



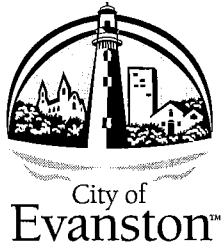
# HEADING HOME

WORKING TO END HOMELESSNESS

A FIVE-YEAR PLAN FOR THE CITY OF EVANSTON, IL

Mayor's Task Force on Homelessness

April 2012



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**Elizabeth B. Tisdahl**  
**Mayor**

April 4, 2012

Dear Citizens of Evanston,

I am pleased to present "Heading Home" Evanston's community-wide plan on homelessness. In developing its own plan, Evanston joins with over 240 cities, states and regions across the country that have created and implemented plans to move from managing homelessness to ending it. Over the past 14 months, the Mayor's Task Force on Homelessness, representing individuals from all sectors of the community, has worked hard to learn about and understand the issue of homelessness and develop workable recommendations that we as a community can work to make a reality.

Evanston has always been a community that has prided itself on its compassion, diversity and depth of services to help those in need. Yet, while efforts have been underway for some time, the problem of homelessness is getting worse. We know that 1000 people, at a minimum, with ties to Evanston, are homeless and there are many more at risk of homelessness. It is time not just to "manage homelessness" but to move forward in solving the issues creating and sustaining it.

Heading Home is intended as our community's roadmap. Its implementation will involve all sectors of the community. I hope you all will join this effort and truly give those who are homeless in Evanston a way home.

Sincerely,

Elizabeth Tisdahl  
Mayor

# The Mayor's Task Force on Homelessness

## Co-Chairs

Suzanne Calder, Community Volunteer

Karen Singer, YWCA Evanston/NorthShore

<b>Name</b>	<b>Affiliation</b>
Joyce Bartz	District 65
Debbie Bretag	Housing Options
Sidney Caselberry	McGaw YMCA
Paola Flores	Washington School
Kavork Hagopian	Presbyterian Homes
Oscar Hawthorne	District 202
Alderman Delores Holmes	Evanston City Council, Fifth Ward
Karen Hunt	League of Women Voters
William Kolen	Legal Assistance Foundation
Dan Lewis	Northwestern University
Janice Lindquist	Resurrection Health Care, Saint Francis Hospital
Joe Liss	Chamber of Commerce
Reverend Velda Love	Second Baptist Church
Kate Mahoney	Woman's Club of Evanston
Kevin Mott	Evanston Community Foundation
Sue Murphy	Interfaith Action of Evanston
Alderman Ann Rainey	Evanston City Council, Eighth, Ward
Paul Selden	Connections for the Homeless
Dorothy Williams	Family Focus
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## **Staff**

Officer Ron Blumenberg	Evanston Police Department
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## Executive Summary

With at least ten percent of our fellow residents in Evanston either homeless or at-risk of becoming homeless, “Heading Home: Working to End Homelessness - a Five-Year Plan for the City of Evanston, IL” is both timely and needed. When in place, the plan will change the approach of dealing with the homeless or at-risk of homeless population from one of *managing* homelessness to one of *ending* homelessness. Adopting a plan is not a unique undertaking as over 240 communities, counties or states have laid out their plans with goals and methods that are best suited for their community.

The at-risk of becoming homeless accounts for nearly 80% of this population. The 20% who are actually homeless include: people who are living doubled up with friends or family, but do not actually have their own home; people living in transitional housing (supportive housing for two years) or in a shelter; and those who have no housing at all and are living on the street. With the implementation of computer software in 2007 to track people who receive services, there is documentation that the numbers of homeless and at-risk population have grown significantly in the intervening years.

To end homelessness, “Heading Home” asserts there are two things we must do: prevent people from becoming homeless and re-house those who are homeless. The plan calls for a Housing First strategy that assumes that a person or family can better deal with the causes of their homelessness when they are assured stable housing.

“Heading Home” puts forth six recommendations:

- I. Establish a Housing and Homeless Commission
- II. Make Housing Affordable and Develop More Affordable Housing for Homeless People and Those At-Risk of Homelessness
- III. Coordinate the Community Response for Increased Capacity and Efficiency
- IV. Create More Job Opportunities and Vocational Training
- V. Target Existing Resources Toward Proven Strategies and Leverage Additional Funding
- VI. Educate and Reach Out to the Community About the Solutions to Homelessness

It is important to note that the plan does not call for additional resources from the City. It recommends retargeting funding to be more efficient at addressing homelessness and collaborative efforts to leverage additional sources of private and public funding. If the plan is to be successful, it must be a multi-faceted effort with many public and private entities working together to accomplish these recommendations. The new Commission will help coordinate those who are engaged in implementing these goals to avoid duplication and ensure that gaps in services are filled.

Homelessness did not happen overnight, nor will it be ended quickly. This plan and its recommendations are just the beginning of what will be a long journey to end homelessness. But with the entire community’s commitment and continuous focus on prevention and re-housing, we can and will make progress that Evanston is a community where everyone has a home. “Heading Home” is our community-wide call to action.

## INTRODUCTION

*Ten percent (7500)<sup>1</sup> of Evanston's residents are at-risk of becoming homeless or are, in fact, homeless.* With one in ten of our neighbors facing homelessness, it is timely that "Heading Home," Evanston's plan to end homelessness is put in place. Evanston is not charting new ground: in 2000 the National Alliance to End Homelessness released a "white paper" on ending homelessness and since then over 243 states, regions, counties and cities have adopted their own plans to meet the unique needs of their communities.

Evanston has long prided itself as being a caring and responsive community to those who are in need of support. Many of us donate money, clothing or food; in addition there are agencies that work directly with the homeless population and others help those who experience mental illness, substance abuse, or domestic violence. The City's 2010-2014 Consolidated Plan, adopted in 2010 by members of City Council with input from citizens, devotes a chapter to actions that address housing and homeless needs. Despite these efforts too many in Evanston remain without a stable roof over their heads - a basic human right that should not occur in a caring community.

