

Alliance to End Homelessness in
Suburban Cook County

Strategic Plan 2006-2010

*Summary of Strategic Planning
Workshop November 1, 2005*

Adopted: December 22, 2005

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Strategic Plan, 2006-2010

Summary of Strategic Planning Workshop 11/01/2005

Executive Summary

Dear Community Member,

The idea that homelessness is something that can be ended began a few years ago, based on a framework that if we can prevent homelessness in the first place, and shorten the experience of it when it does occur, we can ultimately end homelessness as we know it. The federal government has embraced the goal of ending chronic homelessness in ten years in the United States. Chronic homelessness refers to being on the street or in a shelter for a year or longer, or repeatedly over the course of a few years.

Chicago, Philadelphia, San Francisco, and over 200 other cities and counties have adopted or begun work on a Ten Year Plan to End Homelessness in their communities. In suburban Cook County, homeless advocates have also begun the process of laying out a strategy to end homelessness.

The main planning body for homeless efforts in the area changed its name in mid-2004 from the “Task Force on Homelessness” to the Alliance to End Homelessness in Suburban Cook County. When the Task Force created its strategic plan for 2003-2005, the group explored the idea of what it would take to end homelessness in our county. In the three years that followed, the Task Force achieved several of its goals identified in that strategic plan, including incorporating as a nonprofit organization, hiring a full-time executive director and staff, and changing its name to reflect its new purpose.

On November 1, 2005, the Alliance convened a strategic planning workshop to set out its goals for the coming five years and identify strategies we believe can ultimately end homelessness in our suburban communities. This report summarizes those ideas.

Highlights

Ending homelessness takes a community-wide effort. A main theme of the strategic planning workshop was how to engage additional stakeholders in the effort. Not only do we need public sector involvement and nonprofit services, but we also need businesses, faith-based communities and others at the table—“people of goodwill” who can take up the cause and expand our efforts community-wide.

Ending homelessness is going to take systems work and advocacy. Homelessness is an economic problem and a housing problem, but it also touches on a variety of other systems, such as employment supports, education, mental health, substance abuse, corrections and so forth. Workshop participants identified particular systems of care and resources that will be necessary to impact homelessness. Building the political will to end homelessness will be a crucial component.

Supportive housing—affordable housing with services built-in—is a proven strategy to break the cycle of homelessness. Specifically, research has shown permanent supportive housing to be particularly effective for people who experience chronic homelessness. The Alliance has identified the need for more permanent supportive housing for two groups in particular—chronically homeless individuals, and families impacted by disability. Additional housing of this type can be created through new projects, as funding allows, and through conversion of some transitional programs to permanent housing.



Good planning begins with good data. Cook County has conducted annual homeless counts for fourteen years, and the Alliance is now working on a homeless management information system to improve our data collection efforts. Good data can show program effectiveness. It can also demonstrate system gaps and help garner support for the most effective prevention and interventions.

Current homeless programs are accountable for results. After ten years of helping people out of homelessness, suburban Cook County's homeless programs are committed to using their collective expertise and resources to maximum benefit. We need to hold each other accountable for preventing and ending homelessness, promoting residential stability, maximizing self-sufficiency, and increasing skills and income.

What's Next

In keeping with the theme, "It takes a community-wide effort," the Alliance is committed to engaging the stakeholders to create a Ten Year Plan to End Homelessness for our county. The strategies outlined in this document will provide a starting point for this plan. *The way to bring this strategic plan for the Alliance to the next level is to engage the community in an effort to adopt a ten year plan.* We encourage community members to review these strategies and join with us in creating a ten year plan.

About the Alliance

The Alliance to End Homelessness in Suburban Cook County coordinates the Cook County Continuum of Care (IL-511) which encompasses homeless assistance efforts throughout all of Cook County, outside of the cities of Chicago and Evanston.

The Alliance brings together a range of services and housing options for homeless people. It convenes a variety of stakeholders to set priorities, collect data, rank project applications and measure outcomes. It coordinates the annual application to HUD for homeless assistance grants and brings approximately \$5 million per year to support over 40 homeless programs in the region.

To learn more about the effort to end homelessness in our county, contact the Alliance at 708/345-4035, or write to suburbancook@sbcglobal.net.

Sincerely,

Jennifer Hill

Jennifer Hill
Executive Director

Kenneth Schmitt

Kenneth Schmitt
Chair, Board of Directors

Susan Shimon

Susan Shimon
Chair, Continuum of Care
Development Committee



Large Group Discussion

Accomplishments

- Transitional housing inventory
- Prioritizing projects, not just based on well-written proposals
- Countywide prevention model
- Cooperation between Community Based Service Areas (CBSA's)
- Organization / structure / 501(c)(3) status
- Project-level partnerships
- Unsheltered count completed
- Successful at getting funding – federal/state/county
- HMIS is in implementation...
- More non-providers involved
- More than money is organizing us
- Regional participation (e.g., Regional Roundtable)
- Emergency triage implemented – SSCH and Alliance shared responsibility for displaced families
- Proactive approach to ending homelessness
- South summit, legislative breakfasts in north
- Organized training opportunities
- Maintaining grassroots autonomy, not a unit of government
- Hired staff
- Persevered through adversity
- Increased trust within group

Barriers/Gaps in Preventing Homelessness

- Lack of affordable housing
- Jobs and transportation availability
- Need for jobs with sustaining income... living wage plus benefits
- Archaic childcare formulas
- Cost of living vs. wages
- Weekend/evening childcare for shift work
- Transit for evening work
- Dead broke leads to deadbeat (a problem on both sides of the family)
- Health insurance gaps
- Mental health/substance abuse barriers
- Jobs/housing mismatch... communities need a mix of housing affordability levels and job opportunities
- Inequity of tax structure
- Job skill level mismatch
- Lack of employment training programs in suburbs
- Need more housing choice vouchers
- Supportive services funding for before (prevention case management) and after (w/in supportive housing)
- For people at risk or homeless—not enough hours in the day to move beyond homelessness (work now, increase skills, etc.)
- Lack of education (early education, adult education)
- Criminal background causes cycle



Partnerships – How are we doing?

