%
IL-519	West Central Illinois	Rural	113	1%	3	0%
IL-504	Madison County	Suburban	79	1%	16	1%
Total	-	-	10,431	100%	2,305	100%

Racial disparities among Illinois' homeless population are largest in urban areas including Chicago, Springfield, and Champaign, where Black Illinoisans make up 74% of the homeless population.

Table 4: Illinois homeless population race by CoC (2020)

Composition of Illinois Homeless Population by Race and Region, 2020 (4)

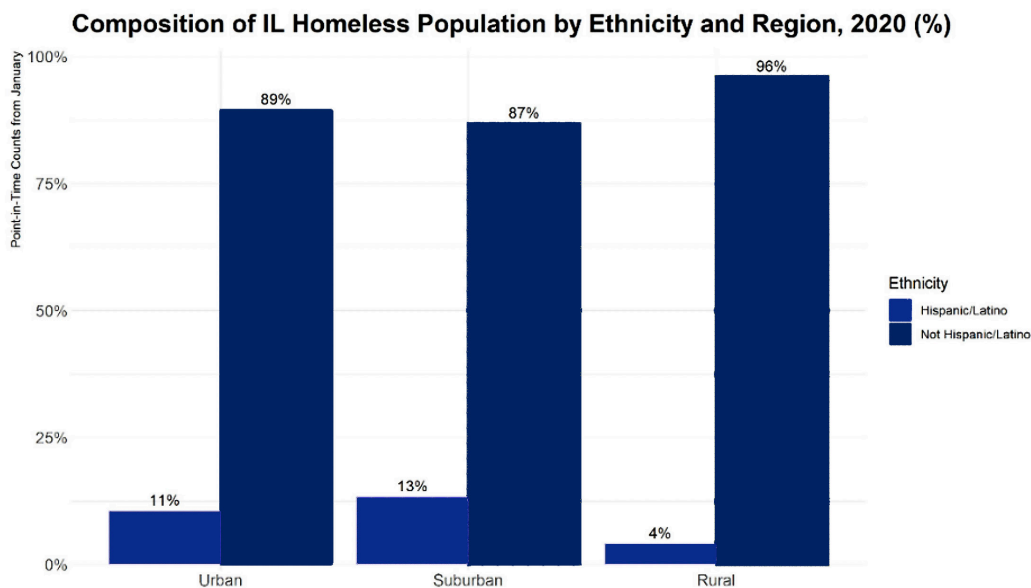


Source: HUD Data Exchange, PIT Counts (2020)

Among the homeless population in Illinois, 11% of individuals identify as Latinx. This composition stays relatively flat across urban and suburban areas. In rural areas, only 4% of homeless individuals identify as Latinx.

Table 5: Composition of Illinois Homeless Population by Ethnicity and Region, 2020 (%)

Composition of Illinois Homeless Population by Ethnicity and Region, 2020 (%)



Source: HUD Data Exchange, PIT Counts (2020)

Despite making up 14% of the population of the state, Black Illinoisans make up 61% of residents experiencing homelessness. In Illinois, Black people are 7 times more likely than white people to experience homelessness (350 per 100k versus 47 per 100k).

Table 6: Illinois Homeless Population Prevalence per 100k by Ethnicity, 2020

Illinois Homeless Population Prevalence per 100k by Ethnicity, 2020

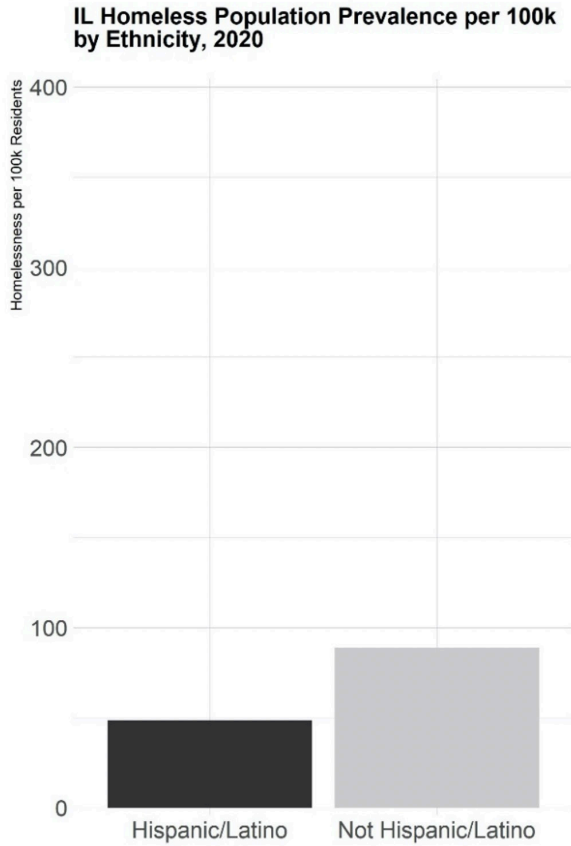
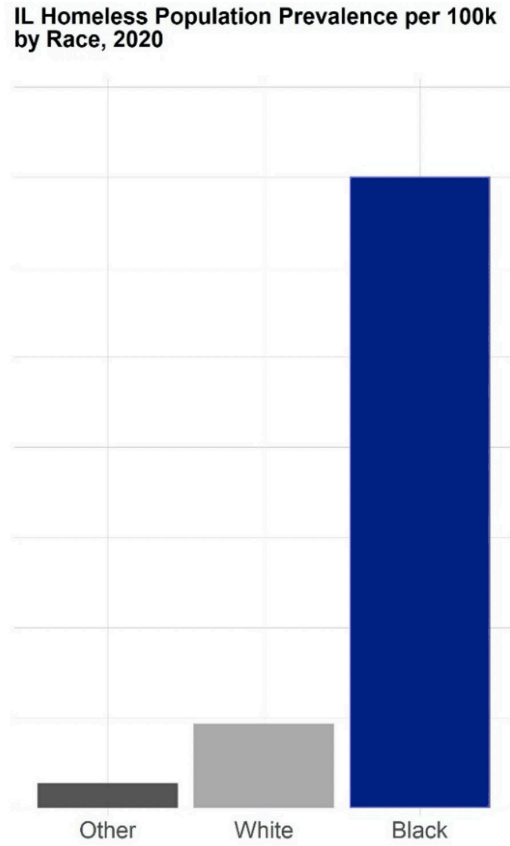


Table 7: Illinois Homeless Population Prevalence per 100k by Race, 2020

Illinois Homeless Population Prevalence per 100k by Race, 2020



Source: HUD Data Exchange, PIT Counts (2020)
US Census Bureau, PL 94-171 Redistricting Data (2020)

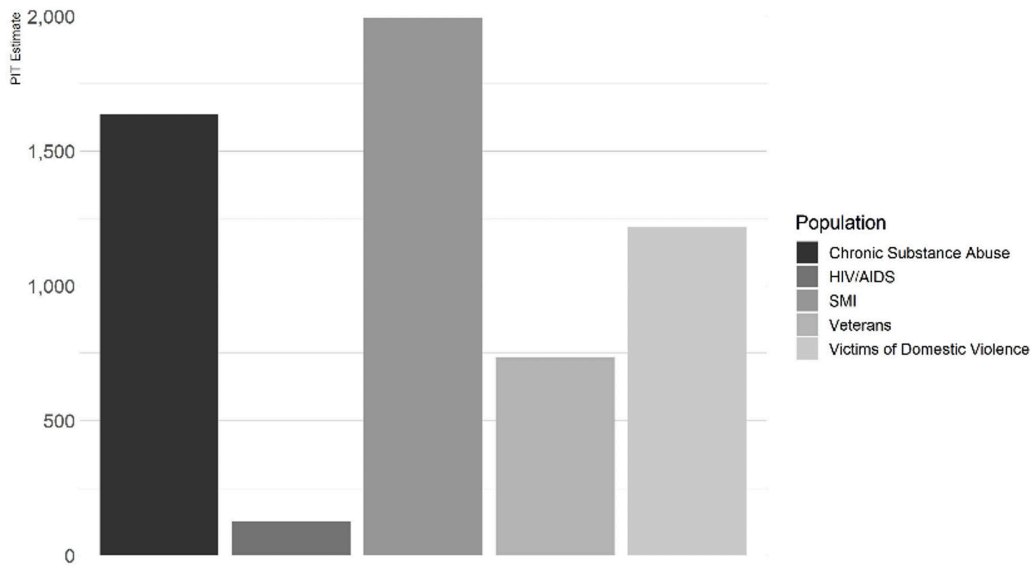
Subpopulations captured in the Point in Time Count include those with Substance Use Disorders (SUD), HIV/AIDS, Serious Mental Illness (SMI), Veterans and Survivors of Domestic Violence.



Photo courtesy of IHDA

Table 8: Homeless Subpopulations, 2020

Homeless Subpopulations, 2020



5,846 (56%) of the 10,431 Illinoisans experiencing homelessness in 2020 were staying in emergency shelters. Emergency shelters were the most common shelter type across urban, suburban, and rural CoCs. A higher percentage of people experiencing homelessness in urban CoCs (27%) were unsheltered compared to suburban and rural CoCs (15%).

Table 9: Illinois homeless population by CoC, program/shelter type graphic (2020)

Across CoC regions, most people experiencing homelessness reside in emergency shelters. A higher percentage of people experiencing homelessness are unsheltered in Urban CoCs compared to Suburban and Rural CoCs

Point-in-Time Counts from January, 2020

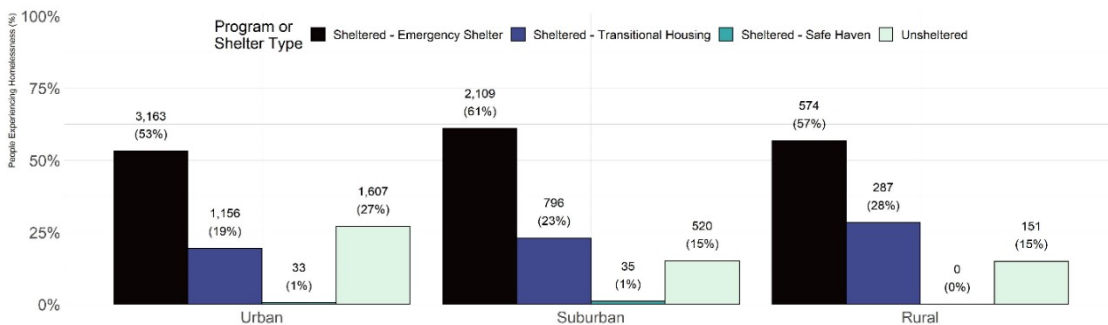
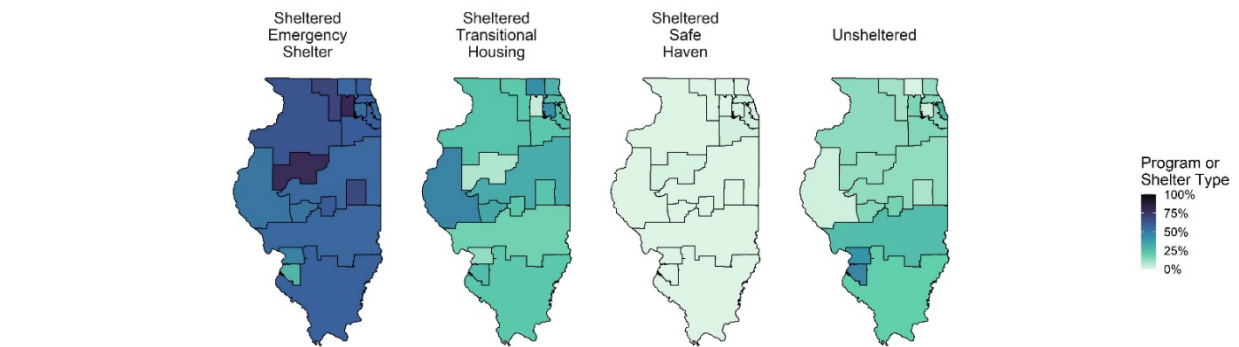


Table 10: Illinois homeless population by CoC, program/shelter type table (2020)

Coc Number	CoC	Category	Sheltered Emergency Shelter	% Sheltered Emergency Shelter	% Sheltered Emergency Housing	Sheltered Transitional Housing	Sheltered Safe Haven	% Sheltered Safe Haven	Unsheltered	% Unsheltered	Total
IL-510	Chicago	Urban	2,833	53%	995	18%	33	1%	1,529	28%	5,390
IL-511	Cook County	Suburban	490	58%	217	26%	21	2%	118	14%	846
IL-501	Rockford/Dekalb, Winnebago, Boone Counties	Suburban	320	69%	100	22%	0	0%	45	10%	465
IL-517	Aurora, Elgin/Kane Coutry	Suburban	328	80%	17	4%	0	0%	65	16%	410
IL-512	Bloomington/Central Illinois	Rural	226	55%	130	32%	0	0%	52	13%	408
IL-514	DuPage County	Suburban	177	54%	137	42%	4	1%	10	3%	328
IL-507	Peoria, Pekin/Fulton, Tazewell Peoria, Woodford Counties	Suburban	246	79%	24	8%	4	1%	37	12%	311
IL-508	East St. Louis, Belleville/St. Clair County	Suburban	84	28%	78	26%	0	0%	136	46%	298
IL-513	Springfield/Sangamon County	Urban	153	52%	98	33%	0	0%	43	15%	294
IL-502	Waukegan, North Chicago/Lake County	Suburban	172	59%	86	29%	0	0%	34	12%	292
IL-506	Joliet,Bolingbrook/Will County	Suburban	168	61%	60	22%	0	2%	42	15%	276
IL-520	Southern Illinois	Rural	136	58%	51	22%	0	0%	46	20%	233
IL-500	McHenry County	Suburban	87	56%	67	43%	0	0%	1	1%	155
IL-503	Champaign, Urbana, Rantoul/Champaign County	Urban	95	68%	33	24%	0	0%	12	9%	140
IL-516	Decatur/Macon County	Urban	82	61%	30	22%	0	0%	23	17%	135
IL-518	Rock Island, Moline/Northwestern Illinois	Rural	85	63%	32	24%	0	0%	18	13%	135
IL-515	South Central Illinois	Rural	69	56%	22	18%	0	0%	32	26%	123
IL-519	West Central Illinois	Rural	58	51%	52	46%	0	0%	3	3%	113
IL-504	Madison County	Suburban	37	47%	10	13%	0	0%	32	41%	79
Total	-	-	5,846	-	2,239	-	68	-	2,278	-	10,431

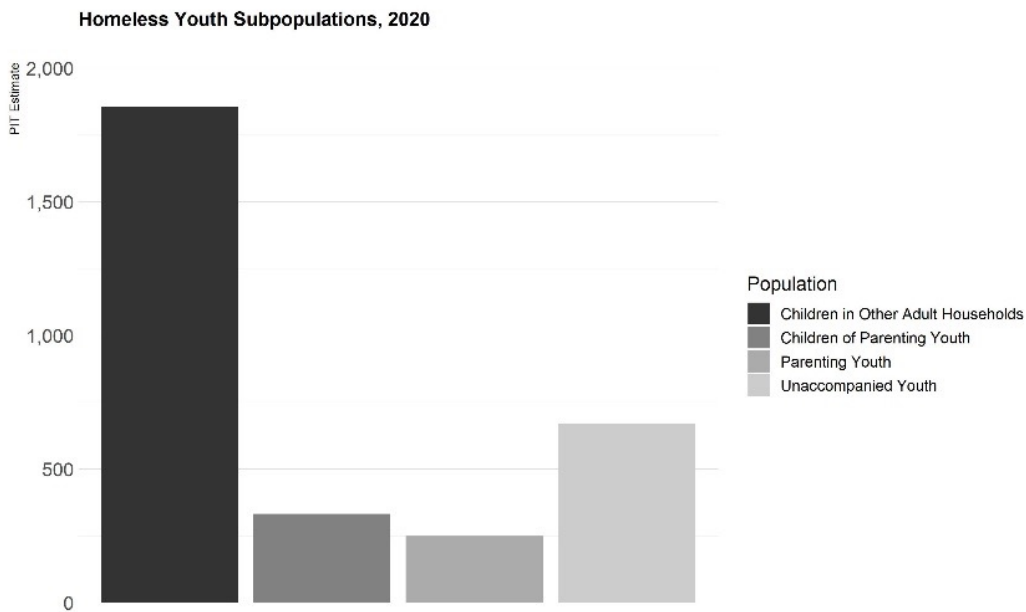
Sources Consulted: HUD Exchange PIT Count data by state and CoC (2005-2020); US Census data (Illinois population)

Young Adults and Students Experiencing Homelessness in Illinois

The literal homeless youth population, comprised of unaccompanied youth (ages 18-24), parenting youth and their children, make up 1,252 (12%) of the homeless population in Illinois. Unaccompanied youths are the largest youth subpopulation at 671 (6%). Parenting youth and their children make up a combined 581 (5.5%) of the homeless population in Illinois. There are 1,854 children in adult headed households over age 24 experiencing homeless. Combining adult and youth led households, dependent children ages 0-18, are 21% of the Illinois homeless population.

Table 11: Homeless Youth Subpopulations, 2020

Homeless Youth Subpopulations, 2020



Number of Homeless Children/Youth Enrolled in Public School by Year

According to the Illinois State Board of Education, 47,455 school children were identified as experiencing homelessness in the 2019-2020 school year:

- 85.5% doubled-up, living temporarily and unstably with family and friends
- 9.3% living in shelters, transitional housing, awaiting foster care
- 4.2% living in hotels/motels
- 0.7% unsheltered, living in cars, parks, campgrounds, abandoned buildings

ISBE also reports sub-populations of students experiencing homelessness. These sub-populations are not mutually exclusive. It is possible for homeless students to be counted in more than once:

Subpopulations Type	SY 2019-2020
Migratory children/youth	23
Unaccompanied homeless youth	4,338
Children with disabilities (IDEA)	10,040
Limited English Proficient (LEP) students	4,367

Source: <https://profiles.nche.seiservices.com/StateProfile.aspx?StateID=18>

According to research compiled by the Illinois Workforce and Education Research Collaborative (Werner, 2022), youth and students experiencing homelessness often have intersecting identities with other historically marginalized groups that make them more susceptible to adverse environments and consequences. For example, of one-third of youth and students experienced the foster care system (Morton et al., 2017; National Conference of State Legislatures, 2021), 20-40% identify as belonging to the LGBTQ+ community (Durso & Gates, 2012), and half have been involved in the juvenile justice system (Morton et al., 2017; National Conference of State Legislatures, 2021). Youth experiencing homelessness are also more likely to come from low-income backgrounds (Morton et al., 2017) and to have witnessed or experienced physical or emotional abuse from caregivers (National Conference of State Legislatures, 2021), compared to their peers with stable housing. Unaccompanied youth and students are more likely to be girls, LGBTQ+, Black/African American, and/or Native American (Durso & Gates, 2012).

An estimated total of 36,533 Illinois students were experiencing homelessness as of the last day of September during the 2021-2022 school year - 2% of the nearly 1.88 million PreK-12 students in Illinois (Illinois State Board of Education, 2022). Most of the student population is concentrated in Cook County, nearing 18,500 students (see Figure 1). However, when the data is disaggregated by rate (i.e., proportion of students within the school population), the map changes. As seen in the map on the right, counties in southern Illinois (darker red counties) have higher proportions of students among PreK-12 students, with several counties surpassing 10%.