- \* 7500 are at-risk or are homeless, which is 10% of Evanston population
- \* 50-75 students are homeless at the high school every day
- \* At least 200 District 65 students are homeless
- \* Chronic homelessness cuts life span by 20 years
- \* 70% of homeless persons were homeless as a child

The Mayor's Task Force on Homeless met monthly for over a year to draft "**Heading Home, Working to End Homelessness: A Five Year Plan for the City of Evanston, IL.**" The first six months were used to educate members on the issues of homelessness and the remaining time devoted to discussing what issues were most important and how they should be addressed.

### *Homelessness Hurts*

In 2003 the U. S. Department of Health and Human Services stated that, "People who are homeless are people first. They may also have disorders including serious mental illness and substance abuse. The fact that they have illnesses that may significantly disrupt their lives doesn't diminish their rights, their responsibilities, or their dreams. They are also subject to ongoing discrimination, stigma, and even violence." Additionally, people who are homeless for long periods of time have an average life-span twenty years less than those who are housed.

## *Homelessness Costs*

\*A chronically homeless person who lives on the street costs the community \$50,000 annually

\*That same person, with housing and support costs the community \$20,000 annually

\*Over their life span, children who are homeless and live in poverty cost the community \$40,000 in lost productivity

There is a financial argument for ending homelessness as well as the moral one. Each year taxpayer dollars are spent caring for homeless people through our most expensive emergency services: 911, hospital emergency rooms, jails, mental health hospitals, detoxification programs, child protective services, and more. Cost studies around the nation, however, have proven that these individuals and families can succeed in housing, if they get appropriate support. It is estimated that it costs the community \$50,000 a year for each chronically homeless person who is living on the street<sup>2</sup>, but according to Evanston's Connections for the Homeless, only \$20,000 to house that same individual with case management, in supportive housing.

Homelessness among families is expensive as well. Studies show that poverty alone burdens society with \$40,000 in lost productivity, increased medical costs and increased crime costs for each year that a child remains in poverty<sup>3</sup>. Providing housing to the same child costs less than \$8000 per child. With appropriate program supports, housing can help the families of those children begin the process of extricating themselves from poverty. The bottom line is that providing housing and services is better for the individuals and families who are homeless or at-risk of becoming homeless and is less expensive and better for society.

## *Homelessness Impacts All of Us*

Mayor Tisdahl gave a jump-start to developing the political and community will in Evanston by appointing a Task Force on Homelessness to address ending homelessness so that Evanston will become a healthier and better city in which to live. It now becomes the responsibility of the entire community - local government, schools, non-profit agencies, communities of faith, funders, businesses and other organizations and institutions - to unite behind the plan to make this a better community for all of us. Without change there will continue to be hundreds of people living on the street, scores of families without a stable roof over their heads, high school youth sleeping with a different friend each night of the week or perhaps in the shadow of the high school the next, and thousands spending more money than they should on housing and less on food and medicine because they do not have a job with a "living wage." (See Glossary)

The majority of the at-risk and homeless population here has Evanston roots. Their needs put extra demands on our local institutions - the police, paramedics in the fire department, our hospitals. The stress of homelessness on children impacts their success in school and therefore their success as adults. A community with 10% of its population unstably housed cannot thrive.

## **A Brief History of Homelessness in Evanston**

Throughout the nation the economic downturn in the early '80s led to growing numbers of people who were visibly homeless. When many knocked on the offices of churches seeking help, members of the Evanston religious community asked City Council to address the needs of those who needed shelter. When no response was made, they pursued another route. On October 31, 1984 (also known as Beggar's Night), a candlelight march to the Police Station was made with the request that homeless persons be allowed to sleep in an empty courtroom. When that was denied, the marchers returned to First Baptist Church (now Lake St. Church) and held a prayer vigil while the homeless slept. The City government went on to enact a zoning variance, health concerns were addressed and eventually Hilda's Place came to be, Evanston's first shelter for the homeless.

Following the march, *The Evanston Review* quoted the City's former director of Health and Human Services, Gary Cyphers, who said that, "Shelters are only a holding pattern." He further recommended that the Township maintain its level of General Assistance, boost efforts to provide housing, closely track people released from mental hospitals to ensure they arrive in Evanston with a home to live in, value the role of soup kitchens, and finally take an active role to move the homeless to more self-reliant circumstances.

In 1997 the City established a Task Force on Homelessness (now the Evanston Alliance on Homelessness) so that the needed services for the homeless population would be better coordinated - in essence to serve as a Continuum of Care in order to receive funding from the federal Department of Housing and Urban Development (HUD). In 2011, Evanston agencies were awarded over a million dollars from HUD to address the needs of this population, but the problems remain significant.

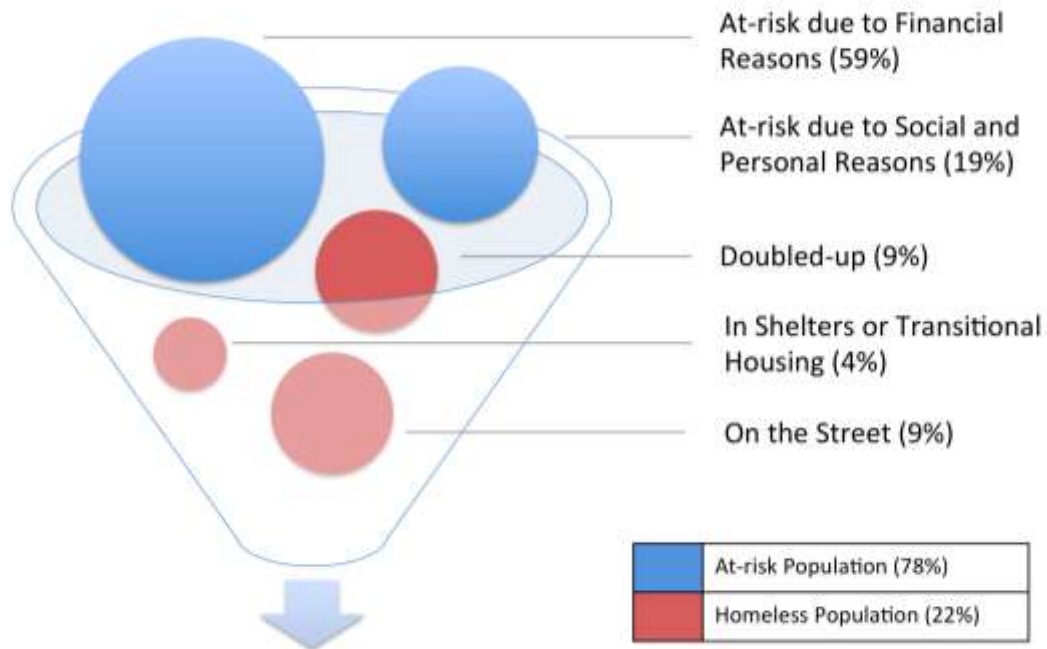
Strategies to help the homeless and at-risk populations have evolved since 1984 in Evanston. For many years short-term shelters and transitional housing (which may last for up to two years), were developed as part of the strategy to get homeless people "housing ready." However in more recent years, there has been a shift away from these interventions and towards a "Housing First" model, an approach to ending homelessness that centers on providing homeless people with permanent housing as quickly as possible - and then providing support services as needed. Today there are four non-profits directly assisting those who are homeless or at-risk of homelessness. In addition, the religious community provides soup kitchens on a daily basis and warming centers in the winter months. Other agencies provide additional support services. And, countless people volunteer to help at these agencies to better the lives of our vulnerable neighbors.