Doing Well

- + Prevention - IDHS
- + WSCH connection to IDHS

- + Partnership to End Homelessness
- + Veterans Affairs collaboration
- + United Way- advocacy for social services in state, has ear of corporations/business
- + Project partnerships having multiplier effect on local communities
- + Leveraging substantial outside resources

Need to do better

- Benefits through IDHS, food stamps/TANF
- Local gov't – time involved in nurturing relationships



Small Group Efforts – Overview

The Advocacy Committee, Chronic Homelessness Committee, and the Prevention/Family Committee each drafted a problem statement and goals in advance of the workshop. Six focus areas (listed below) were identified for further development during the workshop.

Based on the number of participants, the workshop facilitators determined that just five of the six topics would be developed further through small group work, and the sixth topic, Advocacy, would be revisited upon completion of the Strategic Plan. This summary document includes goals from all the topic areas, including the Advocacy goals as drafted by the Advocacy Committee in advance of the workshop.

Strategic Plan Focus Areas

- **Engaging Stakeholders:** A Plan to End Homelessness needs to be a Community Plan, with leadership and buy-in from a variety of constituency groups, including the public sector, elected officials, faith-based communities, nonprofit groups, business leaders, and others. The Alliance to End Homelessness is committed to engaging the stakeholders who need to be involved in creating and implementing a community plan to end homelessness.
- **Chronic Homelessness:** Many people who lose their housing may only be faced with homelessness once or twice, or for a short period of time, while others find themselves in the “revolving door” of homelessness. Research shows that supportive housing—affordable housing with services built in—is highly effective in breaking this cycle of chronic homelessness.
- **Family Homelessness:** A family faced with homelessness will experience a challenge very different from that of an individual homeless person. A child’s schooling may be disrupted; children and parents may face separation; the emergency shelter options are more limited. While many homeless families in suburban Cook County are served in transitional housing, we struggle to help families afford housing and find employment over the long term.
- **Systems Prevention:** Ending homelessness will require preventing it in the first place. Other public systems (corrections, mental health, etc.) need better housing options to offer to people leaving an institutional setting so that they do not become homeless upon release. In addition, mainstream resources (food stamps and other benefits) need to reach all poor people, not just poor people with addresses.
- **Outcome Evaluation:** Suburban Cook County’s homeless providers have worked together for ten years to help people out of homelessness. To make best use of our collective resources, we need to hold each other accountable for preventing and ending homelessness, promoting residential stability, maximizing self-sufficiency, and increasing skills and income.
- **Advocacy:** Ending homelessness requires the creative use of public and private resources, cutting-edge housing and services strategies, and greater system accountability. Building the political will to end homelessness is crucial to making a community plan successful in ending homelessness.



Small Group Discussions

Engaging Stakeholders

A plan to end homelessness needs to be a community plan, with leadership and buy-in from a variety of constituency groups, including the public sector, elected officials, faith-based communities, nonprofit groups, business leaders, and others. The Alliance to End Homelessness is committed to engaging the stakeholders who need to be involved in creating and implementing a community plan to end homelessness.

Participants: Fred Shannon, Yvonne Griffin-Bland, Mac Minnick, Edwin Walker IV, Ken Schmitt

The small group identified groups **A**lready involved (“A”) in homeless efforts and groups that are **H**igh priority (“H”) for us to focus on getting involved.

H, A	Cook County government	H	City, town, village governments
H, A	Housing developers/prop. mgmt.	H	Law enforcement/courts
H, A	Substance abuse	H	School districts
H, A	Mental health	H	Homeless Consumers
A	Townships	H	Legislators – state/federal
A	Veterans groups	H	Hospitals/health care
A	Social service providers	H	Library districts
A	Housing advocacy groups	H	Foster care system
A	Nonprofit agencies	H	Local landlords/groups
A	Academia/researchers	H	Business & civic leaders
A	Faith Community	H	Chambers of commerce
A	Faith-based organizations	H	Philanthropy
A	Federal government/institutions	H	Major Employers/Trade groups
A	State government/institutions	H	Banks committed to housing dev.
A	United Way	H	Neighborhood groups

Short Term/18 Month Activities

Goal	Action Steps	Whom to involve	Target dates
Fulfill governance goal of getting consumer and community representation on Alliance board of directors	<ul style="list-style-type: none"> Nominating committee to recruit consumers and community representatives 		July 2006
Engage new stakeholders	<ul style="list-style-type: none"> Orientation materials for recruiting new stakeholders 	Alliance committee	August 2006
Target banking institutions that do development to engage for participation in Alliance	<ul style="list-style-type: none"> Alliance conducts research to identify banking development personnel with investment in community 		April 2007

Long Term/5 Year Activities

Goal	Action Steps	Whom to involve	Target dates
Engagement of corporate leaders	<ul style="list-style-type: none"> Use track record of Alliance, and Alliance contacts. 	Board members of faith-based and other large organizations	2010
Raise other financial resources	<ul style="list-style-type: none"> Capital campaigns 	Big name: Oprah Winfrey or similar	2008



Chronic Homelessness

Many people who lose their housing may only be faced with homelessness once or twice, or for a short period of time, while others find themselves in the “revolving door” of homelessness. Research shows that supportive housing—affordable housing with services built in—is highly effective in breaking this cycle of chronic homelessness.

Problem Statement

During the January 2005 point-prevalence count 199 persons (181 of whom were sheltered and 18 of whom were unsheltered) were identified as chronically homeless in suburban Cook County. According to the data, 31% suffer from a serious mental illness, 50% have an alcohol or substance use disorder, and 21% have a physical or developmental disability. Many of these individuals have co-occurring mental illness and substance abuse. Less than half (43%) of the chronically homeless population has some income, while 55% indicated having no income at all. An evaluation of the data presented above lends itself to a certain conclusion—the chronically homeless population in suburban Cook County exhibits certain physical, developmental, and psychological disabilities that make them especially hard to serve. In order to address the needs of this population, the Continuum must develop new and focused strategies to address this population specifically.