¹Homelessness status data collection time confirmed via email communications with a Principal Consultant at ISBE.

Table 12: Estimated Population of Students Experiencing Homeless (SEH) by Rural/Urban Classification 21-22SY

Table 13: Estimated Percentage of Students Experiencing Homeless (SEH) by Rural/Urban Classification 21-22SY

Estimated Population of Students Experiencing Homeless (SEH) by Rural/Urban Classification 21-22SY

Estimated Percent of Students Experiencing Homeless (SEH) by Rural/Urban Classification 21-22SY

Estimated Population of Students Experiencing Homelessness (SEH) by Rural/Urban Classification 21-22SY

Estimated Percent of Students Experiencing Homelessness (SEH) by Rural/Urban Classification 21-22SY

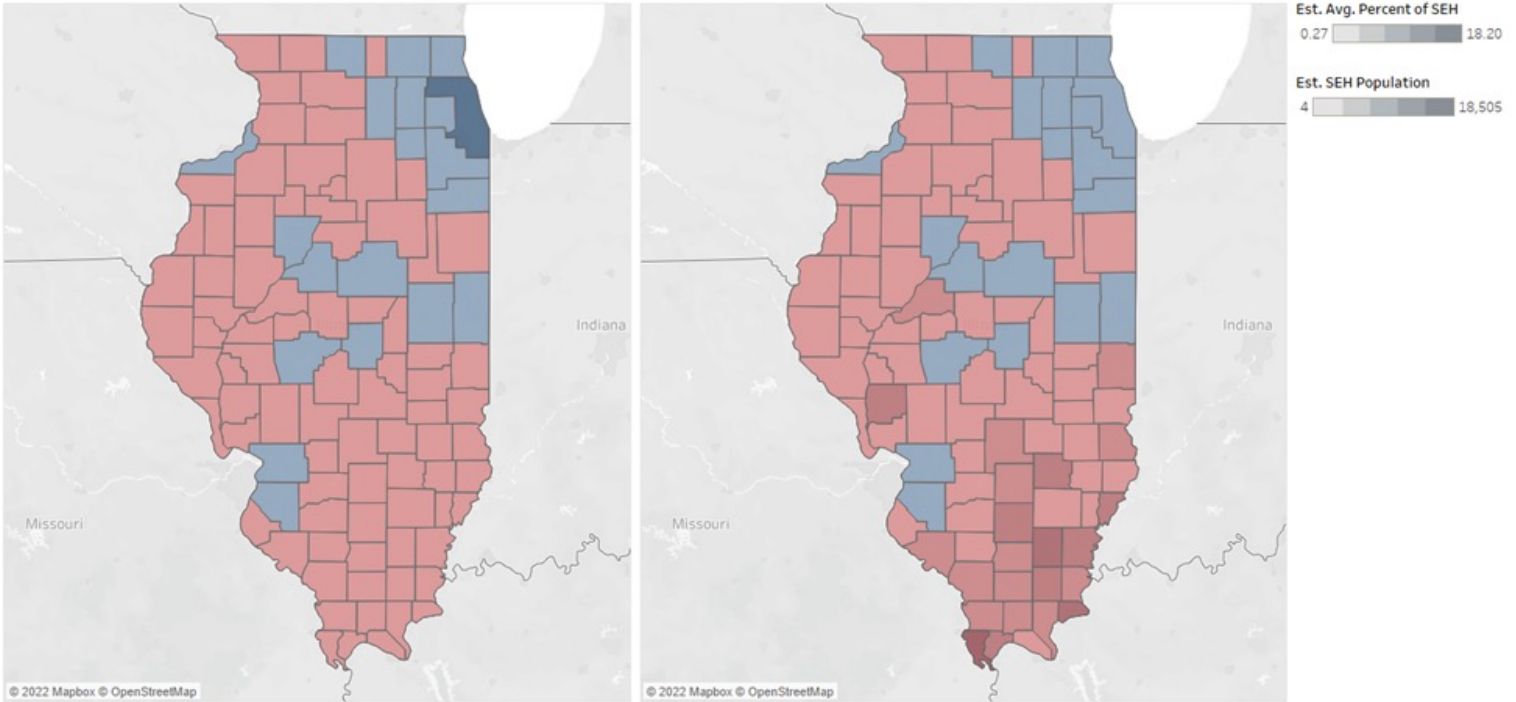


Figure 1. Two maps of Illinois showing the estimated total population (left) and estimated average percent (right) by county of students experiencing homelessness, created by the Illinois Workforce and Education Research Collaborative (IWERC). Counties have been classified as rural (red) or urban (blue) based on categorizations from the Illinois Department of Public Health (IDPH). Both blue and red color gradients differ based on population and relative percent, with lower population counts and lower percentages being lighter hues and higher population counts and higher percentages being darker hues. Data were collected by the Illinois State Board of Education (ISBE) on the last day of September during the 2021-2022 school year. Due to privacy reasons, ISBE does not specify schools with fewer than 10 students within a demographic. Thus, we imputed 3.5 as the count of students within each school that reported a count of <10, as this was the closest count to the total students reported by ISBE of 36,533. We then aggregated all school counts (including imputed) to the county level. An interactive version of the map can be found <https://dpi.uillinois.edu/applied-research/iwerc/current-projects/trauma-informed/trauma-informed-yeh/>

COMMUNITY SPOTLIGHT

Black and White Racial Disparities and Homelessness – Housing Action Illinois

[Black and White Disparities in Homelessness](#), a September 2019 policy brief from Housing Action Illinois, found that Black Illinoisans are disproportionately more likely to experience homelessness than white Illinoisans—even among those living in poverty. The report analyzed [federal](#) data released by the U.S. Department of Housing and Urban Development (HUD) from the annual Point-in-Time Count.

Key Findings

In Illinois, Black people are eight times more likely to experience homelessness than white people.

Although Black Illinoisans make up 14% of the population of the state, they make up 30% of residents experiencing poverty and 61% of residents experiencing homelessness.

By calculating racial equity severity scores for each region of Illinois, the report determined how much more likely a Black person is to experience homelessness compared to a white person living in the area.

Although the severity of racial disparities varies across the state, the disparities exist in all parts of the state—urban, suburban and rural—as defined by the boundaries of each of Illinois’ Continuum of Care networks of homeless service providers.

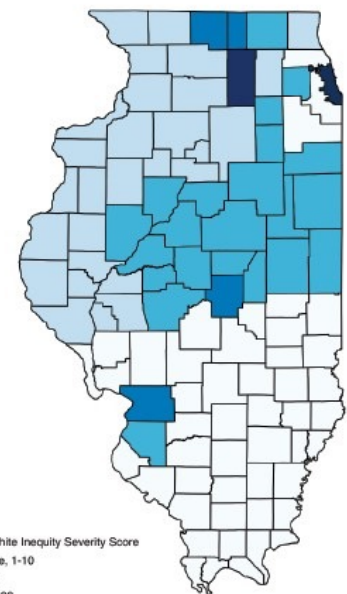
The racial disparities reflected in data regarding who experiences homelessness are reflective of other inequalities in our society and undoubtedly both a symptom and a cause of racial segregation throughout the state. For example, the Metropolitan Planning Council’s 2017 report with the Urban Institute, [The Cost of Segregation](#), estimated that if Chicago metropolitan area were less segregated, it could see \$4.4 billion in additional income each year, a 30 percent lower homicide rate and 83,000 more bachelor’s degrees.

Disparities in homelessness between Black and white communities has many causes related to systemic racism, as well as cases of individual racism. These include segregation; racial disparities in wages, housing cost and affordability; mass incarceration and eviction.

Table 14: Severity Of Racial Inequity

SEVERITY OF RACIAL INEQUITY

The disproportionate likelihood of a Black Illinoisan experiencing homelessness compared to a white Illinoisan was multiplied by the total rate of homelessness in the CoC Service Area in order to derive the “severity” statistic. For example, the Northwestern Illinois CoC has greater rates of racial inequity in homelessness than in Chicago, but homelessness is much more common in Chicago. The score is indexed on a scale of 0-10. Deeper shades of blue signify higher levels of severity.



Legend
CoC Black/White Inequity Severity Score
Indexed Score, 1-10
0 - 2.00
2.00 - 4.00
4.00 - 6.00
6.00 - 8.00
8.00 - 10.00

Ways to address the disparities include:

- **Use a Racial Equity Framework:** Community developers within municipal and regional governments should use a racial equity tool for all housing initiatives, such as the toolkit developed by the Government Alliance on Race and Equity, to understand issues and challenges, to monitor existing programs, and to design policies to promote racial equity in housing.
- **Enforce Fair Housing:** Strongly enforce the Fair Housing Act, require government agencies that receive HUD funding to analyze racial disparities in housing in their communities and devise actionable plans to undo historic patterns of discrimination and segregation.
- **Homelessness Prevention:** Invest in programs that provide single-use emergency funds to pay rent, which can help families stay in their homes and regain stability rather than face eviction.
- **Increase Resources for Affordable Housing:** Allocate resources at local, state, and federal levels for people experiencing or at risk of experiencing homelessness:
- **Ensure People with Records Have Equal Access to Housing:** Prevent housing discrimination against people with arrest and conviction records. A housing system that discriminates against people with records violates fair housing principles.
- **Eviction Record Sealing:** An eviction filing on the public record can have lasting consequences for a tenant. Many landlords refuse to rent to someone with an eviction filing on their record, regardless of context or outcome. Incomplete or unclear records—whether accessed directly online or through a tenant screening company—make this problem worse.



Photo courtesy of Getty

HOUSEHOLDS AT RISK OF HOMELESSNESS

The drivers of homelessness are lack of affordable housing and lack of income that supports market rate rent. Persons living in poverty and deep poverty are at highest risk of becoming homeless. Poverty is defined when a household income is at or below the federal poverty level. Deep poverty is when household income is less than 50% of the federal poverty level.

Table 15: FY 22 Poverty Guideline

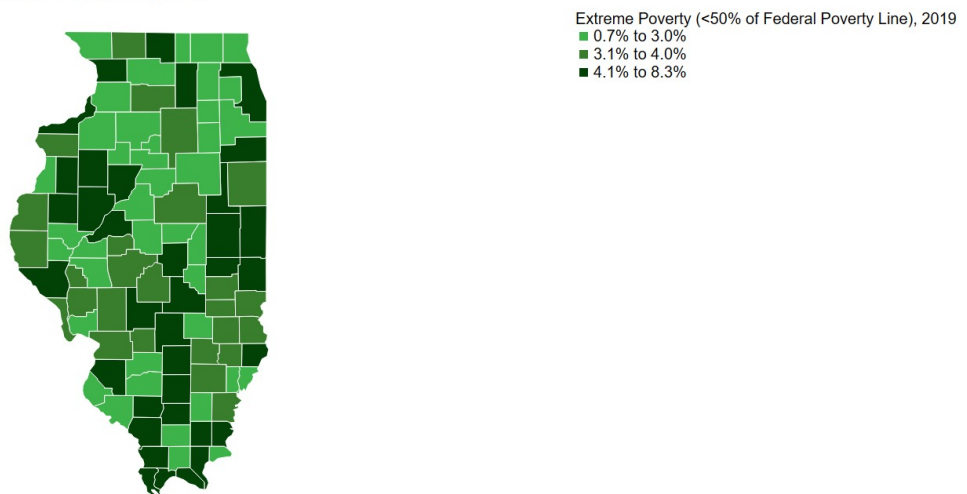
Family Size	50% Poverty Guideline	100% Poverty Guideline
1	6,795	13,590
2	9,155	18,310
3	11,515	23,030
4	13,875	27,750
5	16,235	32,470
6	18,595	37,190

Source: US Dept of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation

5.1% of Illinois residents live in deep poverty. Illinois Counties with the highest rates of deep poverty include Alexander (8.3%), Saline (7.3%), Vermilion (7.3%), Pope (6.8%), Gallatin (6.6%) and Douglas (6.6%). Cook County has the largest number of residents in deep poverty. Half of those in deep poverty are under 25 years of age. 3% of all children, and 15% of Black children, spend at least half of their childhoods in deep poverty. Those who are Black or Latinx are most likely to be in deep poverty, with poverty rates of 10.8 and 7.6 respectively.

Table 16: Extreme Poverty Rates for Illinois Counties, 2019

Extreme poverty rates for Illinois Counties, 2019

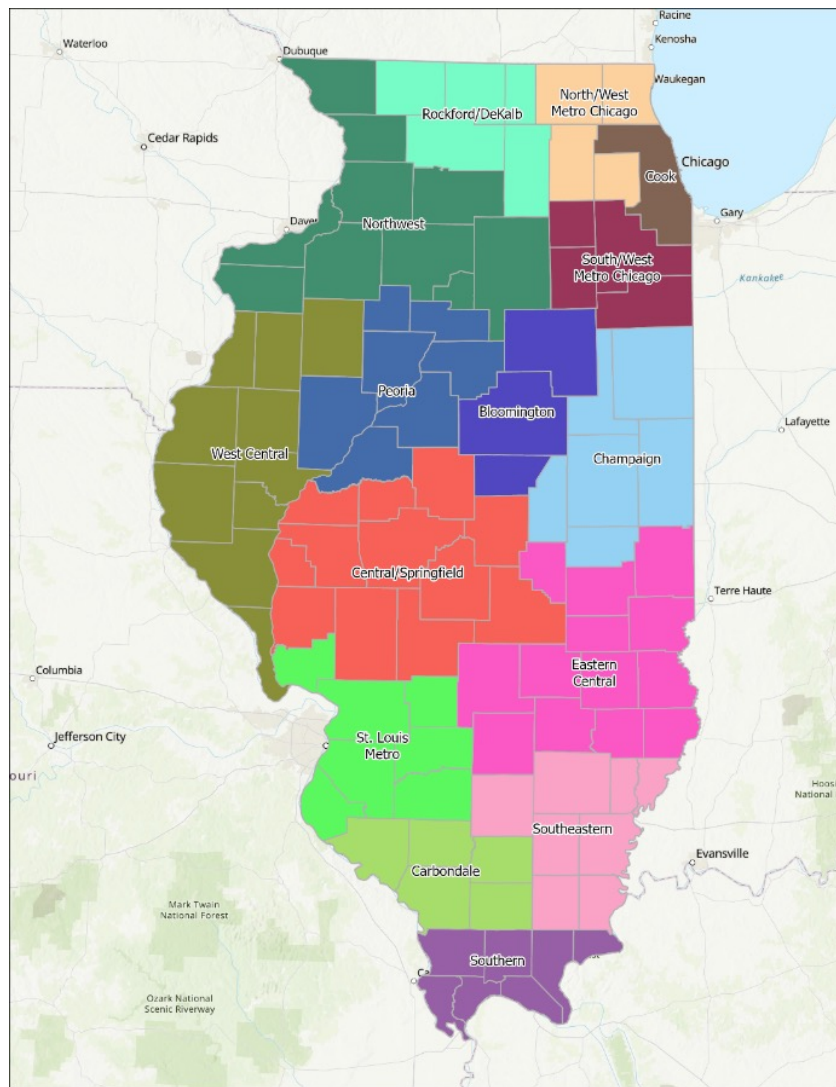


Analysis: Heartland Alliance Social Impact Research Center

Regional Housing Need

Housing is a foundational element in the work to end and prevent homelessness. The Illinois Housing Development Agency (IHDA) is the statewide housing finance agency that finances the creation and preservation of supportive and affordable housing in Illinois. IHDA also uses its statewide perspective to conduct research on housing needs across the state

IHDA conducted a regional analysis in 2021 to understand key trends and identify risk factors that contribute to homelessness in Illinois such as housing cost burden, housing supply constraints and disability status of the regional population. Illinois was divided into 15 regions at the county level (see map, below), with boundaries based upon a similarity metric across seven American Community Survey indicators.



Data for this assessment comes from a variety of publicly available data sources including the US Census 2014 and 2019 5-Year American Community Survey estimates, Illinois Association of Realtors, Bureau of Labor and Statistics (BLS), Bureau of Economic Analysis (BEA), and HUD.

Among the findings shaping how homelessness is addressed in Illinois:

Rental housing costs continue to put Illinois households at risk of homelessness.

According to 2019 ACS estimates, some 47.5 percent of renters were housing cost burdened, that is, paying more than 30 percent of their incomes in monthly rent. At the regional level, the highest concentrations of rent burdened households were in Cook County (49.2%), South/West Metro Chicago (48.1%), Northwest Metro Chicago (47.7%), St. Louis Metro (47.5%) and Carbondale (47.3%).

Increases in gross rent exceeded growth in median household income, further limiting affordability for Illinois residents.

The most notable decline in rental housing affordability was concentrated around Bloomington, where McClean, Dewitt, and Livingston counties all experienced rent growth that exceeded income growth by 3.5 to 11 points. Other notable areas of declining affordability included Williamson County in Carbondale; Morgan and Macoupin counties in Springfield/Central; Ford and Piatt counties in Champaign; Jasper, Effingham, Clark and Clay counties in Eastern Central; Putnam and Carroll counties in Northwest; Mason, Peoria and Stark counties in Peoria; Boone county in Rockford/DeKalb; Kendall county in South/West Metro Chicago; Wabash, Gallatin and Jefferson counties in Southeastern; Pulaski county in Southern; Clinton in St. Louis Metro; and Schuyler and Adams counties in the West Central region.

The greatest need for housing units statewide is for units affordable to households earning less than \$20,000 annually.

As a share of cost-burdened households, households earning less than \$20,000 annually represented between 30 percent of cost burdened households in North/West Metro Chicago upwards of 73.1 percent of cost-burdened households in the Southern region of Illinois. The areas of top need for housing units serving households earning less than \$20,000 annually are Central Springfield, Champaign, South/West Metro Chicago, North/West Metro Chicago, and Metro St. Louis.

An estimated 23.5 percent of Illinois households in owner-occupied units are cost burdened and their potential impact on limited rental housing supplies should be considered.

During the 2014-2019 period, 23.5 percent of Illinois homeowners were housing cost burdened. The top concentrations of owner-burden at the regional level were Cook County (30%), North/West Metro Chicago (24.8%), South/West Metro Chicago (23.5%), Rockford/DeKalb (20.1%) and St. Louis Metro (18.4%).

Single family home prices statewide continue to rapidly increase, putting homeownership farther out of reach in Illinois.

According to the Illinois Association of Realtors, the median sales prices of an Illinois single family home in Q2 of 2021 was \$265,000, up 12.8 percent from Q3 of 2020. Upward pressures on home prices were not isolated to the Metropolitan Chicago region. In fact, Illinois' more rural regions like Northwest and Eastern Central Illinois, as well as smaller urban areas like Carbondale, Champaign and Rockford/DeKalb experienced price increases that exceeded statewide average. This trend will continue to limit homeownership opportunities for Illinois households and strain the existing rental housing supply as fewer households are able to afford homeownership in Illinois.