Despite all of these efforts, 10% of Evanston residents are at-risk of becoming homeless or are homeless. To reduce, and hopefully end homelessness in Evanston, change has to be made: the community must recognize the scope of the plight of so many of our neighbors and be willing to change from managing homelessness to working to end it.

# The Homeless or At-Risk Populations

In 2007 the Evanston Alliance on Homelessness released an analysis of homelessness in Evanston. Visually it took the form of a funnel, broad at one end, representing the at-risk population and narrowing down to a neck, representing those living on the street. Today we continue to use that funnel with five levels of homelessness, including those who are at-risk of becoming homeless. About 80% in the funnel are those at-risk of becoming homeless and 20% are actually homeless. The situation for those in the funnel is not static: many may move back and forth between the five levels over the course of a year or more.

## Homeless Funnel



### At-Risk of Becoming Homeless

Financial Reasons (3500 - 4500) An analysis done by the Planning Department of the City for the 2010-2014 Consolidated Plan indicates that about one in four of Evanston renter households are spending 50% of their income on rent. (The norm for “affordability” is 30%.) In addition it is estimated that 500 owner occupied households are also spending 50% of their income on housing. Another 500 are at-risk due to domestic violence and consequently face an uncertain financial future. These people are forced to make compromises on their spending for health care, food, education, etc. Many are under-employed or unemployed. In harsh economic times as these, this means that there is a constant pressure pushing more people into the funnel.



Social and Personal Reasons (1000 - 1500) Persons leaving institutional care (prisons/jails, hospitals, and the two intermediate care facilities in Evanston), dealing with domestic violence, child abuse or elder abuse, or aging out of foster care often confront a future with unstable housing. Formerly homeless persons/families who receive rental subsidies from our local agencies are also at-risk; if that funding were cut, these persons might again be homeless.

## **Currently Homeless**

Doubled-Up (500 - 700) The doubled-up population are households who have lost their own housing and have moved in with family or friends. Because of the impacts that such unstable situations have on children, the federal Department of Education has considered these families homeless and has developed special programming for their children. For the family moving in (i.e., couch surfing), there is always the fear that this afternoon or sometime next week they will have to leave. Included here are an unknown number of youth who leave home even though their family is still housed - typically moving in with friends to remain connected to the school or other institutions.

In Shelter or Transitional Housing (250 - 300) There are actually few transitional accommodations in Evanston where people can stay for short periods of time. Those include the YWCA (32 beds for victims of domestic violence) which provides housing for about 200 over a 12 month period; Family Promise shelters four families at a time, approximately 12 over the course of a year; Connections operates a 20 bed shelter which houses approximately 110 individuals in a year. There are no facilities for unaccompanied youth nor overnight shelters for homeless families.

On the Street (500 - 700) Those who have no shelter at all generally are either episodically homeless, chronically homeless, or youth. All tend to be individuals - it is rare for a family to live "on the street" but on occasion they may be found in a van or car. By definition the chronically homeless are individuals who have disabilities and have been living on the street for at least a year or have long histories of episodic homelessness. In general, since Evanston has an absence of a street culture for homeless youth, most go to Chicago.

## **The Growing Problem**

Over the last five years, the numbers of people at-risk of homelessness and who are homeless have increased. The financial downturn and the difficulty of finding employment with a living wage have contributed to the increase. Connections, which tracks its contacts with those on the street has seen significant growth in recent years. In FY07 (the first year of accurate data using the Homeless Management Information System) Connections had 352 clients in its EntryPoint Program (a street outreach program) and 250 of those received case management. In FY11Connections, along with Interfaith Action of Evanston, which operates a drop-in program, saw 626 (unduplicated) clients with 585 receiving case management. Of the people they worked with in 2011, 240 are thought to be chronically homeless. Consistently over the years about 60% consider Evanston their home with others coming from nearby suburbs or Chicago. Very few come from outside of Illinois.

# Evanston's Call to Action

## *Empty the Funnel*

Evanston's homeless services are generally strong, and there are many effective and innovative programs in place serving homeless children, families, youth and adults. There is a long history of planning for and delivering a variety of services to homeless and at-risk populations. However, this has not been enough to end homelessness. Our response has been insufficient in the face of the increasing numbers of people who experience homelessness, the lack of affordable and appropriate housing, the lack of a focus on prevention, the lack of community and political will, insufficient funding from all levels of government, and the lack of a strong coordination between multiple service systems. We must better target current resources, work to prevent homelessness in the first place, and plan, finance and deliver housing and support services to our vulnerable populations.

To end homelessness there are really only two things that we need to do. We need to provide prevention services and supports and re-house those who are homeless.

Prevention ensures people will not enter the funnel.

Re-housing ensures people who are homeless will have a stable roof over their head.

This report endorses strategies that focus on prevention and re-housing. Once Evanston adopts a model that focuses on prevention and re-housing, the funnel would empty and the 7500 people currently homeless or at-risk of homelessness would be stably housed. This is, in essence, a "Housing First" model; it is part of a national shift in the way communities confront homelessness. The philosophy - and it's working - is that when people have a safe and affordable roof over their heads, they will more successfully deal with the issues that lead to homelessness.