The Current Approach to Addressing Chronic Homelessness

- Chronically homeless individuals are overrepresented in Emergency Shelter beds.
- The current array of available supportive services does not adequately address the multi-faceted needs of those who are chronically homeless.
- Transitional Housing is designed for and works best for families and individuals with income who do not have incapacitating special needs.
- The supply of permanent supportive housing beds is inadequate, given the effectiveness of permanent supportive housing for this population, as evidenced by an almost nonexistent vacancy rate in this type of housing.
- There currently exists no specific system-wide process for addressing the needs of this population.

Continuum’s New Approach to Ending Chronic Homelessness

Successful implementation of any plan requires adequate resources to be targeted to addressing the prioritized needs. Efforts will be focused on providing the following two key elements: 1) an adequate supply of permanent supportive housing, either project- or tenant-based; or 2) a comprehensive supportive services framework needed to maintain housing.

- **Permanent Supportive Housing Opportunities** - For those persons identified by the Continuum as chronically homeless, the Continuum needs to employ a strategy that assists persons to exit their homeless condition as quickly as possible by placing them in permanent housing and linking them to the necessary supportive services.
- **Provision of Comprehensive Supportive Service** - The Continuum must implement a strategy that provides a comprehensive approach to the provision of supportive services for chronically homeless persons in a permanent housing setting. The Cook County Continuum must increase and enhance Continuum-wide outreach, assessment, engagement, and long-term support for persons with serious mental illness, through the establishment of a Continuum Assertive Community Treatment (ACT) team supported by state and federal funding.
- **Continuum of Care System Infrastructure** - Implementing the Cook County Homeless Management Information System (HMIS) will enable the Continuum to manage collected information more efficiently, to improve the effectiveness of service delivery, and to better understand the relationships between service utilization and client outcomes over time.



Short Term/18 Month Activities

Goal	Action Steps	Whom to involve	Target dates
<i>Allocate resources to priority needs of the chronically homeless population</i>	<ul style="list-style-type: none"> Ratify 2005-2006 recommendations from the Chronic Homelessness Committee; 	Alliance	July 2005
	<ul style="list-style-type: none"> Promote and encourage the inclusion of Chronic Homeless goals in Consolidated Plans throughout Cook County 	Alliance and members	2004-2006
	<ul style="list-style-type: none"> Recruit additional housing authorities or nonprofits to apply for mainstream housing vouchers for people with disabilities. 	Chronic Homeless Committee	Jan 2006
<i>Significantly increase permanent supportive housing options and implement Harm Reduction projects that engage the chronically homeless population.</i>	<ul style="list-style-type: none"> Present/host harm reduction workshop; 	Chronic Homeless Cmte.	December 2005
	<ul style="list-style-type: none"> Develop partnership(s) for harm reduction housing model; 	CBSAs	Jan-Feb 2006
	<ul style="list-style-type: none"> Have at least one new permanent housing project submitted, with a minimum of 20 beds, for funding in 2006 that targets chronic homeless individuals through a Harm Reduction Model. 	Alliance members	April 2006
<i>Institute an outreach and engagement project that targets the long-term needs of the chronically homeless. Continue to expand and enhance multi-system partnerships, with an emphasis on mainstream programs and services and on promoting housing stability.</i>	<ul style="list-style-type: none"> Recruit 1-2 mental health providers to develop an ACT team that includes chronically homeless clients. 	Chronic Homeless Cmte.	Oct 2005-Jan 2006
	<ul style="list-style-type: none"> Continue participating in discharge planning via the Regional Roundtable; 	Cynthia Schilsky	Ongoing
	<ul style="list-style-type: none"> Improve utilization of RealBenefits, FirstStep, and other benefit screening tools among providers; 	CBSA, Alliance members	Ongoing
	<ul style="list-style-type: none"> Work to improve relationship with mainstream organizations, such as the Social Security Administration, IL Dept of Human Services and other public agencies. 	Chronic Homeless Cmte.	Jan – March 2006 (ongoing)
	<ul style="list-style-type: none"> Develop feasibility of street outreach programs throughout suburban Cook County, to include mental health, substance abuse, and medical services for the street population. 	Chronic Homeless Cmte	April – October 2006
<i>Create a seamless housing and service infrastructure that supports the systemic issues of the chronically homeless and provides for the long-term support of their needs.</i>	<ul style="list-style-type: none"> Work with HMIS committee to ensure chronic homelessness is adequately tracked via the HMIS software. 	Chronic Cmte./HMIS Committee	July 2005-July 2006
	<ul style="list-style-type: none"> Create chronic homelessness outcome data reports through HMIS. 	HMIS committee	June 2006



Five Years/Long-Term Activities:

Goal	Action Steps/Recommendations
<i>Allocate resources to priority needs of the chronically homeless population</i>	<ul style="list-style-type: none"> The Continuum of Care will propose strategies, develop projects, and identify a resource allocation plan that focus on addressing the priority needs of the chronically homeless in suburban Cook County
<i>Significantly increase permanent supportive housing options and implement Harm Reduction projects that engage the chronically homeless population.</i>	<ul style="list-style-type: none"> Develop 100 beds for chronically homeless persons in the form of permanent supportive housing, safe havens, and harm reduction housing models
<i>Institute an outreach and engagement project that targets the long-term needs of the chronically homeless. Continue to expand and enhance multi-system partnerships, with an emphasis on mainstream programs and services and on promoting housing stability.</i>	<ul style="list-style-type: none"> Create an Assertive Community Treatment (ACT) team. Develop a coordinated and comprehensive supportive service implementation system for 100 chronically homeless persons living in permanent supportive housing. Develop and implement a street outreach program model that includes substance abuse, mental health, and medical services to street population.
<i>Create a seamless housing and service infrastructure that supports the systemic issues of the chronically homeless and provides for the long-term support of their needs.</i>	<ul style="list-style-type: none"> The implementation of the Alliance HMIS system will aid in effective coordination of housing and supportive services for chronically homeless persons in suburban Cook County.