Select areas of Illinois lack an adequate rental housing supply due to poor condition and/or lack of recent housing construction enhancing the risk of homelessness. Areas with rental housing supply constraints were identified as have either: 1) shares of substandard units as a share of the rental housing inventory that exceeded state-average (3.5 percent) combined with average rental vacancy rates below five percent; or 2) rental vacancy rates below five percent combined with housing investment since 2010 that is limited to just 4 percent of their current housing stock. Based upon these assumptions, regions of Illinois identified with rental housing supply constraints include North/West Metro Chicago and Southeastern Illinois. It should be noted that 32 individual counties in Illinois were identified as having rental housing supply constraints.

Regions of the state with high concentrations of disabled populations are considered at greater risk for homelessness. In 2019, an estimated 11 percent of Illinois' civilian, non-institutionalized population was disabled. As a share of their non-institutionalized populations, the Southeastern (19.5%), Southern (20.1%), Carbondale (17.6%) and East Central (16.8%) exceeded the statewide benchmark by five points or more.

³Counties identified as having rental housing supply constraints: Boone, Brown, Clay, Crawford, Cumberland, DeKalb, Edwards, Ford, Henderson, Jasper, Jefferson, Johnson, Kane, Kendall, Lee, Livingston, Marion, Mason, Massac, Menard, Monroe, Morgan, Moultrie, Ogle, Pope, Saline, Stark, Stephenson, Wabash, Washington, Wayne, Woodford



Photo courtesy of Getty

INDIVIDUALS AT RISK OF INSTITUTIONALIZATION

The State of Illinois transitions interested and eligible individuals to Community-Based Setting under three Americans with Disabilities Act (ADA)/Olmstead-related consent decrees for the following classes of individuals:

- **Colbert Consent Decree:** “All Medicaid-eligible adults with disabilities, who are being, or may in the future be, unnecessarily confined to Nursing Facilities located in Cook County, Illinois, and who with appropriate supports and services may be able to live in a Community-Based Setting.”
- **Williams Consent Decree:** “All Illinois residents who are eighteen (18) years old or older and who: have a Serious Mental Illness; are institutionalized in a privately owned Institute for Mental Diseases [now Specialized Mental Health Rehabilitation Facilities (SMHRFs)]; and, with appropriate supports and services, may be able to live in an integrated community setting.”
- **Ligas Consent Decree:** “Adult individuals in Illinois with developmental disabilities who qualify for Medicaid Waiver services, who reside in [Intermediate Care Facilities for Developmental Disabilities] ICF/DD with nine or more residents or live-in family homes, and who affirmatively request to receive Community-Based Services or placement in a Community-Based Setting.”

Intersectionality Between Homeless Population and Consent Decree Population

IDHS administers the Comprehensive Class Member Transition Program to meet the requirements of both the Williams and Colbert consent decrees. The program supports individuals currently residing in institutions as they move back into Community-Based Settings.

Each year CSH conducts a “Comprehensive Program Class Member Satisfaction Survey” for Williams and Colbert Class Members who transitioned to the community via a Bridge Subsidy. Survey respondents self-report prior housing status. In 2021, 43.3% of Class Members reported housing instability or homelessness prior to entering a SMHRF or Nursing Facility, with 21% reporting literal homelessness.

Pre-Admission Screening (PAS) is a process that requires all applicants to Medicaid-certified nursing facilities to be screened to determine whether they have a severe mental illnesses and placement in the appropriate level of care. The PAS database, known as Unified Health Systems (UHS), contained information collected by PAS agents during their Level II assessments. The UHS database allows, but does not require, a PAS agent to input an individual’s current living arrangement during the Level II assessment. Consequently, 34.63% of PAS screens did not include any data regarding the individual’s living arrangement prior to the PAS screen during the 6-month

review period. Of those screens that did contain living arrangement data, the most reported living arrangement was homelessness at 52%. The screens that reported either homeless or did not have an entry for living arrangement totaled 69% - suggesting that the number of persons receiving screens that were experiencing homelessness range between 52% and 69%.

Under the Williams Consent Decree implementation, the IDHS-funded Front Door Diversion Program evaluates and offers Medicaid eligible persons Community-Based services and supports prior to admission to a SMHRF for nursing facility. Housing assistance, provision of basic needs, and supportive/healthcare services are provided to these individuals to avoid admission into a SMHRF after experiencing a mental health crisis and remain in a Community-Based Setting.

Illinois and the Olmsted Consent Decrees Cost of Housing vs. Institutions

In 2017, the Supportive Housing Working Group of the Illinois Housing Task Force completed a cost comparison between supportive housing and institutional settings. The Working Group determined that community based PSH was more cost-effective than any institutional setting per person or unit. The Working Group examined the highest amount for each of the three components of PSH: operating costs, rental assistance, and supportive services. The Work Group analyzed operational and services costs and determined annual PSH costs are 27-49% less than institutional settings such as of prisons, nursing homes and jails. CoC Map in the Appendix.

Highest PSH Cost	Institution Costs	Savings Per Unit Per Year	Percentage Saved
\$27,600	\$38,268 (prisons)	\$10,668	27%
	\$39,739 (IMDs)	\$12,139	31%
	\$52,083 (nursing homes)	\$24,483	47%
	\$52,195 (jails)	\$24,595	47%
	\$54,097 (ICF/DD)	\$26,497	49%

*Figure 6. Total Operating Costs of Permanent Supportive Housing.
Note: This does not include development costs and explanation provided on following page.*

COMMUNITY SPOTLIGHT

Oak Park Medical Respite Center (MRC), Housing Forward & Cook County Health

The Oak Park Medical Respite Center (MRC) is a program that offers medically supported temporary interim housing to individuals and families experiencing homelessness and prescribed post-acute-care needs. The program occupies a floor with 19 beds in 15 units in a repurposed vintage hotel building located in the village of Oak Park in the western suburbs of Cook County and adjacent to the City of Chicago's Austin neighborhood.

To serve the entire County equitably, the MRC accepts referrals from hospitals in suburban Cook County and Cook County Health hospitals. The MRC offers services focusing on post-acute-care needs. These included surgical/pathologic wound care, COVID-19 isolation, outpatient parenteral antibiotics, and protective isolation.

Housing and social services are provided by Housing Forward. Housing Forward is a recognized leader in suburban Cook County offering a coordinated response that allows people experiencing a housing crisis to resolve their situation. It offers comprehensive, wrap-around support from the onset of a financial or housing crisis to its resolution, preventing homelessness whenever possible, and providing permanent, stable housing for the most vulnerable members of the community. Housing Forward's programs are designed as interventions tailored to the immediate needs of the presenting individual or family household based on their point of engagement with the MRC.

Clinical support is provided by Cook County Health (CCH), one of the nation's largest public integrated healthcare delivery systems serving the 132 contiguous urban and suburban municipalities of Cook County including the City of Chicago. CCH operates two hospitals, fifteen community health centers, a comprehensive medical home for patients with HIV/AIDS, and the Cook County Department of Public Health serving suburban Cook County. Since 2014, CCH also administers CountyCare, a Medicaid managed care plan for Cook County residents. CCH's patients are some of the most economically disadvantaged and disconnected from regular care patients in the region, evidenced by the 40% who were uninsured in 2020. The John H. Stroger, Jr. Hospital of Cook County is the main hospital of CCH. The hospital's adult emergency room treats over 110,000 patients annually. As an institution committed to "delivering integrated health services with dignity and respect regardless of a patient's ability to pay," it is the region's sole provider of continuity outpatient care, including elective surgery and cancer treatments, for patients who are uninsured.

The staff meet weekly to discuss clients progress and concerns. Each morning, the Director of Medical Respite and either our Medical Director or the RN discuss anything that might have come to light over the night. Case managers write notes into HMIS about interactions and services. The clinical staff keeps their client notes in Red Cap.

A photograph of Sherman, an older Black man, sitting in a wheelchair. He is wearing a dark jacket, a cap, and gloves. He is smiling and looking towards the camera. The background is a solid dark blue color.

MEET SHERMAN

Last winter, Sherman was staying in a house without heat. He thought his electric space heater was sufficient until a bitter cold spell hit. He started to have shooting pain in both feet. When the pain became unbearable, he went to Stroger Hospital where he was diagnosed with severe frostbite and an acute infection. The only treatment was a double, below-the-knee, amputation. This surgery was life changing.

After a month of recuperation, Sherman was well enough to be discharged. The hospital connected him to our Medical Respite Center. Over the course of his stay at the Medical Respite Center, Sherman and his case manager found an affordable apartment in Sherman's home community. Once he is situated, prosthetic legs are next on Sherman's list. Knowing it won't be easy, Sherman remains undaunted. "I want to go back to work. Learning how to walk is the first step!"

Policy, Program or Process Recommendation:

Policy and Process must work together to achieve successful outcomes. This needs to be planned. We must build in flexibility with the understanding we are dealing with people, people who have multiple traumas in their life, including homelessness and illness. We know that finding housing for the client is the strongest medicine!

SECTION 2:

RESPONDING TO A HOUSING CRISIS

PREVENTION, CRISIS HOUSING AND HOUSING CONTINUUM

The homeless prevention and homelessness housing continuum is diverse and complex. Access to homeless prevention, crisis housing and permanent housing resources varies by community and funding availability. The vision of this collective work is that when a person nears a housing insecurity crisis, the appropriate resource is available within the housing and services safety net.

The current crisis intervention strategies vary depending upon the status of the housing crisis:



AT RISK OF EVICTION	DOUBLED-UP	AT SHELTER DOOR	STREET SHELTER
<ul style="list-style-type: none"> Homeless prevention including emergency rental assistance Court based eviction mitigation 	<ul style="list-style-type: none"> Homeless prevention Mainstream affordable housing 	<ul style="list-style-type: none"> Homeless prevention Shelter diversion Mainstream affordable housing 	<ul style="list-style-type: none"> Homeless prevention Crisis housing: <ul style="list-style-type: none"> Overnight Shelter, Emergency Shelter, Domestic Violence Shelters, Transitional Housing, Recuperative Care, Recovery Homes Rapid ReHousing Permanent Supportive Housing Mainstream affordable housing

Preventing Homelessness: Homeless Prevention and Emergency Rental Assistance

Due to tireless advocacy by persons experiencing homelessness and housing advocates, the Illinois Homeless Prevention Program launched in 1999. IDHS manages the Homeless Prevention Program, providing funding to local communities for rental and mortgage assistance, utility assistance and supportive services such as housing location and employment services.

The landscape for homeless prevention resources shifted dramatically as the COVID-19 pandemic emerged. Throughout the COVID-19 pandemic, evictions were a chief concern, as keeping tenants

in their homes ensured tenants could stay safe and healthy. At the same time, unprecedented job losses, especially in lower-income sectors, put tenants at a heightened risk of eviction.

A federal eviction moratorium was enacted in September 2020 to protect tenants at risk of eviction and ended on August 19, 2021. Many states, including Illinois, enacted statewide eviction moratoria that started before and extended beyond the federal moratorium. Illinois' eviction moratorium was first instated by Governor Pritzker on April 23, 2020. After being extended several times, it fully ended on October 3, 2021.

Many local and national housing experts expected the end of eviction moratoria to trigger an eviction cliff, in which thousands or even millions of households could face eviction at once. However, since the national eviction moratorium ended, evictions filings across the country are generally below historic levels or on par with historic levels. Experts point to several different factors that have so far prevented a worst-case scenario, most critically among them being federally funded emergency rental assistance programs, court-based legal assistance programs, While early data continues to show that Illinois has so far avoided an eviction cliff, renters across the state continue to face risks and burdens related to the ongoing COVID-19 crisis. Eviction case filings appear to have resumed to pre-pandemic levels despite a statewide court-based rental assistance program.

Emergency Rental Assistance Program

Before Congress passed the COVID relief package at the end of 2020, Illinois' 2020 emergency rental assistance program was notably the largest program in the country in response to the COVID-19 pandemic, distributing more than \$230.6 million in Coronavirus Relief Funds (CRF), and the only state to fully disburse its funds by the December 30, 2020, deadline. Administered by IHDA and IDHS, the agency initially planned to distribute housing assistance evenly between rent and mortgage assistance. With demand for rental assistance exceeding that for mortgage assistance, however, funds were redistributed with 70% going towards emergency rental assistance. To ensure equitable distribution of assistance, the Illinois General Assembly mandated that 33% of total funds must serve households in "Disproportionately Impacted Areas" (DIAs), defined as low-income neighborhoods and Black and Latinx communities that were hardest hit by COVID-19 infections and layoffs due to the pandemic. Through a robust partnership with 62 non-profit organizations, community groups, and housing counseling agencies across the state to assist with outreach and provide applicant intake support, the program substantially exceeded the mandate to use at least one-third of funds in DIAs.

Illinois' 2020 emergency rental assistance program provided \$230.6 million in assistance to 46,129 households between August and December 2020, offering a one-time \$5,000 grant to low-income households in its last iteration. Over 67% of approved applicants were from households who identified as either African American, American Indian, Asian, or Pacific Islander, and they received over \$155 million in assistance. African American households received the largest share (63%) of funding. By the end of 2020, the program funded all eligible and complete applications, distributing nearly twice as much rental assistance as the other top five largest statewide programs in the country.

Illinois Rental Payment Program (ILRPP)

In December 2020, Congress passed the federal Consolidated Appropriations Act of 2021 (P.L. 116-260). Illinois was allocated over \$834 million to be divided between the State of Illinois and units of local government with populations of greater than 200,000 residents. The formula resulted in 11 allocations to units of local government and one to the State of Illinois.

For an application to be reviewed for approval, both the landlord and the tenant were required to complete their section and submit the required documentation to determine eligibility. For tenants who completed their portion of the application, but the landlord was either unresponsive or unwilling to complete their portion, a pathway was created for tenants to receive assistance.

If a tenant applied for help through ILRPP, but their landlord elected not to respond, tenants were still eligible to receive assistance. In these cases, IHDA made payments directly to the tenant. IHDA wanted to create a pathway for these households to receive aid and avoid eviction as they were making a clear attempt to seek help. In total, more than \$10 million in ILRPP funds were paid directly to tenants due to lack of participation from their landlords.

IDHS and IHDA worked together to ensure equitable access to the assistance. Whereas IHDA operated a time-limited online portal to receive applications from tenants and landlords, IDHS managed a smaller program in partnership with non-profit and faith-based community services providers serving more vulnerable populations at risk of homelessness, including immigrants and refugees, households that may need extra assistance with completing their applications and those without access to online portal.

During the pandemic, the State of Illinois distributed over \$1B dollars in rental assistance funds, serving over 190,000 Illinois families.

Program	Program Time Period	Households Served	Funding Distributed
Emergency Solutions Grant, Rental Assistance	04/20-12/21	14,943	\$8.4M
IDHS Homeless Prevention Program	04/20-12/21	4,453	\$10M
IHDA Emergency Rental Assistance	08/20-12/20	46,129	\$230.6M
IDHS Rental Assistance Program	04/21-06/21	3,333	\$11.2M
IDHS Emergency Rental Assistance Round 1	04/21-06/22	15,237	\$1M
IHDA Illinois Rental Payment Program Round 1	05/21-07/21	63,964	\$584M
IDHS Emergency Rental Assistance Round 2	03/22-12-22	10,947	\$94.8M
IHDA IL Rental Payment Program Round 2	12/21-01/22	32,500	\$297M
Total Distributed	-	191,506	\$1.2B

While the funding available for ILRPP was more than twice the amount allocated in 2020, demand for assistance still outpaced the supply. Given that those in low paying jobs were more likely to have been laid off or experienced wage or hour cuts due to the pandemic than workers in higher paying jobs, the U. S. Department of Treasury required the rental programs to prioritize assistance grants to lower-income households with the greatest risk of housing instability or homelessness.

Program Demographics

While the pandemic created widespread financial hardship across Illinois, it was households with the lowest incomes, and disproportionately people of color, who were hardest hit by the health and economic impacts of the COVID-19 pandemic, including job losses, wage reductions, and increased levels of housing insecurity. By the end of 2020, Black and Latinx households were more than twice as likely to report being behind on housing payments than white households. For this reason, the Illinois Rental Payment Program marketing plan centered on racial equity with focused outreach to BIPOC and immigrant communities. Partnerships with tenant and landlord groups, community organizations and others informed program design and outreach to ensure historically underserved communities received their fair share of support.

Of the households served by Round 1 of the Illinois Rental Payment Program, 62.9 percent identified as American Indian, Asian, Black, Native Hawaiian or Pacific Islander. Another 2.1 percent of approvals served tenant households who identified as two or more races. Households identifying as African American were the largest share of approved applicants at 59.9 percent and received the largest share of funds. Approximately 40 percent of ILRPP payouts were made to landlords who identified as American Indian, Asian, Black, Pacific Islander, or two or more races.

Tenants who identified as Latinx accounted for 13.2 percent of approved applications and funding disbursed under ILRPP, compared to 11.7 percent of renter households assisted in 2020. Among landlords, 9.2 percent of approved ILRPP payments were made to those who identified as Hispanic/Latinx.

To be eligible for ILRPP, tenant households could not earn more than 80 percent of the area median income adjusted for household size. However, per federal guidelines, IHDA prioritized assistance to vulnerable residents at or below 50 percent Area Median Income, adjusted for household size, and those who experienced unemployment for 90 days or greater. Of the 63,964 tenant households served with ILRPP funds, 23.1 percent were very low-income (earning between 31 percent and 50 percent of the area median income), and 64.4 percent were extremely low-income (earning less than 30 percent of the area median income).

IHDA further targeted residents with greater risk of housing instability by prioritizing households in which a member has been unemployed for 90 days or more. Of all households served in 2021, 31,702 households qualified for unemployment benefits for at least the 90 days prior to the date of their application.

Of the 63,964 households served with the first round of ILRPP funds, 61.3 percent were headed by women, compared to 35.5 percent of households headed by men. The average household size for assisted households was 2.5 people, down from 2.7 per household in 2020.



Photo courtesy of IHDA

Court-Based Rental Assistance Program

For those tenants facing immediate eviction, Illinois launched a statewide Court-Based Rental Assistance Program as a last-chance opportunity to help tenants pay back rental arrears and avoid eviction. Beginning in September 2021, after the eviction moratorium was lifted, the program prevents potential eviction judgments by providing immediate financial relief to qualified delinquent tenants. This statewide program was launched by IDHS in partnership with IHDA, Illinois Equal Justice Foundation, and All Chicago, and is open to households in all counties in the state except for Cook County, where both City of Chicago and Cook County operate similar court-based rental assistance program.

This program is intended to act as a safety net for litigants who are on the brink of eviction, and allows for an expedited process compared to other rental assistance programs in the state. Tenants with an eviction notice from a circuit court can apply. Both landlord and tenant will need to jointly apply for rental assistance and the payment and the landlord would need to vacate the eviction order to ensure that the tenant can be housed stably. Where there is disagreement as to rent payment amount due, mediation or legal aid services are also made available to help landlords and tenants reach mutual resolution.

As of May 11, 2022, a total of 2,621 households in eviction courts across the state were provided with \$21,633,811 rental assistance through the Court-Based Rental Assistance operated by the state, Cook County and City of Chicago. This program has successfully prevented 2,621 households from being evicted. The program continues to be in operation to assist Illinois tenants and landlords from all 102 counties.