## *Factors Contributing to Homelessness*

Implicit in the funnel analysis is the fact that there are structural, social and personal factors that contribute to homelessness. These are the factors to bear in mind as we strive to end homelessness, i.e., Evanston empties the funnel.

Structural Factors There are two factors that are most obvious when looking at structural issues. The first is unemployment and underemployment where the job does not pay a living wage. Many unskilled jobs have moved overseas. There are too many people searching for too few job opportunities in Evanston and the surrounding communities.

The second structural factor is the lack of affordable housing for people who are at-risk of or are homeless - those with very low incomes. Over the last two decades Evanston has experienced a decrease in the number

of affordable rental units. Many households have extreme rent burdens, paying more than 50% of their income for housing. In Illinois, it is estimated that 2.1 workers would have to work at a minimum wage job every single day of the year to earn enough to afford a market-rate 2-bedroom apartment.

Social Factors There are many distinct social patterns that also contribute to homelessness. The wide spread persistence of domestic and family violence is probably the most obvious, but there are countless other failures of social cohesion that have become institutionalized resulting in a steady stream of individuals and families into homelessness. Family violence includes spousal or partner, child and elder abuse and may contribute to youth homelessness. Many people discharged from institutions such as prisons and jails, the juvenile justice system, hospitals, and foster care are likely to leave those institutions without a place to go and lacking the skills for stability.

Personal Factors Interwoven with all these other societal and structural factors are a broad range of disabilities that make people particularly vulnerable to homelessness. The common perception is that people with challenges such as mental illness, substance abuse disorders, personality disorders, or learning and physical disabilities are inherently at-risk and are far more likely to become homeless. By themselves, however, these disabilities do not cause homelessness.

## **Six Recommendations to Address Ending Homelessness in Evanston**

The best way to solve the problem of homelessness is to adopt the Housing First model, which includes preventing people from becoming homeless and re-housing those who are homeless. Although not an abrupt turn for Evanston, it will require some shift in how we approach homelessness - we no longer will have a mindset of “managing” homelessness, but Evanston will become a city that is committed to “ending” homelessness. This needs to be a collective effort of all sectors of the community with new approaches, more education and involvement, and better targeting of current resources and acquiring new resources from many sources. In order to accomplish this, the Task Force puts forth six recommendations that will lead to measurable goals using data-driven information to reduce the numbers of homeless or at-risk of homelessness in our community in the next five years.

The Task Force assumption is that no single entity is solely responsible for ending homelessness or having any of Evanston’s residents living at-risk of becoming homeless. This is a call for a multi-faceted effort with all sectors of the community assuming some part of the move from managing homelessness to ending it. The six recommendations that follow will need a collective will from the City, the Township, non-profits, housing developers, religious and civic organizations and the business community, as well as our citizens. It calls on support from both the public and private sectors.

### **Recommendations**

- ➔ Establish a Housing and Homeless Commission
- ➔ Make Housing Affordable and Develop More Affordable Housing For Homeless People and Those At-Risk of Homelessness
- ➔ Coordinate the Community Response for Increased Capacity and Efficiency
- ➔ Create More Job Opportunities and Vocational Training
- ➔ Target Existing Resources Toward Proven Strategies and Leverage Additional Funding
- ➔ Educate and Reach Out to the Community About the Solutions to Homelessness

These six recommendations address the structural, social and personal factors that lead to persons becoming homeless or at-risk.

## **Recommendation I. Establish a Housing and Homeless Commission**

The first step to moving toward ending homelessness in Evanston is to develop new leadership to address homeless issues. This can be accomplished without much disruption by expanding the existing Housing Commission into a Housing and Homeless Commission. The Commission will be charged with the coordination of the multi-pronged approaches outlined in the following recommendations; it will not assume to undertake all the recommendations but for many, it will facilitate other groups to take ownership of a particular strategy. The Commission will also integrate the current Housing Commission goals (many of which mesh well with this plan) with portions of the remaining five recommendations of the Task Force on Homelessness.

To accommodate the expansion of responsibilities, the Housing and Homeless Commission would have 11 members, appointed by the Mayor with approval by City Council, and would include one Alderman. Current members of the existing Housing Commission would continue and the additional members would have a background in homeless issues. Since one of the paths for ending homelessness focuses on housing issues, there is a natural fit for this restructure. The formation of this Commission would maintain staff time at its current level rather than requiring staffing for two separate Commissions.

### Goal 1. Assume oversight and accountability

Specifically related to the remaining five recommendations and their goals, the Housing and Homeless Commission will assume oversight and accountability for the five year plan working to end homelessness in Evanston.

### Goal 2. Set annual targets and benchmark results with data collection

Initially the Commission will determine the appropriate metrics and establish benchmarks for each of the strategies for each of the next five years.

### Goal 3. Analyze gaps and resources

Prepare an asset map of current resources and gaps. This should lead to the elimination of duplicate services and direct resources to address the gaps.

### Goal 4. Produce annual reports

The Commission will annually report on the successes it achieves for each benchmark.

## **Recommendation II. Make Housing Affordable and Develop More Affordable Housing For Homeless People and Those At-Risk of Homelessness**

### Goal 1. Increase the numbers of rental subsidies

Rental subsidies are used when the fair market rent requires that the individual or family pay more than 30% of their income to secure housing. The subsidy amount varies depending on the income of the client and the rent for the unit. The Section 8 Certificate Program of the Cook County Housing Authority is one such vehicle, but unfortunately the waiting list is closed and those on it may not receive a certificate for up to ten years. The City may consider developing a locally funded and managed rental subsidy program using a portion of HOME funds. This Evanston rental subsidy program can have set-asides for specific populations, such as households with children in the

Evanston schools. In addition to offering a local program that is responsive to the needs of residents, rental subsidies are local economic development tools, filling local rental vacancies with tenants that have social service supports and guaranteed rental payments.

Goal 2. Increase the number of new and rehabbed affordable units for people who are homeless or at-risk of homelessness

Evanston received a federal grant and is now in the fortunate position of stabilizing neighborhoods while offering some options of affordable housing with the \$18.15 million dollar award of Neighborhood Stabilization Program 2 (NSP2) for scattered site rental and homebuyer units as well as a brand new tax credit project, phase one of Emerson Square, which is planned in two phases. However, only four of the units will be set aside for households at or below 30% AMI.