Small Group Discussion

Participants: Sue Shimon, Mike Wasserberg, Khen Nickele, Eileen Higgins, Lynda Schueler, Renae Wilson

What are some ways to prevent chronic homelessness?

- Have housing system in place—from safe haven to harm reduction to affordable housing to permanent supportive housing.
- Prevent homelessness in general.
- Develop engagement system to rapidly identify needs, encourage autonomy, be seen as support and not control
- Identify the issue that leads/contributes to chronic homelessness, have the services that address it, and not have time constraints as to how long to support person before the person must move on.

What are some ways to break the cycle of homelessness?

- Better discharge planning, with time to do the planning, someone to do the planning, time to consider and evaluate alternatives.

What data questions do we want to answer to articulate the need or measure outcomes in ending chronic homelessness?

- Count homeless who enter hospitals, jails.
- Count homeless leaving hospitals/jails into homelessness. (Talk to Supportive Housing Providers Association about their study and using that data.)
- Count of homeless in unstable housing.
- Need HMIS to provide longitudinal data (e.g., housed 30 days, 6 months, 1 year)
- Develop a housing history of individuals at intake to identify if chronically homeless.

Alliance to End Homelessness

in Suburban Cook County



- Make a category of chronic without a disabling condition and track it.

■ *What additional resources or expertise do we need to end chronic homelessness?*

- Additional data, services, resources, research team



Family Homelessness

A family faced with homelessness will experience a challenge very different from that of an individual homeless person. A child's schooling may be disrupted; children and parents may face separation; the emergency shelter options are more limited. While many homeless families in suburban Cook are served in transitional housing, we struggle to help families afford housing and find employment over the long term

Problem Statement:

Family Homelessness generally:

According to USA Today analysis of the count of homeless persons done for HUD in 2005, families with children make up 42% of the total homeless population. The Chicago Coalition for the Homeless states that the average age of a homeless person in the US is 9 years old. In the same USA TODAY article, it was noted that families with children are the fastest growing segment of the homeless population. "In a low-wage, service economy with manufacturing declining and rents soaring, people can't afford housing," according to Christine Riddle, of Michigan Coalition for the Homeless. Rita Markley, executive director of the Committee on Temporary Shelter in Burlington, VT is quoted as saying that the administration's emphasis on helping single men and women has shortchanged children. SHP has families as a priority along with chronically homeless. According to the US Dept of HHS, children are homeless on average 10 months at a time and 25% of homeless children are homeless more than once. The experience of homelessness extracts a toll on children on families; homeless children are more likely to be hospitalized, visit emergency rooms, have behavior problems, suffer developmental delays, and suffer from inadequate nutrition than their housed peers who are also poor.

Suburban Cook County related to families at risk:

According to the 2000 U.S. Census, in suburban Cook County:

- The rental vacancy rate is 4.2% (tight, according to HUD).
- Renter-occupied housing units make up 25.7% of the housing stock.
- 15% of the population between 21 and 64 have a disability; 62.1% of these are employed.
- 11.6% of the population report speaking English "less than very well."
- 34% of the population over 16 is not in the labor force; 66% is in labor force.
- 29,286 families in suburban Cook County live below the federal poverty level.
- 19.7% of families with related children under 18 with "no husband present" live below the poverty level (12,022 families).
- 27.9% of the population of suburban Cook County pay 35% or more of their household income toward rent.
- 18.9% of rental households in Cook County pay 50% or more of their household income toward rent.

Statistics from national studies about the nature of homeless families:

- Female headed late 20's with 2 small children (young children represent higher risk as do ethnic minorities)
- Family separations link (due to substance abuse, domestic violence, institutionalization)—more likely to have experienced separation from children,
- More likely to have exhausted social support network, or social support network is source of conflict, trauma, violence (both domestic violence and community violence)
- Homeless families have substantial capital needs (low education, poor work history); residential history marked by mobility and instability; high rates of acute and chronic health issues despite arguable access; mental health issues mirror those of other poor women, with depression most prevalent, but needs tend to be unmet; substance abuse higher than other poor women but not as prevalent as adult homeless pop.
- Children more likely to have – health problems; suffered violence (long term effects of homelessness on school performance may be irreversible)



Definitions:

- Family: parent, parents, or adult(s) with minor child(ren) in their direct care.
- Homeless family: a family who is without a stable, safe, permanent place to sleep at night; living in a shelter or transitional housing; or in a facility or place that is not permanent housing.
- Chronically homeless family: a homeless family with a disabled family member that has been homeless for more than one year or has had three or more episodes of homelessness in the past 4 years.

Short Term/18 Month Activities

Goal	Action Steps
<i>Increase funding and access to homeless prevention and housing subsidies for families</i>	<ul style="list-style-type: none"> ▪ Develop and implement plan to access Rental Support Program funds for families to maximum extent possible ▪ Continue to participate in Homeless Prevention Program at maximum level possible ▪ Identify and advocate for funds for supportive services for at-risk families and those accessing Prevention and rental subsidy programs ▪ Identify a Financial Literacy curriculum and implement plan to build skills for at-risk families
<i>Increase Permanent Supportive Housing for families including at least one project as part of CoC SHP submission in 2006 and 2007</i>	<ul style="list-style-type: none"> ▪ Monitor and support current projects in development ▪ Monitor, support and advocate for current projects seeking conversion from transitional to permanent supportive housing ▪ Encourage new projects or conversions to make sure there is at least one permanent project ▪ Advocate that HUD prioritize families in same manner as chronically homeless individuals ▪ Advocate that HUD include families in definition of chronically homeless
<i>Know more about homeless and at risk families in suburban Cook County</i>	<ul style="list-style-type: none"> ▪ Gather data about families using services including prevention services—would any fit chronic definition? ▪ Use government and other stats to evaluate needs and numbers of at-risk families ▪ Use data on impact of homelessness on families, particularly children, in advocacy for family programs as a priority ▪ Use HMIS to provide aggregate data
<i>Increase affordable housing for families</i>	<ul style="list-style-type: none"> ▪ Support and participate public awareness activities re need for affordable housing in all communities ▪ Alliance convene groups that can plan, develop and implement affordable housing for families
<i>Examine best practices for responding to and ending family homelessness</i>	<ul style="list-style-type: none"> ▪ Research what strategies and best practices/models are effective—including rapid re-housing, recovery models, homeless and chronic families ▪ Educate ourselves and the community about best practices; Share our own best practices and research ▪ Seek innovative responses to family homelessness and forge partnerships to respond
<i>Increase knowledge of resources with view to improving access and availability</i>	<ul style="list-style-type: none"> ▪ Identify resources we use, and share knowledge ▪ Spread info regarding resources including Prevention, FEMA, LIHEAP, etc. ▪ Advocate with safety net services to improve access and eligibility screening, including computer-based applications ▪ Use HMIS to increase information sharing within CoC