As of May 9, 2022, the statewide Court-Based Rental Assistance Program (covering all but Cook County) has received 2,346 completed applications. Applications are initiated by the tenants, and landlords must complete their portion to be considered completed. If the landlord chooses not to complete their portion, those tenant applications are then submitted to legal aid for further assistance. Of the 2,346 completed applications, 1,466 have been approved for a total distribution of \$11,945,998.90, and review of completed applications is ongoing. Eligibility for this program requires an eviction filed against the tenant applicant. The 1,466 approved applications represent 1,466 tenant households who no longer face eviction.

COMMUNITY SPOTLIGHT

Creating the State Homeless Prevention Program – Chicago Coalition for the Homeless

In 1999 Chicago Coalition for the Homeless in coordination with the campaign “It Takes a Home to Raise a Child” passed state legislation, securing \$1 million to create the Homelessness Prevention Program to provide small emergency assistance grants to families at risk of homelessness through the Illinois Department of Human Services. Over the program’s 23-year history it has helped to ensure that 128,584 households received assistance in rental and mortgage assistance, utility assistance, and supportive services directly related to the prevention of homelessness.

The program is meant to assist people who have run into a crisis or unforeseen expense that could have a detrimental impact on their housing, such as being laid off, expenses on a vehicle that they rely on for work, or an unexpected medical expense. It is estimated to save \$7,548 annually in state costs per household in additional homelessness funds by keeping individuals and families housed and stable, with more expansive cost savings closer to \$20,000 per individual. Outside of the cost savings to the state, it prevents people from experiencing the effects of homelessness. Homelessness impacts a person’s physical and mental health, increases the probability of experiencing violence or abuse, increases the likelihood of job loss, and for their children a likely interaction with child protective services, nutritional deficiencies, learning, mental or social development delays, and increased ACE score. Data shows households receiving homelessness prevention funds and services remain housed and become and remain stable after receiving the assistance.

In understanding the importance of this program nearing its twenty-year anniversary, Illinois advocates and service providers worked to expand the program’s access to both arrearage payments and funds moving forward, clarifying qualifying expenses and providing more funds for comprehensive case management when needed. This advocacy also led to the General Assembly appropriating an additional \$4.1 million into the line item, nearly doubling the funding amount.

This program shows time and time again that it is cost-saving to our state but more importantly it keeps people housed and not having to deal with the undue burden or trauma of attempting to rehouse themselves and their children after experiencing homelessness.

As work hours became uncertain and businesses closed during the initial outbreak of COVID-19, the IDHS Homeless Prevention Program became even more critical for struggling households. With Governor Pritzker and IDHS waiving the need for households to provide proof of future income, more state Homeless Prevention dollars reached more households, as other states waited for federal funds.

The Homelessness Prevention Program will continue to be a vital plank in the floor preventing households from falling through the cracks. COVID-19 prevents employees from working due to illness and can quickly unravel support systems (e.g., education, child care many employees rely on to work). While some employers have created “work from home” opportunities, not everyone has that as an option. The Homeless Prevention Program continues to serve as a measure for many households as they continue to navigate through COVID-19 and its impact on our communities in Illinois.

As we think about ways to continue to improve the program, we think of using metrics to make sure there is an equitable allocation of funds, that providers are reviewing data, and identifying ways to increase their reach in communities that are often in most need of the prevention funding because of systemic barriers but lack access.



Photo courtesy of IHDA

Response to Immediate Needs: Crisis Housing

Crisis housing resources are the foundational safety net for persons in immediate need of shelter. Crisis housing includes overnight emergency and domestic violence shelters, transitional housing, recuperative care/medical respite and recovery homes. These programs provide on-demand access to shelters, ideally without sobriety or medication adherence requirements.

On March 20, 2020, Governor Pritzker announced a shelter-in-place mandate effective March 21, 2020, in response to the COVID-19 virus. COVID-19 had a significant impact on persons experiencing homelessness and housing instability, as many people experiencing homelessness did not have a place to shelter-in-place. Shelter capacity diminished significantly to meet social distancing guidelines.

Prior to the pandemic, a significant proportion of emergency shelter bed capacity was reliant on rotating, congregate shelter. Through partnerships with churches and homeless services agencies, sites rotated on different nights of the week. This system relied heavily on volunteers and operated seasonally, with very limited capacity in some months.

In response to the pandemic, communities made dramatic pivots from rotating, seasonal congregate shelter into primarily a hotel-based shelter model to protect the health of clients and volunteers. Shelter providers have been operating a hotel-based shelter model and providing some supports for nearly two years on a nightly basis. Non-Congregate Shelter (NCS), where shelter residents have their own rooms, became a necessary part of community efforts throughout the country to protect highly vulnerable people experiencing homelessness during the COVID-19 crisis.

Currently in a holding pattern, the rotating shelter model no longer exists and building back better requires significant investment and cooperation from local, county, and state partners. In many areas across the state, there are no fixed-site emergency shelters for people who are experiencing homelessness. The rotating church-based model has never been adequate for many reasons, including lack of privacy; instability and stress caused by moving nightly; no safe or productive place to be during the daytime; inadequate play and study spaces for children; and dramatically higher risk for the spread of infectious disease.

There is an urgent need for a more effective, safe, and dignified crisis housing response. There is a demand to create additional fixed-site, non-congregate emergency housing throughout the state. This emergency housing can be created by acquiring and converting hotels, dorms, schools, former office buildings, or building new facilities; or adapting and improving existing fixed-site emergency shelters to enhance safety and privacy.

Fixed-site facilities exist in the state, but they also face daunting challenges, including crowded conditions; insufficient capacity, especially to accommodate social distancing; lack of privacy; deferred maintenance; renovations needed to improve health safety by adding barriers, increasing social distancing, and increasing fresh air circulation; and other necessary capital improvements.

The creation of new non-congregate emergency housing is not expected to eliminate other types of emergency shelter and crisis housing in the state but is intended to add to the existing infrastructure providing a temporary crisis option for families, medically vulnerable and other people experiencing homelessness as a bridge to long-term housing.

Ending Homelessness Through Affordable and Supportive Housing

To effectively work to end homelessness in Illinois, it is essential to understand the current landscape of existing permanent housing supports for persons experiencing homelessness or at risk of experiencing homelessness. The inventory chart below provides current affordable housing and supportive housing units that serve or support Illinoisans who are most in need. The units are grouped into three distinct categories: homeless dedicated, homeless prioritized and general resources.

Dedicated: These units are specifically dedicated only to populations who are homeless and/or at risk of experiencing homelessness and include data from the Continuum of Care (CoC) Homeless Assistance Programs Housing Inventory Count (HIC) Reports. Informed by a point-in-time count held annually during the last 10 days of January, the HIC's data tallies the number of beds and units available on the night designated for the count by program type, which include emergency shelter beds, units for transitional housing, rapid rehousing, and PSH.

Prioritized: These units draw from statewide programs that serve a wider range of vulnerable populations but that place a particular emphasis on housing populations experiencing homelessness or at-risk of experiencing homelessness. Programs include counts from the

Statewide Referral Network, HUD’s Section 811 Program (IHDA and PHAs), and IHDA’s Permanent Supportive Housing Development Program.

General Resources: This category provides counts for statewide affordable units that serve a range of eligible incomes, which include, but are not limited to, very low-income and extremely low-income adults and families. Included are units created through the Low-Income Housing Tax Credit program (City of Chicago and Statewide), IHDA’s Rental Housing Support Program, and other units subsidized through Public Housing Authority (PHA) housing programs.

Permanent Housing & Crisis Housing Units

Table 17: Permanent Housing & Crisis Housing Units

Illinois Housing Inventory: Units Addressing Homelessness

	Chicago	State	Total
IHDA	32,969	67,714	100,683
IHDA Rental Housing Support Program	-	901	901
State Referral Network (SRN)	463	1,837	2,300
PSH (non-SRN and non-811)	318	557	875
IHDA - Section 811 Program	215	176	391
PHA - Section 202 and 811 Programs	3,461	4,146	7,607
Other**	66,314	40,699	107,013
CoC Emergency Shelter	3,948	10,350	14,298
CoC Transitional Housing	1,351	4,566	5,917
CoC Rapid Rehousing	1,144	3,963	5,107
CoC PSH	9,337	18,836	28,173
Other PSH	729	1,281	2,010
Homeless Dedicated (CoC)	16,509	38,996	55,505
Homeless Prioritized (SRN, 811, PSH)	996	2,570	3,566
Homeless Resources (IHDA, PHA)	102,744	113,460	216,204

*Full breakdown of Illinois County unit counts are included in the Appendix

**PHA, USDA, Chicago LIHTC

Homeless Plan_2022_Housing Inventory, Table tab

Statewide Referral Network

The Statewide Referral Network (SRN) is the State of Illinois official housing locator website housed at <https://www.ilhousingsearch.org>. Managed by the IDHS Statewide Housing Coordinator, SRN links vulnerable populations who are already connected to services, to available, affordable, supportive housing.

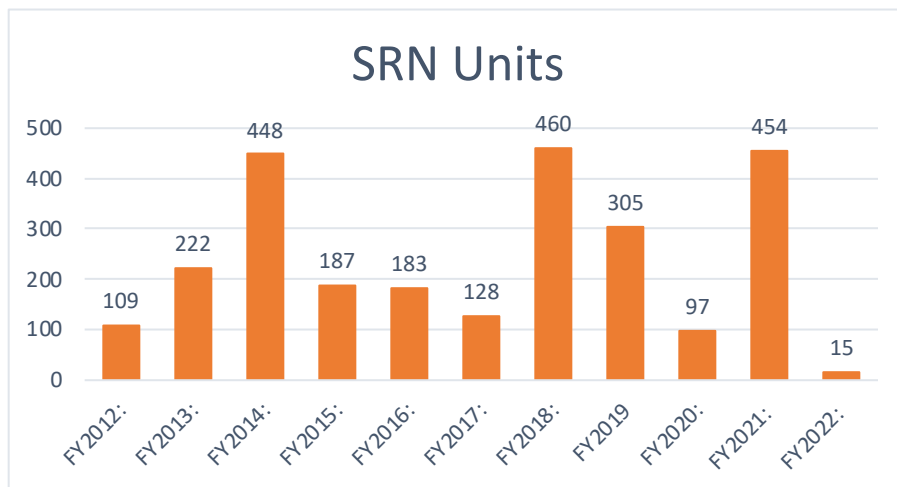
Eligible SRN populations include persons with disabilities, persons experiencing homelessness and persons at-risk of homelessness. Furthermore, the person or family must have income at or below 30% of Area Median Income. Case Managers, Care Coordinators, Housing Locators, Transition Coordinators, and other Service Providers staff assist eligible persons place their name on the on-line wait list using the Pre-Screening, Assessment, Intake and Referral (PAIR) module.

The Statewide Housing Coordinator verifies eligibility, and when an SRN unit becomes available, matches the eligible wait list participants with the unit.

In the IHDA 2022-2023 Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan (QAP), every LIHTC development must dedicate a minimum of 5-10%, based on set aside and project type, of the total units to the SRN. Proposed 9% LIHTC projects that dedicate additional SRN units (<30% AMI), may be eligible for a scoring advantage. Additionally, Projects can earn points if all the mandatory and additional SRN units are covered by federal or state-funded rental assistance. All projects receiving an IHDA allocation of LIHTC must execute an [SRN Agreement](#) prior to project closing.

SRN Units by fiscal year

Table 18: SRN Units by fiscal year



Since 2015, 759 applicants have been housed with the SRN program, including 531 applicants between 2015-2019, and another 228 since the onset of COVID-19 in early 2020. The largest share of housed applicants has been homeless (34.7 percent) followed by at-risk of homelessness (29.2 percent). Of SRN housed applicants since 2015, an estimated 14.1 percent had children. This number was 13.4 points higher for applicants who are currently homeless.

Housed SRN Applicants by Living Situation (Jan. 2015-Jan. 2022)

Table 19: Housed SRN Applicants by Living Situation (Jan. 2015-Jan. 2022)

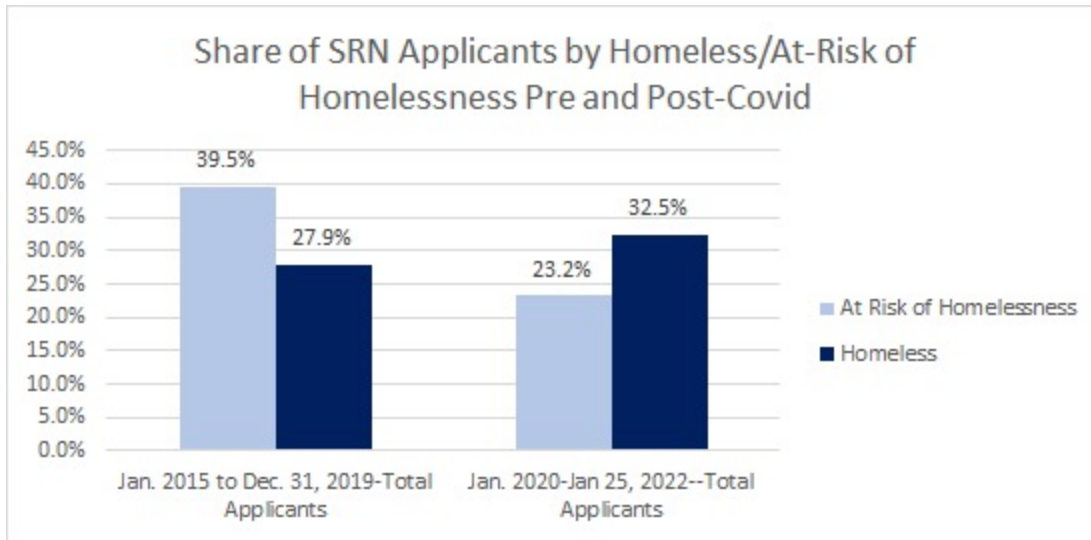
Current Living Situation	Jan. 1, 2015-	Jan. 1, 2020-	Total Housed	Share of Total Applicants with Children
	Dec. 31, 2019- Housed Applicants	Jan 25, 2022-- Housed Applicants		
At Risk of Homelessness (insufficient resources or support networks to prevent them from becoming homeless)	210	53	263	14.1%
Currently Homeless (emergency shelter, transitional housing for persons experiencing homelessness, street, park, etc.)	148	74	222	27.5%
Individual with a disability residing in a nursing facility who wants to live in the community	35	13	48	0.0%
Institutionalized in an Institute of Mental Disease (IMD) - Williams Class Member	13	9	22	0.0%
Institutionalized in an Intermediate Care Facility for the Developmentally Disabled (ICF/DD) - Ligas Class Member	0	0	0	N/A
Institutionalized in a State Operated Developmental Center (SODC)	0	0	0	N/A
Institutionalized in nursing facility - Colbert Class Member	18	11	29	0.0%
Ligas Class Member on the Prioritization of Urgency of Need for Services (PUNS) waiting list	12	3	15	0.0%
None of the above	0	0	0	N/A
Transitioned from institution with Bridge Subsidy - Colbert Class Member	0	3	3	0.0%
Transitioned from institution with Bridge Subsidy - Williams Class Member	0	3	3	0.0%
Total Housed	531	228	759	14.1%

Source: IHDA

To assess the impact of COVID-19 on SRN applicant housing need, the share of homeless versus at-risk of homelessness as a share of housed applicants was evaluated prior to COVID-19 (Jan. 2015-Dec. 2019) and following its onset in early 2020. Upon the onset of COVID-19 the share of homeless applicants increased by 4.6 points to 32.5 percent of housed applicants in January 2020- January 2022. At the same time, the share of at-risk of homelessness applicants declined by 16.3 points to 23.2 percent during the January 2020- January 2022 period.

Living Situation of Housed SRN Applicants, Pre-and Post-COVID-19

Table 20: Living Situation of Housed SRN Applicants, Pre-and Post-COVID-19



Of housed SRN applicants since 2015, 237 or 31.2 percent have required physically accessible housing. For housed applicants who reported disability data, the largest share of housed applicants (25.5 percent) had mental health disabilities (see table 21, below). This is followed by physical disabilities at 24.5 percent.

Housed Applicants by Disability Type

Table 21: Housed Applicants by Disability Type

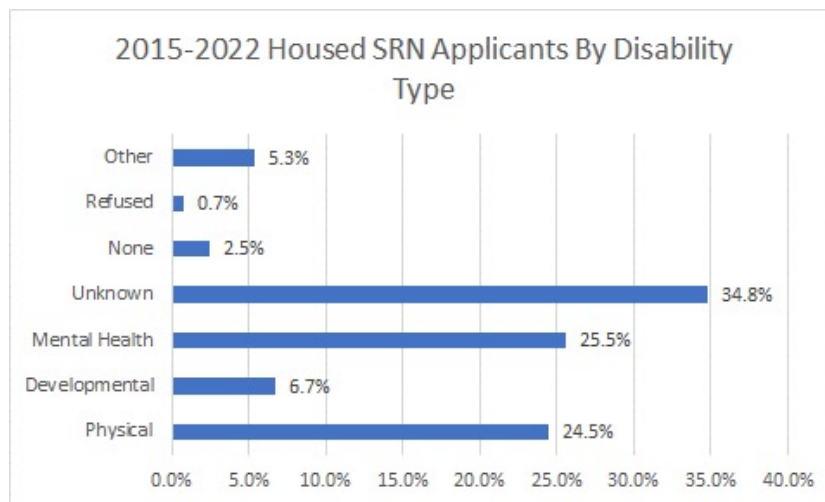


Table 22 summarizes SRN applicants still waiting to be housed by living situation as of the end of January 2022. There were 121 applicants, with 44 (36.4 percent) currently homeless. Another 22 or 18.2 percent were at risk of homelessness. Of the homeless and at-risk of homeless households, 13.6 percent of these households had minors. Of the 121 applicants, 37 or 30.6 percent required physically accessible housing.