It is recommended to continue to pursue additional grants for affordable housing for those with very low incomes. The Commission should assess the need by housing type and homeless subpopulations (singles vs. families, seniors, youth, etc.) in order to develop and implement the appropriate housing for Evanston residents who are at or below 30% of the AMI.

The Commission will undertake a review of zoning ordinances and the inclusionary housing ordinance to develop strategies or policy changes as they relate to affordable housing.

Goal 3. Increase supportive housing units

Case management is key to having homeless persons and families who are re-housed become successful in their new environment and stay housed. Services could range from a moderate level; these would be consistent ongoing support (financial management training, help with obtaining benefits, etc.) until stability is obtained. More intensive services could be individualized and related to employment, mental health, chemical dependency, and/or medical service with a greater emphasis on increasing stability, reducing harm and managing symptoms. The more intensive services would require coordination between agencies to avoid duplication.

Goal 4. Adopt a Housing First model

Adopting the Housing First model of helping the homeless population is a paradigm shift from housing people in either shelters or temporary housing (up to two years). In order to shift to this model, which assumes that a person or family can better deal with the causes of their homelessness when they are assured they have stable housing, much of the above needs to be operational. There need to be affordable rental units; there need to be rental subsidies until the client is able to assume the cost of the housing; there need to be support services for these individuals, many of whom have been homeless or institutionalized for some time, have disabilities, and need to acquire skills to become employed. It is not an easy walk to move from homelessness to having a stable and safe roof over one's head, but it can be accomplished. When it is, the individual or family is able to live a productive and healthy life and, overall, the community is healthier and is relieved of the high cost of homelessness.

## **Recommendation III. Coordinate the Community Response for Increased Capacity and Efficiency**

### Goal 1. Develop a unified data collection to better assess needs and gaps

HUD requires that all entities that are funded by it for the homeless population, either directly or through money the City receives, participate in a computer-based Homeless Management Information System (HMIS). The privacy of all clients in this database is protected through HIPAA (Health Insurance Portability and Accountability Act of 1996). When a client requests services, a unified series of questions are asked and entered into a database. This system allows agencies to track clients, the services they receive, where they might have particular challenges and when they leave the system. It also provides reports on items such as the types of services clients receive, when they obtain employment, the type of housing (shelter, temporary, or permanent) they are in, etc. Connections became the host for HMIS over seven years ago and since then Interfaith Action of Evanston, Housing Options, Housing Opportunity Development Corporation and the McGaw YMCA all participate in it. The data base links to the Suburban Cook County as well.

The system is only, however, as strong as the members who join it. Increasing participation in HMIS would yield a more robust look at who is seeking help and the type of help they need. For instance, in 1984, the call for help for the homeless went out from the religious institutions. At this point, they continue to receive requests for assistance and in some cases underwrite costs of housing for a parishioner - but none participate in HMIS. Agencies who work with homeless persons for reasons other than their being homeless - such as medical help, domestic violence or substance abuse - do not participate in HMIS. The two school systems are not participants. The City could require that agencies that receive City funding (with federal or state dollars) be required to use HMIS. Greater participation in HMIS with its single in-take procedure could lead to better identification of homeless persons, more strategic planning and more effective use of resources for the needs of homeless or at-risk of homeless persons and families.

### Goal 2. Develop strategies to decrease the street population

On the face of it, the Housing First model is a move away from a shelter model, but in some instances, those housed without support services they need, will end up back on the street. There are inherent advantages to having a person stay in a shelter: they have a warm place to sleep, regular meals, can receive support services in a more reliable way than if they are trying to survive on the street - all of which can increase their overall health. Increasing stability, however, comes with an expensive price tag - and may not solve the problem since an Evanston shelter (viewed as being safer) may attract homeless individuals from neighboring communities. (The yearly cost for the 20 beds at Hilda's Place is \$225,000, not including case management services.) Despite some economies of scale, expanding the shelter would be expensive. The Commission should undertake moving toward increasing shelter capacity with careful study.

Hilda's Place is limited to adult singles, both male and female. Currently there are no shelters for youth in Evanston and limited shelter for families. These are important areas for data collection and analysis so that these populations have a solution other than being homeless.

Interfaith Action of Evanston coordinates the soup kitchens at local churches and ensures that they are spread throughout the week. Questions that could be explored include: is this an effective model, should it be expanded, should it be consolidated into one location?

Interfaith Action of Evanston also coordinates “warming centers” during the winter months with several churches opening their doors to the street population on different days. The Commission should research the same questions as those for the soup kitchens for this service as well.

Still another approach to re-housing individuals and families is to liaise with resources in the community they consider “home” and then helping them return to that community where support - either family or other services - is there to assist them.

### Goal 3. Develop more efficient and more rapid access to mainstream benefits.

There are any number of mainstream services to which the homeless and at-risk of homelessness may be entitled: TANF, food stamps, Medicaid, SSDI, SSI, General Assistance. (See the glossary for definitions of specific benefits.) However obtaining these are often difficult. Persons who are homeless often do not have state IDs or birth certificates required to obtain those IDs. Those who have been in jail or prison longer than six months lose their standing for some mainstream resources they had before entry and need to go back and reapply. In many cases, it takes months to obtain their new certification; in the case of no birth certificate it may take months to secure that and then the individual enters the queue to obtain SSI or the like. Reducing the time to secure the benefits individuals are entitled to, will help those people become better able to cope with their finances, medical needs and living situations.

There are a number of local and national organizations that offer training for case managers to help clients secure mainstream benefits. Evanston should ensure that all agencies, including the school districts and township, receive such trainings so that the at-risk and homeless populations they serve receive the benefits to which they qualify. These efforts should be tracked and tallied to follow the success of such efforts.

### Goal 4. Develop unified policies and procedures of in-take and discharge

The intake procedures at Evanston’s two hospitals may ask someone who is entering, where they live and may get an answer with a specific address. The homeless are adept at giving a parent’s address or that of a friend, yet they have no intention of returning to that home. Those who work closely with the homeless population must develop a succinct list of follow-up questions that will help hospital intake personnel to better identify homeless persons and then develop appropriate discharge procedures for these patients.