Five Years/Long-Term Activities:

Goal	Action Steps
<i>Ensure that all Cook County families have decent, safe and affordable housing</i>	<ul style="list-style-type: none"> ▪ Increase number of housing subsidies available to suburban Cook families including those with disabled family member ▪ Increase capacity and partnering to develop permanent, affordable housing to meet needs of homeless and near homeless families, including use of HOME funds ▪ Increase not only funding but also supportive services to prevent first time homelessness ▪ Include use of HOME funds for Tenant Based Rental Assistance in next Cook County Consolidated Plan.
<i>Fully integrate health and social services to prevent homelessness and reduce the time families are homeless</i>	<ul style="list-style-type: none"> ▪ Identify all resources available to families at risk of homelessness and develop and implement a strategy to coordinate those to prevent homelessness and reduce time being homeless ▪ Identify barriers to accessing these resources and advocate to eliminate them
<i>Reduce the amount of time homeless families remain in emergency or transitional housing</i>	<ul style="list-style-type: none"> ▪ Improve initial assessment capacity ▪ Increase amount of permanent affordable or subsidized housing ▪ Increase amount of supportive services available to sustain housing for all those needing it ▪ Improve the range and quality of services to support reducing time of homelessness
<i>Ensure that unique and complex needs of at-risk and homeless children are addressed in comprehensive and coordinated way.</i>	<ul style="list-style-type: none"> ▪ Support enforcement of homeless education statutes ▪ Raise awareness at broad based community of the impact of homelessness on children and families ▪ Advocate with funding sources, e.g. HUD, to prioritize the needs of homeless children and families especially those defined as chronically homeless – broaden definition of homelessness as our definition above.
<i>Build human capital and capacity through high quality employment, training and education programs to promote the securing of living wage jobs with benefits</i>	<ul style="list-style-type: none"> ▪ Improve access to training for living wage jobs with marketable skills ▪ Create links between jobs and job seekers ▪ Develop specialized programs to meet homeless families' needs

Small Group Discussion – Family Homelessness:

Participants: Courtney Suchor, Arie Davis, Ron Jordan, Raul Rodriguez, Marie Vesely

▮ *What are some ways to prevent family homelessness?*

- Living wage and benefits
- Housing affordable in relation to income from work that accommodates children
- Two parents (incomes)
- Childcare
- Community services
- Support: rental support/housing choice

▮ *What are some ways to shorten the experience of homelessness among families?*

- More carefully identify barriers
- What is our goal and agenda?
- More funding for permanent housing, not necessarily disability
- Rolling stock transitional housing
- Institutionalized system of housing support



- When the rent crisis comes up, how do we keep the funding?
- Best practices
- Graduated payments—begin paying less and then increase

What data questions do we want to answer to articulate need or measurement outcomes in ending family homelessness?

- Why homeless? What chance of homelessness among families accessing prevention resources?
- Chronicity/recidivism—HMIS to track better, but don't wait to help
- Awareness of resources
- Rely on informal networks/faith community, not where did you go first (no wrong door)
- Outcomes—What family fears, what they “settle” for
- Vision of self toward a future
- Numbers of female-headed households
- Involvement of men

What additional resources or expertise do we need to end family homelessness?

- Research what other communities are doing
- Identify best practices



Systems Prevention

Ending homelessness will require preventing it in the first place. Other public systems (corrections, mental health, etc.) need better housing options to offer to people leaving an institutional setting so that they do not become homeless upon release. In addition, mainstream resources (food stamps and other benefits) need to reach all poor people, not just poor people with addresses.

Goal	Action Steps
Data Collection regarding discharge planning	<ul style="list-style-type: none"> Youth homeless providers Child welfare and juvenile justice system Court diversion program—do we even have one in CC? City & DuPage do.
Identify issues unique to Cook County	<ul style="list-style-type: none">
Develop connections and promote best practices with State of Illinois public systems impacting homelessness.	<ul style="list-style-type: none"> Sort out IDES (IL Dept of Employment Security) system and resources. Determine resources/connections available through CBSAs Improve CBSA connections to IDHS (IL Dept of Human Services) Sort out child welfare system and resources. Support Regional Roundtable initiatives around mainstream benefits and discharge planning
Resources – is a directory the best way to disseminate this info?	<ul style="list-style-type: none"> Does DuPage Federation already have a resource directory available?
Improve and automate eligibility screening for public benefits for our program participants.	<ul style="list-style-type: none"> Promote screening tools like First Step, Real Benefits, govbenefits.gov.
Train program staff on mainstream resources / public benefits	<ul style="list-style-type: none"> DuPage Federation trainings offered

Small Group Discussion:

Participants Names: Mary Ann Romeo, Cynthia Schilsky, Suzanne Hopkins, Jennifer Hill, Shaun Pyron

Identify what “systems of care” other than homeless services need to be involved in ending homelessness in suburban Cook County:

(A) Place an “A” next to groups that are Already involved in some way.

(DP) Place a “DP” next to high priority groups to engage regarding Discharge Planning.