SRN Applicants Waiting to Be Housed as of late January 2022

Table 22: SRN Applicants Waiting to Be Housed as of late January 2022

Current Living Situation	Total Count	Households with Minors	Share of	
			Share of Total Applicants	Applicants with Minors
At Risk of Homelessness (insufficient resources or support networks to prevent them from becoming homeless)	22	3	18.2%	13.6%
At risk of placement in long term care	7	0	5.8%	0.0%
Currently Homeless (emergency shelter, transitional housing for persons experiencing homelessness, street, park, car, abanc	44	6	36.4%	13.6%
Head of household with a disability	22	7	18.2%	31.8%
Individual with a disability residing in a nursing facility who wants to live in the community	1	0	0.8%	0.0%
Institutionalized in an Institute of Mental Disease (IMD) - Williams Class Member	11	0	9.1%	0.0%
Institutionalized in nursing facility - Colbert Class Member	13	0	10.7%	0.0%
Ligas Class Member on the Prioritization of Urgency of Need for Services (PUNS) waiting list	0	0	0.0%	N/A
None of the above	0	0	0.0%	N/A
Transitioned from institution with Bridge Subsidy - Colbert Class Member	0	0	0.0%	N/A
Transitioned from institution with Bridge Subsidy - Williams Class Member	1	0	0.8%	0.0%
Total	121	16	100.0%	13.2%
Needs Physically Accessible Housing	37	6	30.6%	37.5%
Does Not Need Physically Accessible Housing	84	10	69.4%	62.5%

Source: IHDA

Section 811 Project Based Rental Assistance

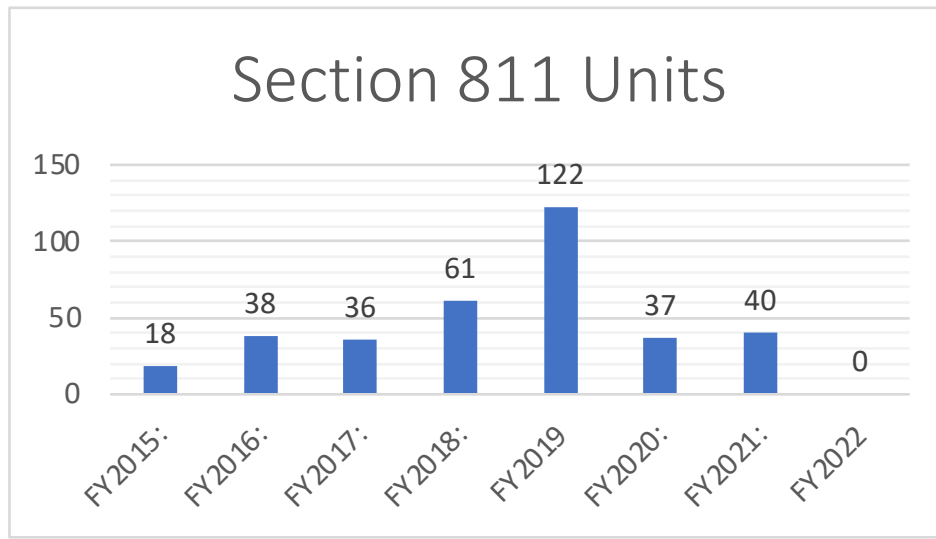
HUD's Section 811 Project Based Rental Assistance (Section 811) program assists low-income households of individuals with long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports (Medicaid Long Term Services and Supports or State Plan Services).

Persons are eligible if at least one adult member has a disability; and are Class Members of the Colbert, Williams or Ligas consent decrees; at risk of institutionalization or placement in Long Term Care facility; persons moving out of Medicaid funded institutions; or moving out of a State Operated Developmental Center (SODC); are eligible for Medicaid long-term services and supports or other Medicaid eligible services; are between the ages of 18 and 61; and have incomes at or below 30% of Area Median Income. Service providers working with eligible applicants can access Section 811 units by placing their name on the SRN PAIR module's Section 811 Waiting List. The eligible tenant pays 30% of their adjusted gross income towards the rent and the Section 811 Project Based Rental Assistance pays the difference between what the tenant can pay and the rent amount.

With Section 811 allocations in FY12 (\$12.3M), FY13 (\$5.9M), and FY19 (\$6.4M), approximately \$24M has been awarded to IHDA. IHDA administers the Section 811 program through applying project based rental assistance to affordable housing properties funded by IHDA's Low-Income Housing Tax Credits (LIHTC) program. No more than 25% of the development's units can be Section 811 to ensure a mixed-income community. The rental assistance is assigned to a unit/property, and not an individual. The tenant receives the benefit of the assistance while they live in the unit, but if they choose to leave the property, the rental assistance will stay with the unit.

Section 811 Units

Table 23: Section 811 Units



Illinois is undertaking a comprehensive and coordinated approach to rebalancing housing and services for persons with disabilities from institutional settings to community integrated settings, in cases where the person with disabilities elects to leave the institution and when a determination is made that community integrated living is medically appropriate for the individual based upon a person-centered review of need.

Colbert and Williams consent decrees definition: <https://www.dhs.state.il.us/page.aspx?item=136628>

Ligas consent decree definition: <https://www.dhs.state.il.us/page.aspx?item=66987>

SECTION 3:

ILLINOIS STATE AGENCY COORDINATED RESPONSE TO HOMELESSNESS

Homelessness Interagency Working Group: March-December 2020

In April 2020, Deputy Governor Sol Flores formed the Homelessness Interagency Work Group (HIWG). IDHS Secretary Grace Hou and IHDA Executive Director Kristen Faust co-chaired this collaborative effort among multiple state agencies. The Work Group was tasked to address the following issues:

- Coordinate and monitor the State's response to individuals experiencing homelessness during the COVID-19 crisis;
- Assess the impact of that response and plan for ongoing needs of individuals experiencing homelessness;
- Identify the particular needs for individuals leaving the Illinois Department of Corrections and the ex-offender population; and
- Explore strategies to bring more flexible resources to bear on homelessness prevention and housing stability in the months ahead.

Membership of HIWG included:

- Department of Corrections
- Department of Financial and Professional Regulation
- Department of Healthcare and Family Services
- Department of Human Services
- Department of Juvenile Justice
- Department of Public Health
- Emergency Management Agency
- Housing and Development Authority

HIWG met frequently, from once a week to once a month, to inform one another on each agency's efforts to assist persons experiencing homelessness during the start of the pandemic. Agencies worked together to shelter persons safely; provide testing and then vaccines at shelters and for this vulnerable population; expand existing programs with emergency resources; and create cross-collaborative documents to assist in further coordination. HIWG assisted and investigated how to bring a case study of using a hotel for non-congregate shelter in DuPage County to scale across the state if more outbreaks happened in shelters. The HIWG commissioned a study by University of Illinois-Chicago and Southern Illinois University analyzed quantitative and qualitative data about those who may experience housing instability and be at risk of homelessness because of COVID-19.

Executive Order to Fight Homelessness in Illinois

In September 2021, Governor Pritzker signed the Executive Order to Fight Homelessness in Illinois (EO). The EO was updated in March 2022. The Executive Order creates two new commissions within State Government and a new position to lead the work:

Illinois Interagency Task Force on Homelessness (Task Force): The Task Force membership comprises leadership of Illinois State Agencies. The Task Force is charged with delivering a state plan on homelessness and delivering it to the Governor and General Assembly. Annually in December, the Task Force provides an update on progress in meeting plan deliverables. The key purpose of the Task Force is to coordinate strategy, effort and impact in programs for persons experiencing homelessness and housing instabilities. The EO envisions the Task Force will make regulatory, policy and resource changes to end homelessness. The Task Force will “make oversight recommendations that will ensure accountability, results, and sustained success; and develop specific proposals and recommendations for action.” The following agency directors hold seats on the Task Force:

- Community College Board
- Criminal Justice Information Authority
- Department of Aging
- Department of Children and Family Services
- Department of Commerce and Employment Opportunity
- Department of Corrections
- Department of Employment Security
- Department of Healthcare and Family Services
- Department of Human Services
- Department of Juvenile Justice
- Department of Public Health
- Department of Veterans Affairs
- Governor’s Office of Management & Budget
- Housing Development Authority
- State Board of Education
- State Board of Higher Education
- State Police
- State Homelessness Chief (Chair)

Community Advisory Council on Homelessness (Advisory Council): The Advisory Council provides guidance and recommendations to the Task Force on the strategy and implementation of the Illinois Plan to Prevent and End Homelessness. The representation on the Advisory Council is representative of rural, urban and suburban communities and includes the following sectors:

- persons with lived experience of homelessness (3 seats)
- person living with a disability
- philanthropy (2 seats)
- statewide housing advocacy organization
- statewide behavioral health advocacy organization
- domestic violence
- local Continuums of Care (minimum of 2)
- local government (minimum of 3)
- at-large (2)
- State Homelessness Chief (Co-chair)

State Homelessness Chief (Chief): The Chief serves as the chair of the Task Force and co-chair of the Advisory Council. The EO identifies the role of the Chief to “serve as a policymaker and spokesperson on homelessness prevention, including coordinating the multi-agency effort through legislation, rules, and budgets and communicating with the Illinois General Assembly, federal, and local leaders on these critical issues.” As operationalization of the EO commences, the Illinois Office to Prevent and End Homelessness is created to provide administrative support and infrastructure for the cross-agency work of the Task Force and Advisory Council.

Tenant Voice

Commission Coordination: The EO highlights coordination between the work of the Task Force and other State Commissions:

- **The Commission on Poverty Elimination and Economic Security** is tasked with developing and adopting a strategic plan that will develop anti-poverty programs that ensure long-term, multigenerational economic mobility regardless of race, ethnicity, gender, age, sexual orientation or identity, ability, or geographic location. The Commission, in partnership with Illinois State agencies, addresses the multitude of systems and institutions in the state that perpetuate economic inequality by investing in strategies that bring vitality to communities and developing pathways for all Illinois residents to achieve economic security for generations to come. Goals for The Commission outlined in state statute include reducing poverty in Illinois by 50% by 2026, eliminating child poverty by 2031 and eliminating all poverty by 2036.
- **The Illinois Commission to End Hunger** is a public-private partnership composed of stakeholders from across the state dedicated to the belief that no one in Illinois should ever face hunger. The Commission was established by the Commission to End Hunger Act of 2010 with the purpose of developing an action plan to ensure cross-collaboration among government entities and community partners toward the shared goal of ending

hunger in Illinois. The Commission develops an action plan every two years and reviews the progress of this plan. The Commission will also work to identify funding sources that can be used to fight hunger and improve nutrition.

- **The Youth Homelessness Prevention Subcommittee** was created under 15 ILCS 60/10 to drive the State's strategic vision for preventing homelessness among youth leaving the State systems of care. The subcommittee is made up of both State agency leaders with related programs and services together with diverse stakeholders. The subcommittee will review and make recommendations about the discharge policies and procedures for each agency that handles youth leaving the state's custody or guardianship to ensure youth housing stability with the goal of reducing the rates of homelessness among youth and to lessen the likelihood of youth experiencing chronic homelessness into adulthood.

COMMUNITY SPOTLIGHT

Advocacy is Active - The Creation of The Illinois Interagency Task Force on Homelessness - Support Housing Providers Association

The Supportive Housing Providers Association (SHPA) is a statewide association of not-for-profit agencies providing critical services to individuals and families who are experiencing homelessness, formerly homeless, at risk of homelessness or unnecessary institutionalization and/or co-occurring disabilities such as mental health, substance use, HIV/AIDS, intellectual or physical disabilities that include all populations such as youth, veterans, domestic violence, LGBTQIA+, parenting teens, and more.

The establishment of the Illinois Interagency Task Force on Homelessness is a critical first step to tackling the big picture issues of homelessness, institutionalization, and housing instability. It is a great honor to support Governor Pritzker's vision and to partner with the administration on transforming Illinois' response to homelessness. This is collective, significant, historic accomplishment- one truly exemplifying SHPA's motto that Working Together, We CAN Accomplish Anything. This work started many years ago and was achieved by the unwavering commitment and determination of SHPA's board, members and supporters.

After receiving support from Governor's team in 2019, SHPA's efforts to establish this interagency taskforce were stalled by the onset of the pandemic. In 2021, SHPA hosted Deputy Governor Flores, IDHS Secretary Hou, and IHDA Executive Director Faust at our Spring Conference, where they shared their vision and support for these efforts. We gained momentum with a sign on letter-receiving over 70 agency supporters. Little by little, SHPA advocates and partners amplified the need for an Interagency Task Force, sharing it with state and federal law and policy makers.

SHPA believes the Task Force will be the platform to create a state plan to end homelessness, establish objectives to reach goals to reduce and end homelessness, and combine the expertise of the community advisory council with the change makers in state government to ensure accountability of the plan's implementation. This announcement demonstrated the state's commitment to ending homelessness for all Illinoisans- we look forward to the work ahead.

Meet Patrick: "I am here today to advocate for homeless people. For you to understand why I found myself homeless at one time in my life, you must first understand my upbringing. For me, childhood is not the happy picture that it is for most people.... Without the love and compassion of the adults in my life, I would experience depression, and eventually be hospitalized... I first became homeless when I was 16...

Through a friend, I began working at a carnival and I traveled the country. I met people from all over the United States. I liked being around other people at the carnival, learning a skill, and I felt like I was a part of a community. I left the road life of the carnival when my girlfriend became pregnant...

It was not easy to live on my own and hold down a steady job due to my struggle with paranoid schizophrenia. A week after leaving the carnival, I ended up in a hospital...

When I wasn't staying at a hospital, I would live anywhere I could. Sometimes this meant sleeping on the El, the bus, or at the Daley Center in downtown Chicago. To make some money, I started

participating in research studies for mental illness...

The Bridge Team of Thresholds helped me with several life-changing services. First, they helped me reapply for social security benefits... This allowed me to live full time at my own place, instead of having to leave and go back to the hospital when I ran out of money. I got a room of my own, and still do... I began to feel safer and more stable in my living situation, and I developed friendships with others in my apartment building. I even started dating...

With these supports, I have now lived on my own for over ten years. That is why I want to help spread the word on supportive housing."

Read more of Patrick's story in the publication "A Place to Call Home: Stories from Supportive Housing Residents" at <https://www.shpa-il.org/residents-program/>



Photo credits: Photo 1: Community Listening Session on the South Side of Chicago; Photo 2: Community Listening Session in Peoria

Community Input Process: Listening Sessions

To receive community feedback on the strategies needed to create the Plan, the Illinois Office to Prevent and End Homelessness (IOPEH) and the Supportive Housing Providers Association (SHPA) conducted listening sessions across Illinois. In partnership with local Continuums of Care, sixteen hybrid in-person and virtual sessions were held in communities throughout Illinois: Aurora, Belleville, Champaign, Chicago (West Side & South Side), Greenup, Hillside, Mount Vernon, Peoria, Quad Cities, Rockford, and Springfield. Three sessions were held for persons experiencing homelessness in Peoria, Chicago, and Suburban Cook County.

The listening sessions posed a series of questions to participants, addressing key issues impacting homelessness in communities, barriers to service, and priorities for State agency collaboration. The statewide listening sessions engaged over 400 participants in the sessions, ranging from individuals experiencing homelessness, to community homeless and behavioral health service providers to municipalities and educators. IOPEH offered an online survey addressing the same questions with over 50 participants responding to the survey.

"Breaking the cycle of generational homelessness - I'm starting to see the children of people I have worked with years ago. Focus on supporting the children so they don't think it's their fault and they see they don't have to live in poverty."

"There is no formal housing here, I have an income but there is no place to live so I am in a shelter."

"Make housing a right, just like health. You can get all these services if you're locked up."

"If you can build all these other buildings, it shouldn't be that hard to help the homeless. This is just talk again, people want to help but they can't give us help."

"The housing that is deemed "affordable" is often not affordable for many families."

"I am educated but I have a disabled son which keeps me in poverty, when my son was sickly and needed help it became a fulltime job for me. At least I have a better quality of life and can get the supports I need with permanent supportive housing."

"Landlords can ask three times the rent people can afford, if you are on social security that can be unobtainable."

"If you're allowed to make money not to be penalized for it, if you're a dollar over- now you can't get other government supports, Link, Medicaid... Allow people time, not make the extra money part of a calculation. We have to give a steppingstone."

Medical expenses caused me to fall behind on rent, landlords are not sympathetic to that. I kept paying medical bills and had a dental emergency and never caught back up on my bills."

While each of the communities participating in the listening sessions identified issues or barriers specific to their own communities, common issues were identified across all the listening sessions.

<p style="text-align: center;">Housing Access and Development</p>	<ul style="list-style-type: none"> • Housing ends homelessness, we need more affordable and supportive housing • Some communities unable to utilize Rapid ReHousing funds and Emergency Housing Vouchers due to lack of units that meet Fair Market Rent standards; lack of units due to eviction moratoria and stopping the churn of evictions • Ensure new and existing housing is sustainable through ongoing operational and services supports • Housing needs to be available where people want to live, true in rural, urban and suburban areas • Need housing for persons with offenses on record, specifically sex offenders • Landlords- Need for rental control and housing quality • Incorporate innovative housing models (e.g., tiny-homes, housing & health partnerships)
<p style="text-align: center;">Crisis System</p>	<ul style="list-style-type: none"> • Need flexible sources of homeless prevention and diversion resources • Calls for more shelter; Low barrier shelter and services needed; more technical support for shelters to be low barrier • More street outreach needed; Challenge to successfully reach people without phones, addresses • Case Management, Medical Case Management, Mental Health and Substance Abuse resources needed; calls for one-stop location and better coordination of resources with State agencies

<p style="text-align: center;">Governmental Barriers</p>	<p>Barriers for Persons Experiencing Homelessness</p> <ul style="list-style-type: none"> • Streamline obtaining essential documents • Document storage in a physical or cloud-based system <p>Provider</p> <ul style="list-style-type: none"> • Coordinate federal and state rules for homeless services programs • Coordinate funding and payment streams • Coordinate application and processes • Documentation requirement overload • Lag in state payment causing operational issues • Stringent definitions create a barrier for preventive services
<p style="text-align: center;">Workforce/Education/Life Skills</p>	<ul style="list-style-type: none"> • Additional capacity for life skills training • Job skill building, job training • Transportation access (Rural and Urban) • Job availability
<p style="text-align: center;">Education (Community Providers)</p>	<ul style="list-style-type: none"> • Best practice training • Training and retaining quality staff • Training homelessness outreach workers • Public awareness and education campaigns
<p style="text-align: center;">Data Analysis and Integration</p>	<ul style="list-style-type: none"> • Data sharing strategies across state agencies needed • Alignment with homeless program reporting and HUD homeless reporting, e.g., HUD APRs and IDHS Supportive Housing Services Program reports • Improve data infrastructure for domestic violence database (Infonet) to meet HUD data quality standards
<p style="text-align: center;">Legislative Recommendations</p>	<ul style="list-style-type: none"> • Renter source of income protections • Renter protections for persons with felonies on their record • Rent control

ILLINOIS PLAN TO PREVENT & END HOMELESSNESS

JULY 2022-JUNE 2024

The Illinois Interagency Task Force on Homelessness, in consultation with the Community Advisory Council on Homelessness, delivers the Illinois Plan to Prevent and End Homelessness (Plan). This Plan establishes the foundational framework for Illinois to meet the goals outlined in the Executive Order to Fight Homelessness:

- Address homelessness and reach functional zero of homelessness
- Address unnecessary institutionalization
- Improve health and human services outcomes for people experiencing homelessness
- Strengthen the safety nets that contribute to housing stability

What is Functional Zero?

Functional zero is a milestone, which must be sustained, that indicates a community has measurably ended homelessness for a population. When it's achieved, homelessness is rare and brief for that population.

Functional zero for veteran homelessness means that fewer veterans are experiencing homelessness than can be routinely housed in a month, with a minimum threshold of 3 veterans.

FUNCTIONAL ZERO (VETERAN):

ACTIVELY HOMELESS VETERANS < **AVERAGE MONTHLY HOUSING RATE**
(MINIMUM 3)

The definition for ending chronic homelessness accounts for the long-lasting nature of chronic homelessness, which can be more readily anticipated and prevented. As a result, functional zero for chronic homelessness means there are fewer than three people experiencing chronic homelessness at any given time or 0.1% of the total number of individuals reported in the most recent point-in-time count, whichever is greater.