Many persons discharged from long-term institutionalization leave with little preparation for their future and often few, if any, social networks they can count on. The police get a list of persons from Evanston who will be leaving the county jail or state prisons, but at this point there is no coordinated method to ensure that they are housed and get other supports such as access to mainstream services and help with employment, which is a difficult challenge for this population. Those leaving hospitals, mental institutions and the foster care system all face similar challenges, except that there is not any system in place to track these discharges. Coordinating with local agencies which might be in a position to find housing for new discharges or to provide needed services would alleviate much of the homelessness that results from inadequate discharge planning.

### Goal 5. Increase local and regional collaborations

Evanston is not an island, nor is it unique when it comes to working with the populations who are at-risk of becoming homeless or are homeless. In 2011 on the recommendation of the Evanston Alliance on Homelessness, the City determined to merge the Evanston Continuum of Care with the Continuum of Care of The Alliance to End Homelessness in Suburban Cook County. Because HUD will continue to fund projects it has in the past, thus not putting the funding for Evanston agencies at



risk, that merger will allow our agencies to apply for additional funds that may be made available to the larger Continuum and, in fact, expand resources for Evanston agencies. However, we must be active on the board and committees of the Suburban Alliance in order to apply for funding.

Participating with the Suburban Alliance allows Evanston agencies knowledge of strategies others are using throughout the region and helps to develop plans for regional approaches. The Chicago Alliance on Homelessness and the Suburban Alliance host a committee which works to enhance discharge planning with institutions, veterans, hospitals and the jails and prisons. Cook County represents a large population of the state and has more impact than a representative from Evanston might have and has led to some new - though not enough - procedures to improve discharge so that agencies are more aware when people will return to Evanston, helping to ensure (or making it more likely) they return to a roof over their head.

Fostering additional local collaborations will more efficiently and effectively serve the homeless and those at-risk of homelessness. For instance, joining forces to help people obtain employment can be done with collaborations for drafting resumes, developing work skills, preparing for a job interview and supporting those who need job readiness skills.

## **Recommendation IV. Create More Job Opportunities and Vocational Training**

In our current economy, unemployment numbers remain high. Some of that has been created by the globalization of the economy and the movement of jobs overseas. In addition, the new economy is demanding highly skilled and highly educated workers. For both adults and young adults, job training and educational opportunities leading to living wage jobs are essential to moving people out of homelessness. Additionally, families need ongoing affordable childcare, including after school care, that is available day or night and easily accessible to work or home.

More jobs and training are goals that are supported by other groups in Evanston. The recently released City's Economic Plan calls for increased employment of Evanston residents, new "start-ups," and Workforce Training that could be undertaken by Evanston Township High School, Oakton Community College or Northwestern University. In addition, one of the ten goals of Evanston 150 is "Learn to Work and Work to Learn" and the volunteer team focusing on that has started by espousing the coordination of efforts by the many community organizations. The Commission should take advantage of these efforts and encourage their implementation.

### Goal 1. Increase employment opportunities

Hiring Evanston residents who are homeless or at-risk of becoming homeless should become a priority for this community. Working in the same city in which one lives reduces the cost and time of long commutes and, in effect, allows an individual or family to have more money to spend on their housing needs. People with prison records face additional challenges to employment as many employers refuse to hire ex-offenders. Removing this barrier would help many find a job and reduce the likelihood that they would return to their former way of life.

### Goal 2. Increase and better coordinate job and vocational training

Not only specific job skills must be obtained, young adults just entering the work force as well as the unemployed need additional help with job readiness including drafting resumes, practicing how to interview for a job, or obtaining appropriate clothing for both a job interview and the job itself. Making accessible courses for obtaining a GED must be enhanced. Currently there are several agencies that work on job-readiness skills, but their work must be expanded and better coordinated to include those who are homeless or at-risk of homelessness.

## **Recommendation V. Target Existing Resources Toward Proven Strategies and Leverage Additional Funding**

The Task Force recognizes that there currently are many resources in Evanston to help the homeless population and those at-risk of homelessness. They come from all levels of government (federal, state, county and local), foundations, non-profits and individuals. It is imperative that those valuable resources are used in the most efficient ways to ensure that the community moves forward to ending homelessness.

### Goal 1. Analyze Current Spending by the City, County, State and Federal governments

In order to understand where there are funding and social needs gaps, one must understand what resources are currently spent on eligible activities. A funding analysis would detail various populations, the eligible funding resources to serve those populations and the levels of funding used to provide the services. The research would look at potential solutions so that a holistic response to the needs of homeless and at-risk of homelessness in Evanston and remove duplication. This increase in the coordination of current funding resources may lead to better outcomes with a larger impact.

### Goal 2. Leverage New Resources

Increased coordination realized from this effort may lead to an increase in the capacity to attract competitive grants from local, county, state, federal, and private sources. In addition, prevention funding which supplies a one-time grant to an individual or family to get them back on their feet has been radically cut. Three years ago the state provided over \$300,000 for those one-time grants; that has been reduced to \$30,000 currently. In FY11, this funding provided 455 households with preventions grants. As part of the federal stimulus program, Evanston received \$801,460 for the Homeless Prevention and Rapid Rehousing program, but that program ends this year. A replacement program, the Emergency Solution Grant, is not nearly as large. With the significant reduction in prevention funding, this is one example where additional sources of revenue should be leveraged from foundations, individuals as well as all levels of government

## **Recommendation VI. Educate and Reach Out to the Community About the Solutions to Homelessness**

We believe that ending homelessness is not the responsibility of a few, but must involve the many sectors of Evanston that make this a desirable community in which to live and work. This extends to the business community, our units of government, Northwestern University, the hospitals, non-profits and civic, faith and community groups and their institutions and organizations - all of whom are called on to endorse the plan.

### Goal 1. Conduct a baseline survey of community knowledge, attitudes and beliefs about at-risk and homeless people

Throughout the recommendations there has been a call that actions be data-driven. Establishing a baseline of Evanston's knowledge, attitudes and beliefs and following up with a later survey to measure change will provide the Commission and the City government with a scorecard showing the success of the recommendations and where additional emphasis should be applied.