(M) Place an “M” next to high priority groups to engage regarding Mainstream resources.

A, DP	Jails/Prisons	N/A	Disability Services
?	Court diversion programs	?	Vocational Rehab
?	Juvenile justice	M	Workforce Boards
?	Foster care	A, M, DP	Social Security
DP, M, A	Veterans/military service	A, DP, M	IL Dept of Human Services
DP, A	Hospitals/health care	A, M	Entitlement communities/local & county government
DP, M, A	Mental health facilities		
DP, M, A	Substance abuse treatment		

Others

- Getting housing to be included in current discharge planning programs
- Concern about social service departments being eliminated from many hospitals
- Learn from AIDS Foundation/CHHP project

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What data questions do we want to answer in order to advocate for improved discharge planning and better use of mainstream resources?

- PADS: where are the clients coming from? Entry from hospital discharge?
- What is the expense of ER visits (David Buchanan as resource)?
- We need to develop our knowledge of the juvenile system, establish stronger connections with child welfare, and expand information from our youth homeless providers.
- Track the feedback provided on the VA-mandated program regarding discharge planning for incarcerated vets in IL



Outcome Evaluation

Suburban Cook County's homeless providers have worked together for ten years to help people out of homelessness. To make best use of our collective resources, we need to hold each other accountable for preventing and ending homelessness, promoting residential stability, maximizing self-sufficiency, and increasing skills and income.

Goal Setting: Short Term/18 Month Activities

Goal	Action Steps
Assessment of what agencies are doing	<ul style="list-style-type: none"> ▪ Contact all agencies to gather and disseminate information ▪ Engage Townships
Develop Outcome Evaluation tool	<ul style="list-style-type: none"> ▪ What are other Continuua doing?
Leveraging partnerships	

Small Group Discussion:

Participants Names: Tom Galassini, Amy Ernstes, Nick Kuscevich, Karen Stunkel

What does success look like for different types of programs?

PREVENTION:

- Knowing resources exist
- Knowing how to access available resources
- Timely case management
- Outreach and education (identify factors)
- I&R/Linkages
- Tracking for follow-up and follow-through

EMERGENCY:

- Sufficient beds in areas needed; track utilization and vacancy
- On-site case management/assessment/I&R for housing
- Everyone is eligible (non-standard client—substance abuse, mental health), harm-reduction policy / low-demand

TRANSITIONAL:

- Lead to permanent housing, family stability, available resources
- Increase rolling stock transitional housing
- Clients stick to plan (intake, goal setting, evaluation); tools and incentives

PERMANENT:

- Safe, affordable, with access to transportation, employment, education, supportive services as necessary.
- Clients maintain permanent housing

SUPPORTIVE SERVICES:

- Accessible services, client keeps to plan, demonstrates self sufficiency,
- Preventing relapse

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What data questions do we want answered through the Homeless Management Information System (HMIS) or other sources to measure program effectiveness?

- Client history of services, travel through system, what timeline?
- Points of entry and at what service level
- Monitor relapse and re-entry



Advocacy

Ending homelessness requires the creative use of public and private resources, cutting-edge housing and services strategies, and greater system accountability. Building the political will to end homelessness is crucial to making a community plan successful in ending homelessness.

To a large degree, the success of any plan to end homelessness hinges on the creation of new resources and the preservation of current resources. For example, if there is to be an attempt to increase the supply of permanent housing in Cook County, then either current HUD funding must be reallocated to permanent housing, or new funding sources for permanent housing must be located.

One role of advocacy, then, is to work on resource creation. As evidenced by the successful campaign for the Illinois Rental Support Bill, it is possible to use advocacy to develop essential resources.

A second role for advocacy is to preserve existing resources. Homeless funding is always vulnerable to possible reductions, since our constituency does not tend to be viewed as a major powerbroker. For instance, at the federal level, proposals have been made to cut both the Community Services Block Grant and the Community Development Block Grant by 50% or more. The potential for loss of key funding also exists at the state level, where the Illinois Affordable Housing Trust Fund and the Emergency Food and Shelter Grant have been targeted for capture where there have been revenue deficits.

A third role for advocacy is to develop relationships with key strategic allies. Often this is done in the context of an advocacy campaign, but relationship development for its own sake can be prioritized. Efforts made to position the Alliance as a knowledgeable, helpful resource to public officials and other key stakeholders lead to future results that cannot always be anticipated but, more often than not, are beneficial.

A fourth role is to raise awareness about homelessness for the public in general. To really galvanize a large movement to end homelessness, people of good conscience must make ending homelessness a priority. Often this involves providing education both about the causes of homelessness and about the true solutions. Knowledge is a truly effective combatant to stigma and prejudice. Participating in the general discourse about poverty, social responsibility, and effective social change, then, is a key component of advocacy.

Other roles for advocacy include providing testimony and commentary where it is relevant; monitoring the implementation of policy initiatives (such as the current work to ensure that the new Rental Support Program is usable to Alliance members); and developing policy to meet unmet needs (such as working with HUD to overcome barriers to the creation of permanent housing).

Current Approach

With the Alliance's advocacy committee just getting underway, the approach to advocacy has been to be involved with existing advocacy campaigns. In particular, a close link exists (due to the relationships of some Alliance members) between the work of Housing Action Illinois, Supportive Housing Provider Association, and the Alliance. Alliance staff distributes action alerts from statewide groups, requesting that Alliance members contact their legislators.

The Alliance has also played a role in trying to impact the Consolidated Planning process for Cook County and the various entitlement communities within the county. Alliance staff prepared talking points on how to use HOME, CDBG, and ESG funds in a coordinated way to end homelessness, and Alliance representatives attended various community meetings. Although tangible success was limited, this effort was a solid first effort to be more involved in Consolidated Planning.

New Directions

With the creation of an Advocacy Committee, the Alliance has made a commitment to increase its advocacy work. Currently the Committee is prioritizing specific actions, such as the creation of a workable Rental Support Program and the support of a statewide campaign to increase prevention funds. Mobilizing Alliance members to participate in existing campaigns will continue to be a major priority.