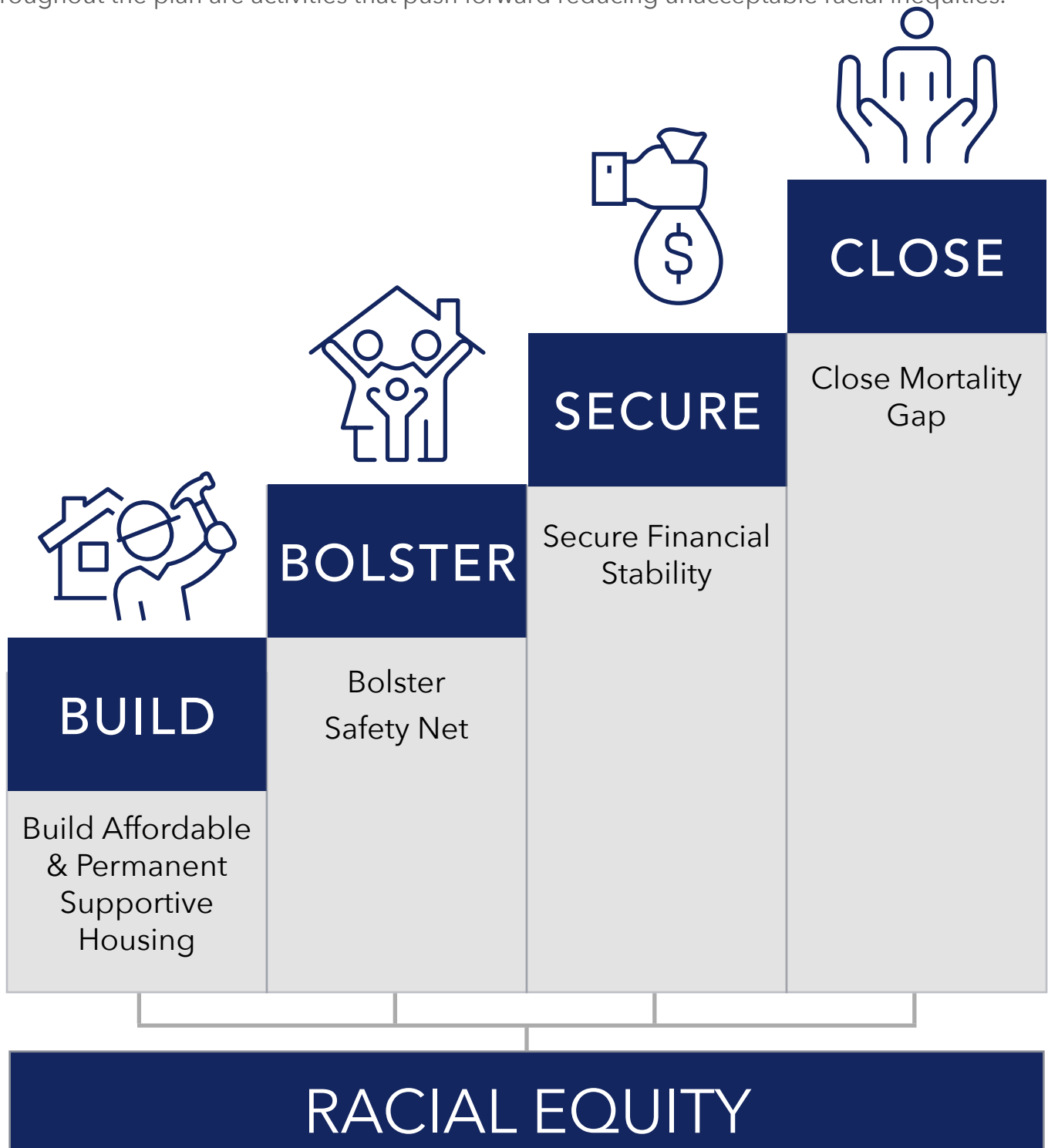
FUNCTIONAL ZERO (CHRONIC):

ACTIVE CHRONICALLY HOMELESS < **3** OR **0.1% PIT COUNT #**

Credit: Community Solutions

This two-year plan focuses on the building State and community infrastructure to end homelessness. With the infusion of funding from COVID-19 economic recovery resources, State Agencies are expanding capacity to administer programs and communities are expanding to address needs. This Plan provides strategies and supports for the rapid housing and services expansion. Over the next two State Fiscal Years, the Task Force, Community Advisory Council, IOPEH and community providers will complete a deep data analysis to understand what financial, housing, services and human resources will be needed to end homelessness in every region of the State.

Four themes emerged as the pillars of the plan: Racial Equity, Build Affordable & Permanent Supportive Housing, Bolster the Safety Net, Secure Financial Stability and Close the Mortality Gap. A foundational goal of the plan is ending the racial disparity that exists in homelessness. Throughout the plan are activities that push forward reducing unacceptable racial inequities.



State agencies submitted commitments to support the goals of the plan. Each strategy includes a series of activities to support the strategy that follow a consistent format within each pillar:

- Status: Existing activity continuing in 2023, Expansion of funding for an existing activity in 2023, New activity in 2023
- Agency: State agency taking ownership for implementation of the activity, with additional agencies providing support
- Type: Activities categorized as implementation of a process, policy or program
- Activity: Work accomplished to accomplish the strategy

For new and expansion activities, the ability to implement most activities is dependent upon new FY23 funding allocations. If funding is needed, the activity will state "Increase the FY23 budget allocation by [the needed amount for implementation]".

A number of initiatives within the plan require interagency collaboration and coordination. Key coordination strategies include:

- **Development of permanent supportive housing:** The Housing Development Authority, Department of Human Services, Department of Community & Economic Development and Healthcare and Family Services will work together on strengthening the development and operations of permanent supportive housing. As IHDA and DCEO administer funding for capital, acquisition and rehabilitation of non-congregate shelter and supportive housing, HFS and IDHS will develop pathways for sustainable supportive services funding.
- **Supporting college students experiencing homelessness:** College students with housing stability should have access to dorms during school holiday breaks and know what employment, food and educational resources are available to them. The Illinois Board of Higher Education and Illinois Community College Board will work with Task Force agencies, community colleges and universities to support students.
- **Improve discharge planning for young adults:** The Department of Children and Family Services, Department of Juvenile Justice, Department of Corrections and Department of Human Services - Division of Mental Health will participate in a work group to ensure discharge planning and procedures support housing stability for young adults leaving State systems of care
- **Expansion of medical respite model:** Medical respite, or recuperative care, is temporary housing paired with clinical care for people experiencing homelessness after an in-patient hospital stay. HFS, IDHS and IHDA will work together to support expansion of the availability of medical respite housing across the state.



Photo courtesy of IHDA

ILLINOIS OFFICE TO PREVENT & END HOMELESSNESS

IOPEH launched in November 2021. The Office is located within IDHS. Led by the State Homelessness Chief, she reports to the Secretary of IDHS and is a member of the Senior Leadership Team.

The goal of 2022 is to onboard IOPEH staff and funding to implement the following activities to support all strategies within the plan:

Type	Activity
Policy	Create Homelessness & Racial Equity Roundtable; Commission a study on the root causes of racial disparities of homelessness in Illinois; Create a concrete plan with strategies to end the disparity
Policy	Join HUD and US Interagency Council on Homelessness House America Initiative; Partner with other Illinois communities participating in House America to set and achieve re-housing families and building new affordable and supportive housing
Policy	Lead a joint Task Force and Community Advisory Council work group on securing access for housing for persons with sex offenses on their record; Explore legislative and program strategies to secure housing
Policy	Create Rural Homeless Initiative to understand root causes and structural barriers to homelessness in rural communities; Develop strategic initiatives to end rural homelessness

Type	Activity
Policy	Together with the Illinois Commission on Poverty Elimination and Economic Security, complete study of the impact of Child Tax Credit on family homelessness; Implement guaranteed income pilot with families experiencing homelessness and/or at-risk of homelessness
Process	Build the data infrastructure through supporting state agencies in tracking housing status within mainstream service programs; Support data matching activities between local Homeless Management Information Systems and applicable databases to identify target populations for housing and services; Create statewide homeless dashboard to understand population needs and trends; Explore feasibility and capacity for a Statewide HMIS system
Process	The HUD Illinois State Office of Public Housing and the Illinois Office to Prevent & End Homelessness will convene a Public Housing Authority (PHA) & Homelessness Work Group. The work group will explore local and national models of PHA engagement with homeless systems. The work group will support PHAs in implementation of key strategies to end homelessness. Strategies explored include utilization of homeless preferences, housing & health initiatives, participation in local planning efforts to end homelessness, and community partnerships to develop affordable, supportive and student housing
Process	Convene Homeless Youth Subcommittee to support young adults aging out of care from DCFS, being discharged from IDJJ, IDHS-Division of Mental Health and IDOC to ensure discharge planning and procedures support housing stability for young adults leaving state systems of care
Process	Convene a Transit System and Homelessness Work Group, tasked with identifying effective and compassionate models for supporting and linking to housing persons seeking shelter on public transportation
Process	Convene a work group for state employee program staff to discuss innovative and promising practices, identify areas for inter-agency collaboration
Process	Complete an evaluation of the emergency rental assistance and court-based assistance programs; Create statewide homeless prevention and eviction dashboard
Program	Convene Health Care and Homelessness Work Group to advance initiatives focused on improving health and human services outcomes for persons facing housing instability, with an eye towards preventing unnecessary institutionalization in nursing homes and post-incarceration. The work group will engage hospitals, Managed Care Organizations and health care leaders in developing health focused housing development, support initiatives in advancing medical respite/recuperative care models and explore a statewide flexible housing pool

Type	Activity
Program	Create Homelessness Capacity Building and Technical Assistance Center; Provide technical assistance to state agencies with new legislatively mandated or agency-initiated housing programs to quickly onboard programs; Provide technical assistance to community providers on implementation of promising practices in service delivery which may include low barrier service delivery, serving returning citizens and increasing capacity to bill Medicaid for medically-necessary supportive services
Program	Connect with Princeton's Eviction Lab to bring The Evicted Exhibit to communities across the Illinois; Explore opportunities for community education campaigns around access homeless prevention and homeless services

STRATEGY #1:

BUILD AFFORDABLE & PERMANENT SUPPORTIVE HOUSING

The key strategy for ending homelessness is building more affordable and permanent supportive housing. Across the state, persons experiencing homelessness and homeless service providers voiced the need for immediate access to permanent housing.

Existing Activities

Agency	Type	Activity
IHDA	Policy	Advocate for additional federal and state funding to go towards the annual PSH Development Round; Maintain the current funding structure through FY23 & FY24
IHDA	Policy	Make an intentional effort to expand access to capital for developers of color in the 2022-2023 Low Income Housing Tax Credit Qualified Action Plan, by including point incentives for projects sponsored or co-sponsored by Black, Indigenous, People of Color-led or governed entities
DCFS	Program	Partner with two public housing authorities to administer the Fostering Youth to Independence Initiative providing housing subsidies to youth aging out of care; Conduct outreach to additional housing authorities to administer the program
DCFS	Program	Partner with public housing authorities across the state to administer Family Unification Program Vouchers, providing a voucher to families with child welfare involvement. Although no new vouchers were allocated in FY22, DCFS plans to refer 200+ families to the program due to voucher turnover
HFS	Program	Implement a housing support services pilot program with federal approval
IDHS	Program	Through the Supportive Housing Services Program, fund services for persons living in Permanent Supportive Housing; service delivery includes case management, advocacy, counseling, job training and transportation
IDOC	Program	Continue to support the housing transition of 75 persons leaving correctional facilities by facilitating access to the IHDA Rental Housing Support Program
IDPH	Program	Administer the Ryan White and Housing for Persons Living with AIDS (HOPWA) programs, providing support services, short-term rental assistance, tenant-based rental assistance, mortgage and utility assistance

Agency	Type	Activity
IHDA	Program	Release a round of funding for acquisition, new construction or rehabilitation for permanent supportive housing in the annual tax credit application round; creating an estimated 121 units of PSH targeted to persons experiencing homelessness
IHDA	Program	Units created with 9% Tax Credits will have a 10% set aside for the Statewide Referral Network
IHDA	Program	Through partnership with CSH, deliver the Supportive Housing Development Institute to increase new PSH development projects; Provide financial support through a Project Initiation Loan Pool

Expansion of Current Activities

Agency	Type	Activity
IHDA	Policy	Add persons experiencing chronic homelessness to the FY19 Section 811 Program; Increase of access to \$7M FY19 811 housing portfolio
IHDA	Program	Partner closely with state agency and community stakeholders to develop detailed analysis of housing needs for IOPEH populations in IHDA publications

New Activities

Agency	Type	Activity
IDOC	Process	Explore financial, housing and services models for permanent supportive housing for persons at risk of correctional system recidivism
IHDA	Process	Provide technical assistance and training to property managers on increasing accessibility to units through changes in project Tenant Selection Plans. Partnering with CSH and CoC Coordinated Entry Systems, strengthen referral processes for persons experiencing homelessness to access SRN units

IDHS	Program	Through the Housing is Recovery Program, prevent institutionalization and overdose deaths, improve health outcomes and access to recovery support services and reduce State Costs; Provide bridge rental subsidies for persons at high risk of unnecessary institutionalization and individuals at high risk of overdose by providing housing to stabilize mental illness symptoms and/or substance use
IHDA	Program	The HOME Investment Partnerships Program- American Rescue Plan (HOME-ARP) statewide allocation of \$62 million will include creating new rental units and non-congregate shelter for homeless households
IDOC	Program	Partner with the Chicago & Cook County Flexible Housing Pool to pilot housing returning citizens with complex health needs in supportive housing

COMMUNITY SPOTLIGHT

Reaching Functional Zero of Chronic & Veterans Homelessness in Rockford – City of Rockford & Community Solutions

In 2015, the City of Rockford and the local CoC joined the Community Solutions' Built for Zero movement which aims to end homelessness for populations by reaching an end state known as functional zero. Built for Zero is a movement of over 90 communities working to measurably end homelessness, one population at a time. Led by the nonprofit, Community Solutions, Built for Zero is a methodology, a movement, and proof of what is possible. Communities in Built for Zero embrace a data-driven strategy to reach functional zero, a state where local systems are actively reducing and ending homelessness, so it remains rare and brief for a population.

As part of Built for Zero, Rockford changed how its homeless response system works by adopting the core elements of the Built for Zero methodology:

- Using real-time, person-specific data to know every person experiencing chronic homelessness or veteran experiencing homelessness by name and target efforts and resources accordingly
- Building a unified regional team, or a "command center," around a shared aim of getting to functional zero
- Using data to redesign Rockford's homeless response and strategically target resources

This approach combines intensive, creative outreach, a strong coordinated entry system and housing first with community coordination and collaboration to quickly impact and reduce homelessness among targeted populations.

Working closely with veteran organizations, mental health providers and permanent housing organizations, Rockford established a veteran's community impact group that met bi-weekly and addressed unhoused veterans through a by-name list process. Rockford achieved functional zero for veterans in September of 2015 and were recognized by the VA and HUD in December of that year. The community sustains veteran functional zero by continuing to meet with partners monthly.

Rockford began to address chronic homelessness in 2016 using many of the same techniques. One major change included increasing the level and type of outreach to both unhoused people and housing providers. The chronic population had greater barriers and securing support from property owners to give this population a chance was a greater challenge than with veterans. Rockford reduced the number of persons experiencing chronic homelessness to meet the functional zero benchmarks by May of 2017.

Progress is tracked through a reduction in homelessness through our by-name-list comprising data that includes inflow information, returns to homelessness, obstacles to housing, permanent housing or other exit data, income, race, ethnicity, age, gender, disabling condition, household size and composition, status and location at entry. The community tracks outcomes monthly. General data includes:

- Functional zero (eight or less) veteran status met and sustained
- Functional zero (three or less) chronic status met and sustained
- Overall reduction in homelessness by 63% in the past seven years.
- Family and youth list currently under twenty households. Working toward functional zero.

MEET EDWARD ✨

In 2017, the Rockford Built for Zero team received frequent calls about an unhoused man, often seen in downtown area of Rockford. People described him as “scary” and outreach groups were hesitant to engage with him. One day, upon opening the local newspaper, there was a picture of him taken in the middle of downtown Rockford posing with a young woman who is a ballerina. We began to question, how is it this man engaged with this young ballerina but will not talk with any of our workers? It occurred to us that most of our outreach had been attempted by men. We changed our approach and began sending women outreach staff to engage with him. It was quickly determined that the gentleman suffered from serious mental health conditions. Edward declined to go to our local shelter, so we set him up in a hotel for temporary placement while we worked to build a rapport with him. Over time we convinced him to receive a mental health assessment and look at an apartment. Although he was hesitant about moving into the apartment, due to the relationship he built with the outreach staff he agreed to give it a chance. The apartment was a permanent supportive housing unit. Edward still resides there today with regular contact from case management services.

*Name changed



STRATEGY #2:

BOLSTER THE SAFETY NET

Strengthening the systems that prevent people from entering the literal homeless system is a central focus of the plan. State agencies work with community agencies to support persons who are at risk of eviction seeking homeless prevention assistance to provide temporary housing to persons leaving carceral systems to supporting those in need of crisis shelter options. A key piece of this strategy is assessing the amounts of prevention, diversion and shelter resources needed to meet community needs. Promoting person-centered and trauma informed systems will be part of the growth strategy for the system.