### Goal 2. Develop a communication plan for increased awareness of the homeless population and those at-risk of homelessness and take it to the public

To increase awareness of the homeless and at-risk populations, the entire community must become aware of the hurts, costs, and long-term implications for not addressing this problem. Rolling the plan out involves briefings for public officials, foundations, communities of faith and the business sector with updates of actions and supporting data. Without awareness of the scope of the homeless population and those at-risk of homelessness, and the opportunities that each of the involved sectors can undertake, Evanston will continue to manage homelessness, rather than end it.

Goal 3. Advocate at all levels of government - city, county, state and federal - for expanded access to programs, increased funding to support the plan's proposals and the adoption of new approaches

Advocacy includes seeking additional funding, but in today's economy and the levels of available governmental funds, it also includes better ways to target current resources and change how business is done. Possible ways to approach this could include modifying laws, revisiting zoning and inclusionary housing ordinances to allow for additional affordable housing, encouraging the federal government to maintain funding for housing through HUD and to support the costs of case management for those who are newly housed by the Department of Health and Human Services.

Goal 4. Annually report the work of the Commission to City officials and to the general population

Accountability to elected officials, the general public, and to all those who have a stake in ending homelessness and ensuring housing for those at-risk of homelessness will serve to show success and continue to make this a priority issue for the community. It will ensure that the plan was not just a nice effort in 2012, but also an ongoing one that continues to address the needs of our vulnerable populations and how it is making Evanston a better community.

## **Conclusion**

Homelessness did not happen overnight, nor will it be ended quickly. This plan and its recommendations are just the beginning of what will be a long journey to end homelessness. But with the entire community's commitment and continuous focus on prevention and re-housing, we can and will make progress in making Evanston a community where everyone has a home. Heading Home is our community-wide call to action.

## ENDNOTES

### 1. At-risk due to financial reasons (3500 - 4500)

This is an estimate based on the number of very low-income households currently spending more than 50% of their income on rent. According to the City of Evanston's 2010-2014 Consolidated Plan, although still drawing on the 2000 census data, there are 2174 such households in Evanston. But given that these are households, we are estimating an average household size of 1.5 to 2 household members.

But this number could be much larger. There are 4344 households in Evanston that are spending more than 50% of their income on rent, mortgage and utilities, including 700 households whose income falls between 50% and 80% of AMI, and 1070 whose income falls between 30% and 50% of AMI. The higher income households may be less at risk than those below 30% of AMI. Another way of looking at the at-risk population is to look at the number of people living below the poverty line. According to the 2000 census this number stood at 8240.

### At-risk due to social and personal reasons (1000 - 1500)

- Throughout their life, one in four women experience domestic violence
- Foreclosures impact many: 172 households filed for foreclosure in the first half of 2011
- The police department reports that between two and five people are released from jail or prison each month

### Doubled Up (500-700)

- District 65 reports about 200 children living in doubled up situations in 2011-2012
- District 202 was tracking 100 youth living in doubled up situations in 2011-2012
- Presumably there are at least 100 to 200 parents attached to those 300 children
- The Evanston Alliance on Homeless Point-In-Time count found that 30% of those counted on the street were living temporarily with other people. Based on a homeless street count of 630, that means that 189 were living doubled up

### Shelter & Transitional Housing (250-350)

- Connections sheltered 110 individuals at Hilda's Place in FY11
- YWCA sheltered 259 women and children in FY11
- Family Promise sheltered 31 in FY11
- During FY11 Connections provided transitional housing to 50 persons in families

### On the Street (500 - 700)

- In FY11, Connections worked with 630 individuals living on the streets of Evanston, and had open cases on 100 others.

2. Larimer, Malone, Garner, Atkins, Burlingham, Lonczak, Tanzer, Ginzler, Clifasefi, Hobson, Marlatt (2009). "Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems." *Journal of American Medical Association*, 301 (13) 1349-1357.

3. Holzer, Schanzenbach, Duncan and Ludwig (2007). *The Economic Costs of Poverty in the United States: Subsequent Effects of Children Growing Up Poor.* Institute for Research on Poverty, Discussion Paper #1327-07.

# APPENDIX

Figure 1

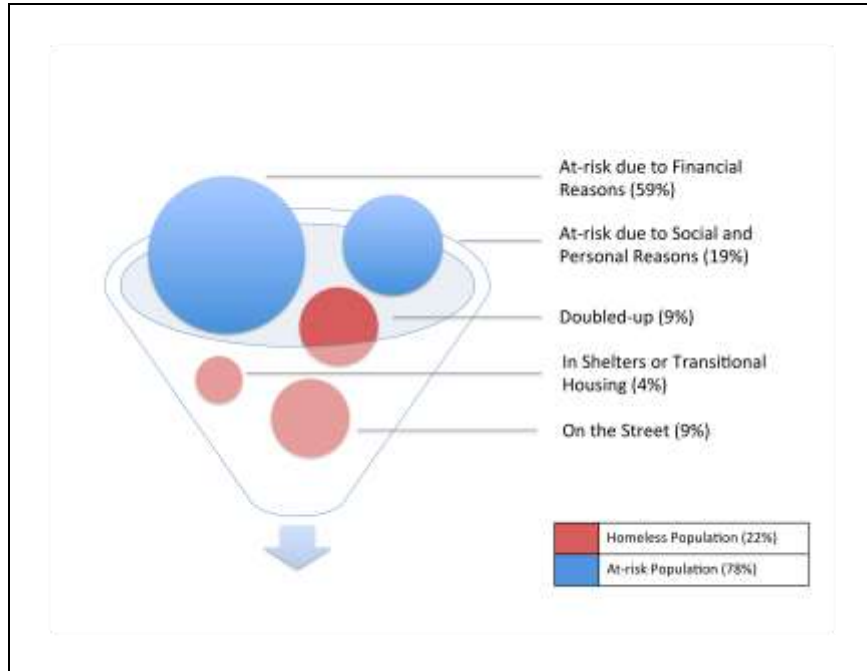
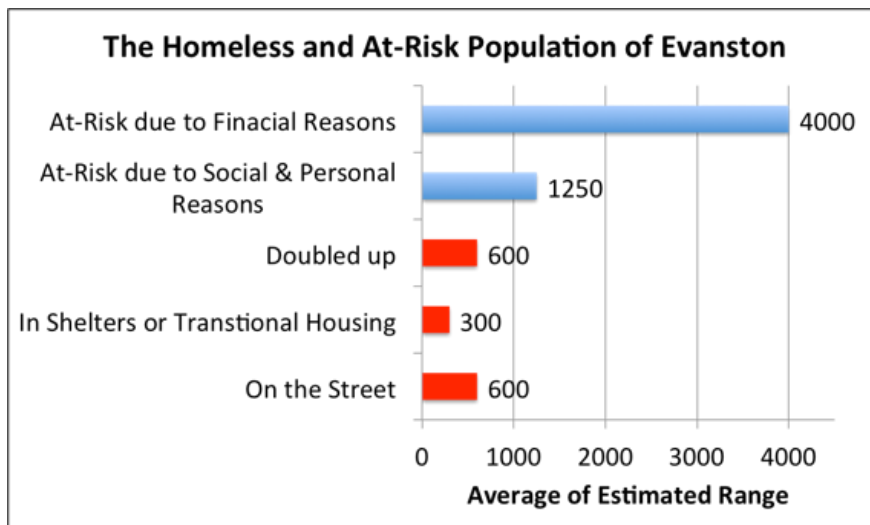