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A second priority will be to increase the capacity of the Alliance to undertake advocacy that is specific to the needs of Alliance members. This includes becoming involved in Cook County’s budgeting process and Consolidated planning process, and analyzing whether the upcoming Cook County elections present opportunities for relationship development and/or pursuing specific policies. As the Alliance’s involvement in advocacy deepens, opportunities for pursuing the Alliance’s needs will likely become apparent.

18-Month Goals

Goals	Action Steps
1. Monitor the creation of the Rental Support Program so that it is usable for Alliance members.	
2. Participate in the statewide campaign to increase prevention funds.	
3. Participate in the exploration of a statewide network of homeless service providers.	
4. Begin to research the budgeting process and Consolidated planning process for Cook County and other entitlement communities.	
5. Begin relationship development with key legislators and government officials.	
6. Explore participation in the National Homeless Persons’ Memorial Day and National Hunger & Homelessness Awareness Week.	

5-Year Goals

Goals	Action Steps
1. Participate in statewide campaigns to increase homeless resources.	1. Explore the creation of a statewide campaign for supportive services
2. Ensure that the Alliance is well-known to key government officials and politicians.	
3. Determine how to have impact within the Cook County government structure.	
4. Help Alliance members determine how best to impact their local governments.	
5. Participate in federal, state, and local initiatives to increase and/or preserve federal homeless resources.	
6. Create policy initiatives to support the Alliance’s plan to end homelessness.	
7. Inform and mobilize Alliance members to participate in their respective Consolidated planning processes.	
8. Explore ways to impact and involve private philanthropy and business partners.	
9. Engage stakeholders that are a necessary part of a community plan to end homelessness.	
10. Explore ways to get the Alliance’s agenda onto the agenda of advocacy organizations and other key strategic allies.	



Discussion Topics

There was no small group discussion on advocacy at this retreat.

- What HOUSING resources/system changes are needed to PREVENT homelessness?
- What SERVICE resources/system changes are needed to PREVENT homelessness?
- What HOUSING resources/system changes are needed to SHORTEN the experience of homelessness?
- What SERVICE resources/system changes are needed to SHORTEN the experience of homelessness?
- What data questions do we want to answer to support our advocacy to end homelessness?



Evaluations

Twelve (12) evaluation forms were returned.

What did we accomplish today?

- Provided a macro look at homelessness
- Discussion about where we want to go – what we want to do.
- Assessed history and progress, reviewed data and information, began planning in small groups
- Good start
- Provided an open and supportive environment toward the encouragement of productive discussion and brainstorming
- Laid the foundation for an integrative and comprehensive approach in developing a plan to end homelessness
- Gathered helpful input from Board members.
- Thinking about strategic planning. Identified that many areas where need more info to do planning.
- We started the planning. We shared accomplishments of past 10 years. We worked in a climate of openness and trust and respect.
- Overview direction
- A working task force in action

What do we need to spend more time on in the future?

- Educating ourselves so that we can take our message out.
- Fleshing out the details of the action steps. Who's on what committee – job responsibilities
- We need to quickly follow up on this phase one of our process by moving to next phase and setting the plan in place.
- Focus on continuing planning in six target areas. Be more specific in establishing goals and objectives.
- Working on ways to involve a variety of entities in the planning process including administration, front-line workers and consumers as well as other community organizations which could work as allies to the Alliance
- Fine-tuning of our strategic plan
- What do we need to know and where do we find it?
- Implementation details.
- Individual groups

What ideas or thoughts made the biggest impression on you today?

- We all agree we need more info – need more info on best practices. Overlap of ideas in the group. “People of goodwill.”
- Need to think big. Need to have a track record.
- Overall consensus to work toward a strategic plan
- Need to broaden the stakeholders who are at the Alliance table.
- Most groups identified that more information was needed.
- There was no reference to contacting gov't – or HUD money – focus was on ideas
- All good... Just the desire to work together by participants
- The fact that everyone present seemed to display an invigorating amount of energy toward the goal of ending homelessness even in the face of the overwhelming nature of meeting this goal (as evidenced in the variety of information presented).



- Need to engage stakeholders in the Plan to End Homelessness – (widen and diversify our Board membership).
- The collaboration

What are your thoughts on how this workshop was organized?

- Very well organized. Engaging. Great timekeeping. ☺
- Well organized. Small group time seemed short.
- The format of presenting and the follow up of discussion was in my opinion very efficient. I think it served as a way to maintain interest and participation throughout the workshop. Small group work was great way to allow everyone's voice and opinion to be heard and grant them the feeling of being actively involved.
- Great! Next time, start at 11, finish by 3? Start at 12, finish by 4? for transportation issues
- Well organized – where now?
- Well organized, good start.
- Well-organized and well-presented.
- Well organized
- Well organized
- It was good
- Excellent

Who else needs to be involved in the effort to end homelessness in suburban Cook? (And are you willing to help contact them?)

- How to involve effectively is 1st question I think – how can we get info to others so they see our arguments/efforts as compelling and think of creative ways to engage them on their terms.
- I think we need to involve legislators more – Developers – Business – Job Providers
- Townships and county (yes to contact – Karen S.)
- Governing body, private sector, elected officials
- Political entities. Vocational entities.
- Persons belonging to the high priority groups, identified on page 1 of the Worksheet – Engaging Stakeholders.
- Agencies conducting research on homeless population (if in existence).
Agencies/organizations with knowledge on service/program evaluation or those who have already produced or implemented such tools. Consumers.