Existing Activities

Agency	Type	Activity
IDJJ	Process	Advance homeless diversion strategies by supporting youth transition plans that prioritize kinship and relationship development
IDOC, IDHS	Process	Identify and find appropriate placements for mandated supervised release for persons with Serious Mental Illnesses, non-adherence to medication regimens and histories of violence
IDPH	Process	Provide operational guidance to ensure needs of runaway or homeless youth, homeless families and individuals are addressed in the development of emergency response systems
IDPH	Process	Explore policy change to waive medical cannabis registry card fee for unhoused persons with a qualifying condition
IDVA	Process	Promote and partner with the US Department of Veterans Affairs to educate and assist veterans apply for federal VA care and benefits, inclusive of access to VA homeless housing programs, HUD-Veteran Affairs Supportive Housing (VASH) and Supportive Services for Veteran Families (SSVF)
IDVA	Process	Maximize partnership with Illinois Joining Forces Foundation, a public-private network of military and veteran-serving organizations to create a no-wrong-door system to support veterans

Agency	Type	Activity
IDVA	Process	Enhance VSOs internal database system, CyberVet, to promote a warm handoff approach to a community resource when a veteran indicates they do not have an address or are experiencing homelessness
IDVA	Process	Foster collaboration with the County Veterans Assistance Commissions that provide county resources such as rental assistance, utility assistance, food vouchers; Enhance engagement with Commissions through inclusion in mutual training and services activities and event support
DCFS	Program	Support the Youth Cash Assistance program, providing assistance to youth aging or aged out of DCFS care, to stabilize housing situations; Funding supports rent, security deposits, utilities, landlord home repairs, beds, furniture, clothing and household items
DCEO	Program	Administer the Community Development Block Grant, providing funding for capital for non-congregate shelter
DCEO	Program	Administer the Community Services Block Grant, which provides rental and mortgage assistance, motel vouchers and shelter services
DCFS	Program	Norman Cash Assistance funds private agencies to purchase items for families at risk of having their children placed in foster care due to issues related to poverty, including homelessness; Funding supports rent, security deposits, utilities, landlord home repairs, beds, clothing and household items
DCFS	Program	Support the Youth Housing Advocacy Program, helping youth aging out or aged out of DCFS care, locate adequate housing; Supportive service delivery continues until the youth reaches age 21, with an extension to age 23 if housed with a federal subsidy
DCFS	Program	Norman Services assist families in danger of having children placed in foster care, or unable to return home, due to issues related to poverty, including homelessness; Norman Housing Advocacy supports DCFS involved families with housing location and supportive services
ICJIA	Program	Continue funding of transitional housing program for persons leaving Illinois Correctional Facilities

Agency	Type	Activity
IDHS	Program	Administer the federal Projects for Assistance in Transition from Homelessness (PATH) program, serving persons with a Serious Mental Illness (SMI) and experiencing homelessness through street outreach and referrals to housing, primary care, job training and educational services
IDHS	Program	The Home Visiting for Homeless Families (HVHF) Demonstration Program ensures home visiting is more responsive to the needs of homeless families, informs practice and policy change, increases integration and alignment across homeless services and home visiting systems
IDHS	Program	Support the Eviction Mitigation Legal Assistance Program that supports tenants at risk of eviction through central intake and needs assessment, eviction prevention tools and resources, virtual legal clinics, direct legal representation and courtroom access to rental assistance
IDHS	Program	Administration of the Emergency Solutions Grant that supports emergency shelter and homeless prevention activities including street outreach, Rapid ReHousing programs and administration of the Homeless Management Information System
IDJJ	Program	Fund community based Therapeutic Residential, Transitional Living Program and Independent Living Programs for youth in custody with the Illinois Department of Juvenile Justice; Youth complete their sentence in community-based re-entry settings
IDOC	Program	Through contracted agencies, provide transitional housing upon mandatory supervised release from a correctional facility, including persons with a sex offense on their record
IDVA	Program	Strengthen and bring awareness to Prince Home, a housing program serving 15 veterans experiencing homelessness
IDVA	Program	Administer the Veterans Cash Grant Program, that supports agencies providing homeless services, employment and training programs
IHDA	Program	Funding for acquisition, new construction or rehabilitation for transitional, service-intensive housing
ISBE	Program	Administer the Federal McKinney-Vento Homeless Education Funding, supporting local school districts address the needs of students experiencing homelessness and housing instability; Services provided include tutoring, supplemental instruction, professional development for educators on the needs of homeless students, and before and after school programs
ISBE	Program	Lead Area McKinney-Vento Liaisons facilitate access to homeless assistance trainings monthly to school districts, families, and the larger community

ISBE	Program	Award funding from the Elementary and Secondary School Emergency Relive Fund II & III Community Partnership Grants; Homeless students are prioritized for projects where schools work in partnership with local communities to assess and meet the immediate pandemic-related, or social emotional, and/or trauma needs identified
ISBE	Program	Administer the American Rescue Plan - Homeless Children and Youth Funds to support housing insecure students; Activities include increasing outreach and identification of students experiencing homelessness, hiring systems navigators to help families and youth access education, and offering early childhood education services for young children experiencing homelessness

Expansion of Current Activities

Agency	Type	Activity
IDHS	Policy	Provide training and technical assistance to Division of Substance Use, Prevention and Recovery grantees on implementation of harm reduction practices and low-barrier services to expand access for those currently using substances to crisis, transitional and permanent housing resources
IDJJ	Process	Increase agency capacity to strengthen and sustain housing supports for youth, such as employment and education activities
IDHS	Program	Through the Emergency and Transitional Housing Program, provide funding for community-based crisis housing for persons experiencing or at risk of homelessness, including emergency, overnight, motel/ hotel based and transitional housing programs
IDHS	Program	Funding short-term housing and services for survivors of domestic violence inclusive of shelter and transitional housing programs, landlord advocacy, case management and safety planning
IDHS	Program	Support the development of a Statewide 2-1-1 system, to ensure equitable access to homeless services and supports and strengthen the crisis safety net

New Activities

Agency	Type	Activity
HFS	Policy	Create a pathway to cover medical respite services within Medicaid
ICJIA	Policy	Explore ability to expand programming at contracted re-entry transitional housing agencies to include behavioral health liaisons to facilitate increased service access
IDHS	Policy	The Division of Substance Use Prevention and Recovery will create a Chronic Care Stabilization and Transition billable service that responds to the needs of people with substance use disorder experiencing homelessness or housing instability
IDJJ	Policy	Amend Juvenile Justice Court Act 750ILCS405 to enable IDJJ to pay for housing cost six months post release and/or beyond youth's legal discharge from the department; Upon amendment completion, pilot program to support 10 youth with rental assistance for six months post-release; Develop agency directives to support the initiative
Aging	Process	Enhance data collection by adding "homeless" and "at risk of homelessness" to the Community Care Program (CCP) intake form, allowing Care Coordination Units to better respond to older adult housing stability
DCFS	Process	Engage homeless youth providers to determine if youth shelter licensing standards need to be updated in relation to federal Runaway and Homeless Youth Act regulations
IBHE/ ICCB/ IOPEH	Process	Collaborate with the Illinois Commission on Poverty Elimination and Economic Security to advance activities to build a strong health and human service workforce pipeline; Explore homeless services course work and certification process for homeless housing and services workforce
IDHS	Process	With the Illinois Commission to End Hunger, support emergency shelter and interim housing sites in innovating approaches to meet special nutritional needs of guests
IDHS	Process	The Division of Substance Use Prevention and Recovery will explore the current community intervention service/rate and support housing recovery specialists at treatment sites
IDHS	Process	Review reporting requirements within homeless services bureau to identify ability to implement reporting efficiencies with HUD homeless standardized reports
IDOC	Process	Hire a Special Populations Statewide Coordinator to identify additional housing options for individuals with residency restrictions, mental and physical health barriers

Agency	Type	Activity
IDVA	Process	Explore statewide alignment with Unite Us, a shared technology platform to support meaningful collaboration and care-coordination
IBHE, ICCB	Program	Create the administrative infrastructure necessary for the implementation of Public-Act 102-0083, The Higher Education Housing Opportunities Act; Establish the role of homeless liaison as an advocate and resource for homeless students, improve the accessibility and affordability of on-campus housing, Require universities and colleges to track and report data on the number of students experiencing homelessness to Illinois Board of Higher Education and the Illinois Community College Board
ICJIA	Program	Develop system capacity for palliative care models for persons existing carceral systems via compassionate release
IDHS	Program	Establish a housing navigator role within the seven independent service coordination (ISC) agencies for persons with intellectual/developmental disabilities; Navigators support people matched to supportive housing to ensure a smooth transition to new homes, train ISC staff on housing alternatives, engage with regional affordable housing providers and developers
IDHS	Program	Monitor capital development pipeline for non-congregate shelter development to request additional funding support within the IDHS budget for increased operating and services costs
IDHS	Program	Centers for Independent Living will provide training and technical assistance to emergency and transitional housing providers on accessibility requirements for people with disabilities to increase site accessibility. A fund will be made available to make program and site modifications
IDJJ	Program	Create a training module for facility and aftercare staff to identify housing resources and begin discharge and transition planning process earlier in the commitment process; Create training module for youth on independent living and life skills
IDPH	Program	Pilot test intensive case management for people experiencing homelessness initiated in hospital emergency departments to connect to housing and necessary social services

Agency	Type	Activity
ISBE, IDHS, HFS, IDPH	Program	Through the addition of community navigators, establish Wrap Around Wednesdays at central points within a regional area; Serve as a one-stop, single-day effort to enable identified McKinney-Vento eligible families to access a multitude of wrap-around services to meet the unique needs of each family
ISP	Program	Convene Illinois law enforcement to develop best practices for response to the homeless calls for service and encampment mitigation to ensure that responses are lawful and handled with respect for the dignity of the individuals involved

COMMUNITY SPOTLIGHT

Preventing Entry into the Shelter System through Coordinated Entry Diversion – Suburban Alliance to End Homelessness

Coordinated Entry Diversion is a client-centered, case management focused, strategy to assist individuals with problem solving to avoid entering the homeless services system. Diversion specialists ask probative questions that creatively and critically think through problems with individuals seeking emergency housing assistance and, if necessary, connect them with one-time financial assistance to help them obtain or return to housing. Our Coordinated Entry Diversion strategy was awarded a Systems Improvement Impact Grant from the United Way of Metro Chicago. Through United Way support, diversion specialists located at agencies within our Suburban Cook County Continuum of Care (CoC) have access to a pot of flexible funds to provide one-time financial assistance to help quickly respond to immediate crises to divert households from entering the homeless response system.

Any person who is seeking emergency shelter within Suburban Cook County who contacts one of our entry points to the homeless response system (Entry Point Call Center, walk-in centers, and/or emergency shelters). A brief tool is completed by a diversion specialist with the client to problem solve the client's housing crisis and help triage services that are most appropriate for the client's household.

Nine partner agencies and the Entry Point Call Center work together to provide diversion case management throughout the Suburban Cook County CoC. Partner agencies are well suited to provide diversion services because they operate programs at the entry points to our homeless response system; this includes street outreach to people experiencing unsheltered homelessness, walk-in centers, and emergency shelter programs.

Outcomes are tracked and reported in the Homeless Management Information System (HMIS) managed by the Alliance to End Homelessness in Suburban Cook County. Based on HMIS data, nearly 2,000 households received diversion services from partner agencies in the past year. 75% of households were diverted from having to enter emergency shelter and 10% of those households needed one-time flexible funding assistance to resolve their housing crisis. The data shows that on average a household needed \$738 in one-time flexible funding to be diverted from entering the homeless response system.

Program Recommendation: Every homeless service system should have a robust, universal diversion program that is well supported, both by staff capacity and flexible funding, to assist individuals in rapidly resolving their housing crisis. A coordinated diversion program reduces new entries into homelessness and allows our homeless service systems to target more intensive homeless interventions and resources to those with the highest needs who have no alternative to an emergency shelter stay.

MEET ALLI* :

Alli presented to a shelter agency on the brink of homelessness after fleeing a domestic violence situation. With the help of the diversion specialist, Alli identified a housing plan for herself. She wanted to be reunited with her mother who lived out of state, but Alli lacked the funds to travel. Within days, the agency contacted Alli's mother out-of-state, purchased Alli a plane ticket, and brainstormed immediate housing for Alli to temporarily stay with a friend until she was able to fly. Through the Coordinated Entry Diversion program, Alli met with a trained diversion specialist who led her through client-centered problem solving and she provided her with an airline ticket. Because of this low-cost intervention, Alli never became literally homeless, she felt safer living with her family, and she started her next chapter.

*Name changed



STRATEGY #3:

SECURE FINANCIAL STABILITY

To end housing instability, a combination of increased income and affordable housing is needed. The following activities identify pathways for economic stability.

Existing Activities

Agency	Type	Activity
IDVA	Process	Promote services to educate and assist veterans in obtaining earned benefits through Veteran Service Officers (VSOs); VSOs aid completion of necessary forms and compile evidential documents needed to process benefit claims
ICCB	Program	Administration of the Strengthening Career and Technical Education for the 21st Century Act (Perkins V); Provide technical assistance to community colleges on how to support students experiencing homelessness and connection to mainstream benefits (e.g. SNAP Employment & Training Program)
IDES	Program	Administration of the federal Jobs for Veterans State Grant to work veterans with significant barriers to employment, including housing instability; Partner with agencies funding through the Homeless Veterans Reintegration Program, that provides services to assist veterans access meaningful employment and develop effective service delivery systems for homeless veterans
IDHS	Program	Support training for homeless service providers in completion of the SSI/SSDI Outreach, Access and Recovery (SOAR) program to support individuals completing disability applications and successfully receiving benefits
IDHS	Program	The Child Care Assistance Program provides subsidized child care for parents who are working, in school or in a training program. Families experiencing homelessness are allowed a 12-month eligibility period without an activity. From program participation in previous years, the CCAP anticipates serving 628 children experiencing homelessness in FY23.

Expansion Activities

Agency	Type	Activity
IDHS	Process	Create and deliver trainings on the Aid to the Aged, Blind and Disabled (AABD) Cash and Medicare Savings Program to increase access to these benefits
IDHS	Process	Information related to special processing, allowances and deductions for people experiencing homelessness is available to front line staff in the IDHS Policy Manual and Workers Action Guide

New Activities

Agency	Type	Activity
IDES	Process	Conduct activities to improve equitable access to unemployment benefits; Pending receipt of federal grant, increase IDES outreach to community partners providing services to individuals not accessing eligibility unemployment benefits; Conduct a survey to identify challenges in the unemployment to re-employment journey, inclusive of questions on housing status
IDES	Process	Within Title III of the federal Workforce Innovation and Opportunity Act (WIOA) Employment Services Program, incorporate outreach and service strategies appropriate for people experiencing homelessness or housing instability
IDES	Process	Improve employment related information about persons experiencing homeless by augmenting survey data in the Coleridge Initiative Administrative Data Research Facility (ARDF) Unemployment to Reemployment portal; Match administrative records between unemployment insurance records and the Homeless Management Information System to understand employment stability and industry, unemployment (length of time, take up of employment benefits) demographic characteristics, housing and employment program services access
IDHS	Process	Together with the Illinois Commission on Hunger, provide input to a study on access to SNAP benefits, focusing on access issues of older adults, mixed status families and families with young children
IDHS	Process	Revise the online application page to the AABD to ensure greater accessibility to the benefits
IDHS	Process	Develop and deliver training materials to all Family and Community Resource Center front line staff to ensure claimants are evaluated for all eligible benefits.

IDHS	Program	Together with the Division of Family & Community Services and Illinois Commission to End Hunger, support the pilot of the SNAP Restaurant Meals Program by recruiting restaurants and persons experiencing homelessness to participate in the program; An anticipated 32,000 Illinoisans will be eligible to participate in the program
IDHS	Program	Through the Welcoming Center COVID-19 Relief Project, provide cash assistance, similar to the Child Tax Credit, for families not eligible for the benefit due to documentation status
IDHS	Program	The Division of Early Childhood will fund the development of an add-on marketing campaign which will intentionally engage families experiencing homelessness; The campaign will augment the Governor's Office of Early Childhood Development enrollment campaign to focus awareness of early childhood education services to Child Care Assistance Program eligible families
ISBE	Program	Each McKinney-Vento eligible student has the opportunity to create an individual student success plan, modeled after the Harvard EdRedisgn, By All Means Necessary; School navigator develops and monitors the plan

COMMUNITY SPOTLIGHT

Positive Youth Development Approaches - Midwest Youth Services

Midwest Youth Services (MYS) through a positive youth development approach provides trauma informed Homeless Youth Programming to the population of homeless and at risk of becoming homeless individuals ages 14-24. These individuals cannot return home and lack a permanent safe place to sleep. MYS serves individuals within a five-county service area: Morgan, Brown, Scott, Schuyler, and Cass counties. Youth referred to the program are deemed homeless by means of living on the streets, couch hopping, or without housing; these persons will qualify for housing if unable to be reunified with family. Referrals for the Homeless Youth Program originate from MYS's existing CCBYS program, local homeless shelter, county Pregnancy Resource Centers, or social service agencies, schools, law enforcement, hospitals, and self-referring homeless youth.

Midwest Youth Services provides three components: Outreach, Emergency Shelter, and Transitional Living. In the delivery of homeless youth services, MYS uses evidence-based practices, while allowing for youth led input, decision making, and goal setting. Youth are encouraged, supported, and held accountable in an effort to build protective factors, minimize and reduce risk factors, and ultimately become self-sufficient and live independently. Midwest Youth Services Homeless Youth programming/ personal growth classes include financial literacy, employment, personal development, self-care, health and dental and positive leisure.

The MYS homeless youth program has seen an uptick in need due to the pandemic and increased youth seeking resources and support. The program tracks data at intake, at discharge, and regular reassessments through the client's service plan to capture program/client progress. Internally, the program reports data quarterly to the Department of Human Services program manager. It costs 29 times (2018 - \$187,765) more money to incarcerate one youth at Illinois Youth Centers (IYC)—youth prisons operated by the Illinois Department of Juvenile Justice (IDJJ)—than it does to divert one youth to a community-based alternative program.

Meet Mary*: Mary is an 18-year-old woman who came to Homeless Youth programming for assistance. Mary had been couch-surfing and was without housing stability, personal hygiene items, and at times food, she was unsure of her citizenship status. Through programming entry and collaboration, the agency discovered that Mary was a refugee.

Case managers worked with partnering agencies to secure medical care as well as family planning services. Mary was attending an alternative school although irregularly, the case managers provided transportation for her during bad weather to ensure Mary could get to school. The case management team and the school personnel collaborated to provide E-learning options for her during COVID-19 mitigations so she would not fall behind in her credit recovery journey.

Since her introduction to Homeless Youth programming Mary developed life skills that allow her to be independent, communicate her needs, and advocate for herself. With the help of her case manager, her green card request is being processed which allows her to become a permanent legal refugee thus allowing her to secure long-term housing and employment. Mary has recently completed her final high school course and she will be graduating and receiving her high school diploma this Spring. Her case managers are assisting her with job applications, resume building,

and linking her with additional supports to assist with independent living. Her application for public housing will be reviewed and processed following her legal documentation. Mary has set goals to further her education so she can someday work within the medical field helping others.

*Name changed

Midwest Youth Services Presents **Employer Panel & Application/Resume Workshop**



Hear from local employers about what they look for in youth employees, how their interview process works, and so much more! Following the panel, Midwest Youth Services will offer a workshop where you can get assistance building your resume and applying to jobs!

Event is open to youth and young adults ages 11-24.

STRATEGY #4:

CLOSING THE MORTALITY GAP

According to national data, the average age of death of a person experiencing homelessness is 51. The activities below support improving the health outcomes for persons with housing insecurity.

Existing Activities

Agency	Type	Activity
IDPH	Process	State Maternal Health Task Force developing statewide maternal health strategic plan, inclusive of subcommittee addressing housing for pregnant/postpartum people
IDPH	Process	Office of Disease Control conducts outreach and education on tuberculosis to human services and housing agencies serving people experiencing homelessness
IDPH	Process	Illinois Perinatal Quality Collaborative supports a quality improvement network for birthing equity; Hospitals screen for social determinants of health including housing insecurity
IDPH	Program	Provide funding to test, detect and mitigate COVID-19 in shelter settings
IDPH	Program	Illinois Breast and Cervical Cancer Program provides free mammograms, breast exams, pelvic exams and Pap test for eligible women; Community navigation funding used to address housing a barrier to screening
ISBE	Program	Provide training and resources to school districts on heroin and opioid prevention, intervention and use.

Expansion of Current Activities

Agency	Type	Activity
IDHS	Program	Implement the Substance Use Prevention & Recovery Permanent Supportive Housing program, doubling the number of households served from 75 in FY23 to 150 in FY24

New Activities

Agency	Type	Activity
IDPH	Process	Create a statewide population health report on persons experiencing homelessness in Illinois, inclusive of an examination of the causes of death and life expectancy disparities for people experiencing homelessness
IDHS, ISP	Program	Division of Substance Use Prevention and Recovery coordinates training and technical assistance to Illinois State Police and other law enforcement partners on Opioid Use Disorder, Medically Assisted Recovery and recovery resources to support first responders in understanding the needs of persons with OUD and to make appropriate referrals to resources

COMMUNITY SPOTLIGHT

Housing People Seen in Shelter, Jail and Hospitals – The Chicago and Cook County Flexible Housing Pool

The Chicago and Cook County Flexible Housing Pool (FHP) breaks the cycle of homelessness and crises, reducing costs to public systems and improving health outcomes for those most impacted by crisis systems of care. The FHP is a cross sector health and housing intervention started in 2019, using supportive housing as the foundation for stability and connections to care. The project focuses on those who frequently touch crisis systems of care, including emergency rooms, homeless service systems, and/or jail.

FHP participants are identified using data driven approaches, including data matches between health and homeless system data. A multi-year evaluation is underway, to measure FHP outcomes and impact on housing stability, health and crisis system utilization. As of January 2022, 450 households have been housed, representing 614 adults and children and a 12-month housing stability rate of 95.5%.

The FHP combines public and private investments into one funding pool providing outreach and engagement, housing location services, bridge housing, lease up and move costs, rental subsidies, and tenancy services. CSH serves as the project management arm of the FHP, convening partners and supporting sustainability strategies. The Center for Housing and Health leads operations, including scattered site unit acquisition and coordinating agencies providing outreach and case management services. The Flexible Housing Pool was developed in collaboration with Cook County Health and the City of Chicago, with the Department of Family and Support Services providing administrative oversight of the program, and has support from stakeholders in various sectors to focus on a new approach to addressing homelessness. People with lived experience of homelessness and FHP tenants are also involved in program planning, development, and oversight via representation in advisory groups as well as on the Governing Council with FHP investors.

In addition to the Center for Housing and Health as the FHP coordination agency, partners include: Cook County Health, Chicago Department of Family & Support Services, Chicago Department of Housing, Chicago Housing Authority, Housing Authority of Cook County, CountyCare, Meridian Health Plan, Advocate Aurora Health, MNH, UI Health, CSH and Illinois Public Health Institute. Philanthropic partners include Blue Cross and Blue Shield of Illinois Foundation, Chicago Community Trust, Pritzker Community Health Initiative, Otho S.A. Sprague Memorial Institute, and Polk Bros. Foundation.

MEET KEISHA:

Keisha knows the reality of homelessness too well. A lover of music, the arts and spending time with her family, Keisha spent a large chunk of her life experiencing homelessness. "I was homeless, but no one knew I was homeless. That includes my family. I think that was probably because I was embarrassed more than anything," said Keisha. "I stayed on trains for several months, whereas sometimes I would be spending the night at a friend's house. They would assume that I was still in my own place, but they didn't know that I was staying with them because I didn't have nowhere else."

Keisha had a daughter with her girlfriend at the time in 2003, worked in a management position at Starbucks for over 10 years afterwards, became a certified massage therapist. Later, while Keisha was working as a Chicago tour bus guide, she was injured on the job and they let her go.

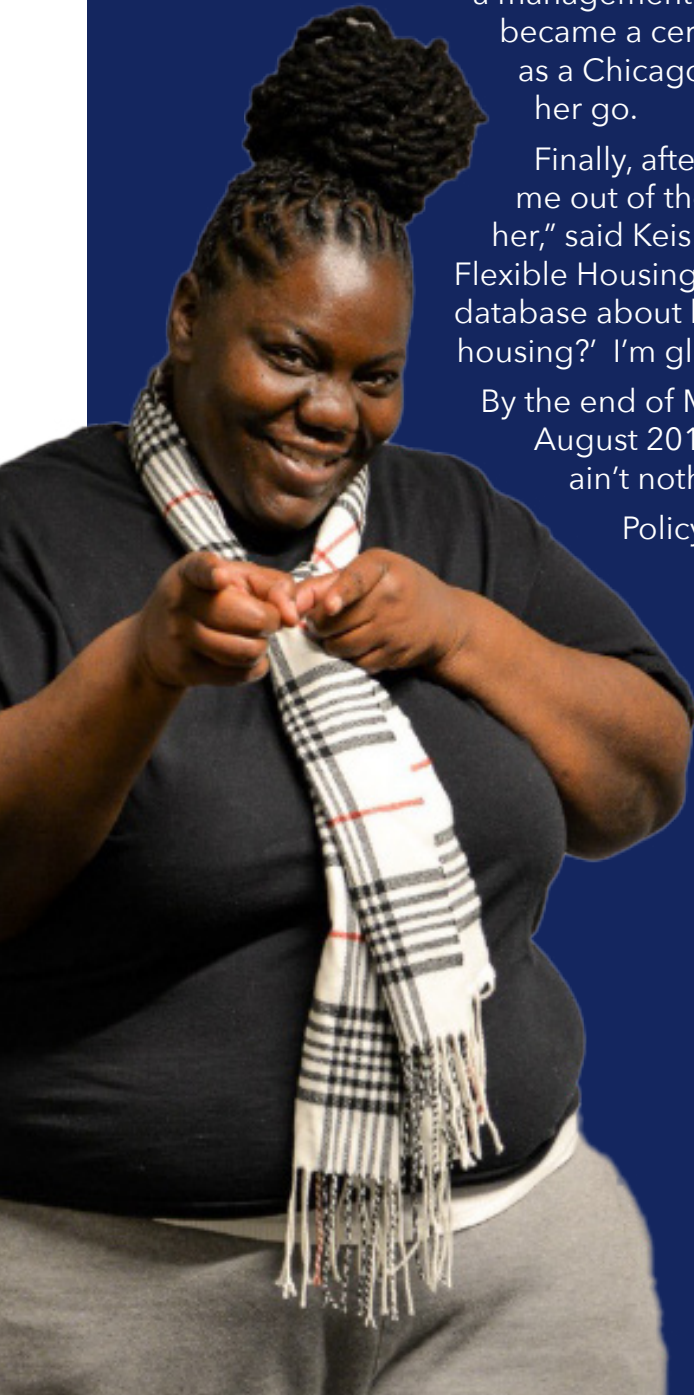
Finally, after a long struggle Keisha caught a break. "Emily called me out of the blue and, I'm not going to lie, I almost hung up on her," said Keisha. "She was like, 'Hi, my name is Emily and I'm with the Flexible Housing Pool. I am calling because we got your name off of a database about housing and I was wondering if you'd be interested in housing?' I'm glad that I actually heard her."

By the end of May, Keisha was looking for an apartment and moved in August 2019. "That saying, 'It's nothing like having your own' ... it ain't nothing like having your own place at all."

Policy, Program or Process Recommendation:

- Address and end systemic racism, which causes poor health outcomes, justice system involvement, and homelessness.
- Increase investment in affordable and supportive housing, and increase interagency collaboration across all State of Illinois agencies, to support upstream efforts to prevent and end homelessness.
- Expand Medicaid covered services to include pre-tenancy and tenancy sustaining services, to better support Illinoisans in accessing and retaining housing.
- Housing is Health. In order to achieve health and wellness goals, every Illinoisan must have access to housing.

(4) Housing burden: All residents should have access to quality, affordable homes. https://nationalequityatlas.org/indicators/Housing_burden#/



BUDGET TO SUPPORT PLAN ACTIVITIES

In Fiscal Year 2023, the 16 State Agencies of the Interagency Task Force will manage \$564.8M in programs that are homeless dedicated or where homeless households are prioritized for assistance.

Federal Funding	\$256,089,939
State Funding	\$211,631,212
Federal Stimulus	\$97,083,824
Total State Investment in Homelessness	\$564,804,975

Please see individual agency detail below:

Agency	Activity Name	Federal Funding	State Funding	Total FY23 Budget
DCEO	Community Services Block Grant	18,667,069		18,667,069
DCEO	Community Development Block Grant	20,000,000		20,000,000
DCFS	Youth Housing Prevention Program - Youth Housing Advocacy		1,158,000	1,158,000
DCFS	Youth Housing Prevention Program - Youth Cash Assistance		525,000	525,000
DCFS	Norman Housing Advocacy		2,505,000	2,505,000
DCFS	Norman Cash Assistance		4,794,400	4,794,400
IBHE	Higher Education Homeless Liaisons		2,000,000	2,000,000
ICJIA	Re-entry Transitional Housing Contracts	4,000,000		4,000,000
IDES	Jobs for Veterans State Grant	410,000		410,000
IDES	Improving employment-related information data project		700,000	700,000
IDHS	Emergency & Transitional Housing Funds		10,383,700	10,383,700
IDHS	Homeless Youth Services	1,000,000	7,340,300	8,340,300
IDHS	Homeless Prevention		11,000,000	11,000,000
IDHS	Domestic Violence Services		70,910,000	70,910,000
IDHS	Supportive Services & SOAR Technical Assistance		215,000	215,000
IDHS	Projects for Assistance in Transition from Homelessness (PATH)	2,600,000		2,600,000
IDHS	Home Visiting for Homeless Families Program	417,252		417,252
IDHS	Child care assistance program	4,670,000		4,670,000
IDHS	Eviction Prevention/Mitigation		10,000,000	10,000,000
IDHS	Emergency Solutions Grant	60,000,000		60,000,000
IDHS	Supportive Housing Services	28,054,000	19,710,900	47,764,900
IDHS	SUPR Permanent Supportive Housing		6,000,000	6,000,000
IDHS	ISC Housing Navigators	360,000		360,000
IDHS	Housing is Recovery	10,000,000		10,000,000

IDHS	Pilots and research for Home Illinois plan		9,700,000	9,700,000
IDJJ	Provide Therapeutic Residential, Transitional Living Programs, Independent Living Program	857,248	6,295,912	7,153,160
IDOC	Justice Involved Flexible Housing Pool		1,000,000	1,000,000
IDOC	Pre-release transitional housing		18,100,000	18,100,000
IDPH	Statewide 211	1,800,000		1,800,000
IDPH	Shelter COVID detection & mitigation	374,000		374,000
IDPH	Homeless health & mortality report		400,000	400,000
IDPH	Emergency room case management pilot		1,100,000	1,100,000
IDPH	HOPWA	2,221,870	720,000	2,941,870
IDVA	Prince Home		819,000	819,000
IDVA	Veterans Cash Grant Program *anticipated 2023		175,000	175,000
IHDA	Annual PSH Round	50,000,000	10,000,000	60,000,000
IHDA	Statewide Referral Network Capital	2,100,000		2,100,000
IHDA	Section 811 prioritization	6,440,000		6,440,000
IHDA	New Projects Project Initiation Loan and Technical Assistance		1,529,000	1,529,000
IHDA	Rental Housing Support Program		9,000,000	9,000,000
IHDA	Rental Housing Support Program - Re-Entry Demonstration Program		2,500,000	2,500,000
IHDA	Long Term Operating Assistance		3,000,000	3,000,000
ISBE	Title X-Education for Homeless Education	9,000,000		9,000,000
ISBE	Homeless Children Youth-per the American Rescue Plan Act (ARP) of 2021 - dedicated	33,118,500		33,118,500
ISP	Encampment Support Project		50,000	50,000
Total		256,089,939	211,631,212	467,721,151

Federal Stimulus Funding				
IHDA	SRN Units created through LIHTC	15,000,000		15,000,000
IHDA	PSH/Shelter Development through HOME-ARP	62,083,824		62,083,824
IDHS	Rental Assistance	20,000,000		20,000,000
Total		97,083,824		97,083,824
TOTAL				\$564,804,975

CONCLUSION

Home Illinois provides as framework for the sixteen state agencies in the Task Force move agency strategy forward in preventing and ending homelessness. The partnerships needed to implement this strategic vision is wide, inclusive of persons experiencing homelessness and housing insecurity, advocates, housing developers, local and federal government, researchers philanthropy and community based agencies. This plan is the first, of many plans, to be developed by the Task Force, in conjunction with the Advisory Council and community input. With an Executive Order to support the collective plan, we will unite to fight homelessness.

Acknowledgements

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Institute for Government and Public Affairs, University of Illinois	Sean Connelly, Rachel Cabrera, Ethan Jantz, Stephanie M. Werner
Listening Sessions	David Esposito, Susan Day, Merridith Montgomery, Ron Lund, Richard Stubblefield, Christina Anderson, Jen McArthy, Deb Little, Sandy Deters, Kate Green, Thomas Bates, Josh Sabo, Katie Spoden, Audrey Thomas, Kathy Booton Wilson, Carolyn Ross, Lore Baker, Jennifer Jaeger, Angie Walker, Terri Campbell, Lindsey Goldstein, Supportive Housing Providers Association, Chicago Public Library, Peoria Public Library, Faith United Methodist Church of Champaign, The Camden Center, Magnum Steel, Salvation Army of Springfield, St. Clair County, Deborah's Place, Association for Individual Development, Alliance to End Homelessness in Suburban Cook County, Embarras River Basin Agency Inc, Pierce Family Foundation, Polk Bros. Foundation, Michael Reese Health Trust, Chicago Funders Together to End Homelessness
Listening Session Participants	A Safe Haven, Access Living, Advocates for Access, AIDS Foundation Chicago, All Chicago, Alliance to End Homelessness of Suburban Cook County, American Job Center, Aunt Martha's, BCMW, Beds-Plus, Break Through, Bridgeway, C.E.F.S., Carle ,Carpenters Place, Catholic Charities CDG Operations, Center of Concern, Centerstone, Champaign County, Charters Illinois, Chicago Coalition for the Homeless, Chicago Public Library, Christian Care Quad Cities, City of Chicago, City of Rockford, Crisis Center - Tinley Park, Crown Chicago, CSH, Cunningham Children's Home, CYF SolutionsDove, Inc. - Homeward Bound, DuPage County Continuum of Care, DuPage Pads, Elgin, Embarras River Basin Agency, Inc, Family Dental, Featherfist, First Neighbor, Franciscan Outreach, Grand Prairie Services, Heart of Illinois Continuum of Care, Heartland Alliance, Heartland Continuum of Care, Housing Action Illinois, Housing Opportunities for Women, Humility Homes ,Ignite Promise, IL Valley EDU, Illinois Chapter American Academy of Pediatrics, Illinois Coalition Against Domestic Violence, Illinois Department of Veterans' Affairs, Illinois Department of Children & Family Services, Illinois Department of Human Services, Illinois Housing Development Authority, Inner Voice, Lakeland College, Lived Experience Commission, Lawndale Christian Health Center, Matthew House Chicago, MCS Community Services, Metropolitan Family, Michael Reese Foundation, Mid-Central Community Action, Moline County, Moline Library, Municipal Information Systems, Inc., Northside Housing, PADS Lake County, Path Crisis Center, PCC Wellness, Peoria County, Pheonix Community Development Services, Pioneer Center,

Listening Session Participants	Quad Cities Chamber of Commerce, Quad City Times, Remedies Renewing Lives, Rep Carol Ammons Office, Rep. Mussman Office, Respond Now, Rockford Rescue Mission, Rosencrance, Salvation Army, Supportive Housing Providers Association, South Suburban PADS, Southern Illinois Coalition for the Homeless, St Clair County, St Leonard's Ministries, Start Early, Street Outreach Movement, SWAN, The Salvation Army, Thresholds, Together We Cope, UIC - Champaign, United Way - Peoria, US Department of Housing & Urban Development, US Interagency Council on Homelessness, US Veterans Affairs, Will County Illinois, Zion Development Corporation
Community Spotlights	Bob Palmer, Niya Kelly, Merridith Montgomery, Julie Nelson, Katie Spoden, Keiki Hinami, Holly Rotman-Zaid, Ann Baker, Community Solutions Built for Zero

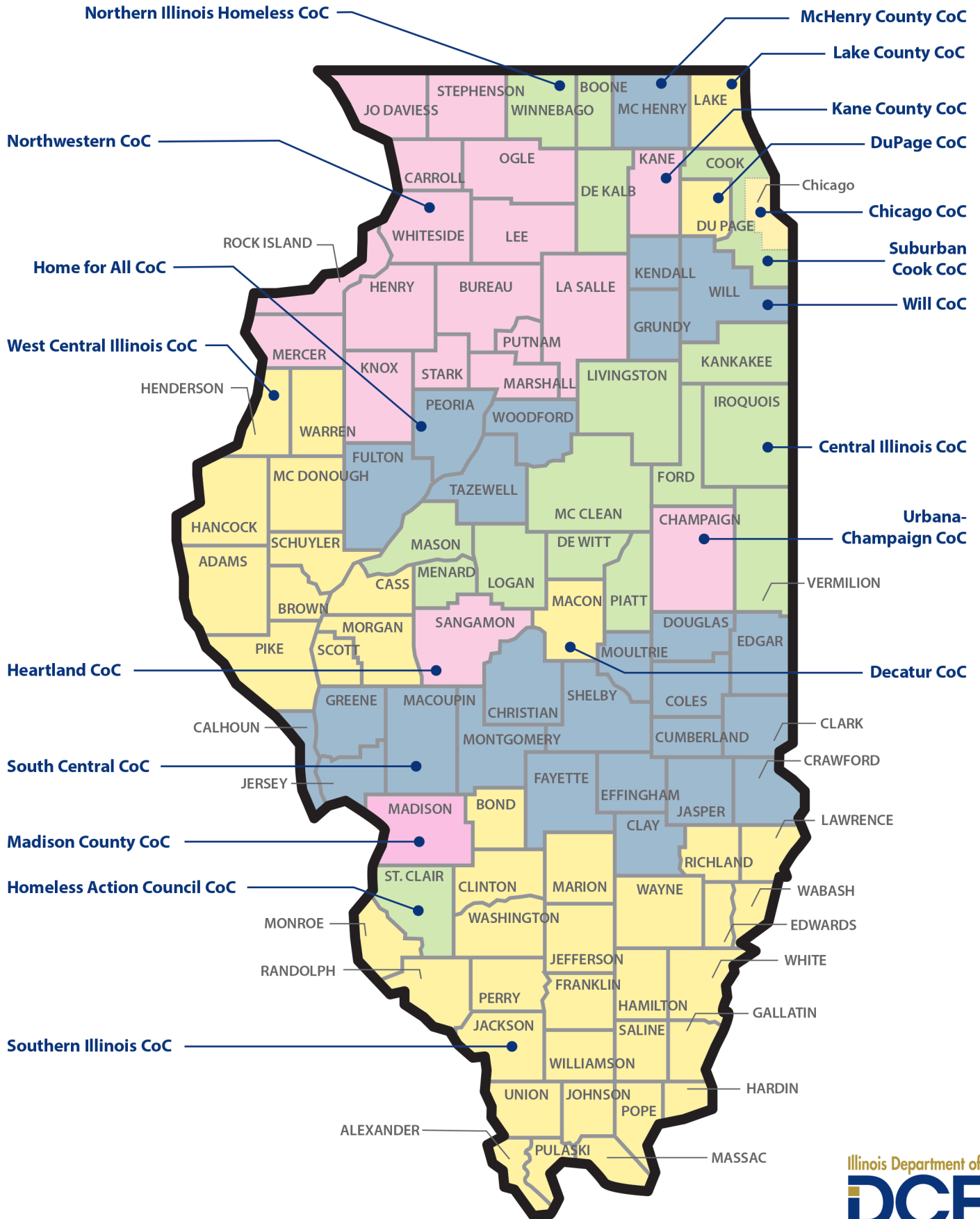
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ILLINOIS CONTINUUM OF CARE MAP





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