Other comments:

- I recommend you challenge ALL of the attendees to bring a new face to the next meeting and double your participation.
- Good job Jennifer. Keep us moving ahead
- Good Job



Participants

Arie Davis, IL Dept of Corrections
Mark Enenbach, CEDA Central
Amy Ernstes, Alliance/Loyola University
Tom Galassini, United Way of Metropolitan Chicago
Yvonne Griffin-Bland, Sanctuary
Eileen Higgins, Catholic Charities
Jennifer Hill, Alliance
Suzanne Hopkins, Alliance
Ron Jordan, CEDA Northwest
Nick Kuscevich, Community member
Mac Minnick, Evangelical Lutheran Church in America
Khen Nickele, IDHS Div. of Mental Health
Shaun Pyron, Alliance
Nancy Radner, Partnership to End Homelessness
Raul Rodriguez, Harris Bank
Mary Ann Romeo, Hines VA Hospital
Cynthia Schilsky, West Suburban Council on Homelessness
Ken Schmitt, YMCA Network
Lynda Schueler, West Suburban PADS
Fred Shannon, Catholic Charities
Susan Shimon, WilPower
Karen Stunkel, Home of the Sparrow
Courtney Suchor, Sanctuary
Marie Vesely, Connections for the Homeless
Edwin Walker, The Salvation Army
Mike Wasserberg, South Suburban PADS
Renae Wilson, Alliance

Hosted by:

Metropolitan Family Services--Southwest
10537 S. Roberts Road
Palos Hills, Illinois

Facilitated by:

Jennifer Hill, Alliance to End Homelessness in Suburban Cook County, and
Susan Shimon, WilPower, Inc.



Appendix: Shelter and Housing Inventory for Suburban Cook County

ALL	2005 Beds		
	Total Year-Round	Seasonal	Overflow/Voucher
Emergency	216	326	69
Transitional			
▪ Leasing Rolling Stock	368		
▪ Leasing Temporary	77		
▪ Project-Based	130		
Permanent			
▪ Leasing	140		
▪ Project-based	18		

ALL (%)	2005 Beds		
	Total Year-Round	Seasonal	Overflow/Voucher
Emergency	16%	24%	5%
Transitional			
▪ Leasing Rolling Stock	27%		
▪ Leasing Temporary	6%		
▪ Project-Based	10%		
Permanent			
▪ Leasing	10%		
▪ Project-based	1%		

North	2005 Beds		
	Total Year-Round	Seasonal	Overflow/Voucher
Emergency	49	107	2
Transitional			
▪ Leasing Rolling Stock	144		
▪ Leasing Temporary	68		
▪ Project-Based	75		
Permanent			
▪ Leasing	6		
▪ Project-based	8		

West	2005 Beds		
	Total Year-Round	Seasonal	Overflow/Voucher
Emergency	29	89	5
Transitional			
▪ Leasing Rolling Stock	113		
▪ Leasing Temporary	9		
▪ Project-Based	27		
Permanent			
▪ Leasing	38		
▪ Project-based	0		

South	2005 Beds		
	Total Year-Round	Seasonal	Overflow/Voucher
Emergency	138	130	62
Transitional			
▪ Leasing Rolling Stock	111		
▪ Leasing Temporary	0		
▪ Project-Based	28		
Permanent			
▪ Leasing	96		
▪ Project-Based	10		

Housing Inventory

	North	%	West	%	South	%	Totals	%
Emergency Beds	158	26%	123	20%	330	54%	611	45%
Transitional Beds	287	50%	149	26%	139	24%	575	43%
Permanent Beds	14	9%	38	24%	106	67%	158	12%
Totals	459	34%	310	23%	575	43%	1344	100%

Homeless Individuals and Families

	Emergency Shelter	Transitional Housing	Permanent Housing	Unsheltered
Individuals	326	81	72	55
Of these, chronically homeless	124	38%	57	70%
Families (# persons)	129	488	65	6



Appendix: Members, Board of Directors for the Alliance, 2005-2006

Kenneth Schmitt (Chair)

*Director, Housing & Supportive Services,
YMCA of Metropolitan Chicago*

Eileen Higgins (Vice Chair)

*Department Director,
Catholic Charities of the Archdiocese of Chicago*

Raul Rodriguez (Treasurer)

Vice President, Community Affairs, Harris Bank

Susan M. Shimon (Secretary)

Executive Director, WilPower, Inc.

Richard Koenig (Past Chair)

*Executive Director,
Housing Opportunity Development Corporation*

Thomas E. Hinchy (County Liaison)

*Homeless Programs Coordinator, Housing Div, Cook
County Dept. of Planning & Development*

Beverly Christmon

*Social Services Program Planner IV (LAN Liaison),
Illinois Department of Children and Family Services*

Ms. Gerry DuPaty

*Special Programs Manager,
Housing Authority of the County of Cook*

Mark Enenbach

Vice President/COO, CEDA of Cook County

Thomas J. Galassini, CPA

*Director of Community Investment,
United Way of Metropolitan Chicago*

Yvonne Griffin-Bland

*Outreach/Employment Specialist,
The Sanctuary*

Douglas Jones

Secretary, Michael Joseph Foundation

Malcolm L. Minnick, Jr.

*Retired Lutheran Church Executive,
Evangelical Lutheran Church in America*

Kelli Moore

Director of LATH, The Pillars Community Services

Khen Nickele

*Manager, IL Department of Human Services/Division
of Mental Health*

Mr. Lenoris Perkins

Human Resources, Bethel Human Resources, Inc.

Tamika Perry

Housing Specialist, Vital Bridges

Nancy Radner

Executive Director, Partnership to End Homelessness

Patrick Rodgers

Field Representative, Social Security Administration

Mary Ann Romeo

VISN 12 Homeless Coordinator, Hines VA Hospital

Cynthia Schilsky

Chair, West Suburban Council on Homelessness

Lynda Schueler

Executive Director, West Suburban PADS

Mary A. Schurder

Executive Director, The Center of Concern

Fred Shannon

*Regional Services Representative, Catholic Charities of
the Archdiocese of Chicago*

Marie Vesely

*Director of Program Services,
Connections for the Homeless*

Edwin Walker, IV

*Director, Service Extension Department,
The Salvation Army -Metropolitan Division*

Mike Wasserberg

Executive Director, South Suburban PADS

Sandy Williams

*Development Coordinator,
Journeys from PADS to HOPE*