Figure 2



## Area Median Income

Incomes below represent maximum household income

**CHICAGO** (Cook, DuPage, Lake, Kane, McHenry and Will Counties)

2012 HOUSEHOLD INCOME LEVELS: Effective Dec. 1, 2011								
REGULAR LIMITS	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
120%	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>	<u>LIMIT</u>
80%	\$63,720	\$72,840	\$81,960	\$90,960	\$98,280	\$105,600	\$112,800	\$120,120
60%	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400	\$75,250	\$80,100
50%	\$31,860	\$36,420	\$40,980	\$45,480	\$49,140	\$52,800	\$56,400	\$60,060
40%	\$26,550	\$30,350	\$34,150	\$37,900	\$40,950	\$44,000	\$47,000	\$50,050
30%	\$21,240	\$24,280	\$27,320	\$30,320	\$32,760	\$35,200	\$37,600	\$40,040
20%	\$15,930	\$18,210	\$20,490	\$22,740	\$24,570	\$26,400	\$28,200	\$30,030
10%	\$10,620	\$12,140	\$13,660	\$15,160	\$16,380	\$17,600	\$18,800	\$20,020
	\$5,310	\$6,070	\$6,830	\$7,580	\$8,190	\$8,800	\$9,400	\$10,010

### Links of Interest:

Homeless Task Force City Website (agendas, minutes, and reading assignments):

<http://www.cityofevanston.org/government/special-council-committees/homeless-task-force/>

### United States Interagency Council on Homelessness:

<http://www.usich.gov/>

### Other Plans to End Homelessness:

[http://www.endhomelessness.org/section/solutions/ten\\_year\\_plan](http://www.endhomelessness.org/section/solutions/ten_year_plan)

### Cost of Homeless:

New Yorker article: [http://www.newyorker.com/archive/2006/02/13/060213fa\\_fact](http://www.newyorker.com/archive/2006/02/13/060213fa_fact)

# GLOSSARY

## **Chronic Homelessness**

HUD defines a "chronically homeless" person as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

By definition, "chronic homelessness" excludes the following groups of people: children (with disabilities and without disabilities) who are homeless with their parents; parents (with disabilities and without disabilities) who are homeless and who have children with them; youth on their own with disabilities who have not been homeless long enough to fit the federal definition; youth on their own without disabilities; unaccompanied individuals with disabilities who have not been homeless long enough to fit the federal definition; unaccompanied individuals without disabilities; and unaccompanied individuals who are unwilling to be declared disabled.

## **ESG**

Emergency Solution Grants is a federal entitlement grant. The funds are used primarily for rapid re-housing and prevention purposes directed at households under 30% AMI.

## **General Assistance**

General Assistance is mandated by the State of Illinois and is provided by the Township of Evanston. General Assistance provides financial assistance to single adults who are not eligible for any other local, state, or federal assistance program, and who do not have income or resources to provide for basic needs.

## **Homelessness**

HUD's definition of homelessness includes four broad categories of homelessness:

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness for HUD, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.

## **HOME Program:**

The HOME program is a federal entitlement grant. Funds can be used for rental or ownership activities, including acquisition, rehab and/or new construction. Units must be affordable to households at or below 80% AMI.

## **Living Wage**

Living Wage is the minimum hourly income necessary for a worker to meet basic needs (for an extended period of time or for a lifetime). These needs include shelter (housing) and other incidentals such as clothing and nutrition.

## **McKinney-Vento Act**

The McKinney-Vento Act passed Congress in 1986 and established the first significant funding source for programs targeting the homeless. Over the years it has funded the Supportive Housing Program (SHP), Housing for People with AIDS (HOPWA), Shelter+Care, Emergency Solutions Grant (ESG, formerly Emergency Shelter Grant). In 2012 Congress appropriated approximately \$2 billion into these programs.

## **Medicaid**

Medicaid is the United States health program for certain people and families with low incomes and resources. It is a means-tested program that is jointly funded by the state and federal governments, and is managed by the states. People served by Medicaid are U.S citizens or legal permanent residents, including low-income adults, their children, and people with certain disabilities.

## **Section 8 Certificate Program (Housing Choice Voucher Program)**

The rental subsidy program run through the Housing Authority of Cook County.

## **SSI**

Supplemental Security Insurance is a “needs-based” benefit. In addition to providing benefits to disabled persons of any age including children, it also pays monthly benefits to people over age 65 whether or not they are disabled. The key to SSI benefits is “financial need.” Eligibility is based on the person’s lack of personal resources and income to meet necessities of life.

## **SSDI**

Social Security Disability Insurance is also called SSD. Social Security calls it just “Disability” The program was created so workers who become disabled and unable to work to their normal retirement age will be able to access their Social Security retirement benefit early. Financial eligibility is solely based on the length of time and amount paid in F.I.C.A. payroll taxes.

## **TANF**

Temporary Assistance for Needy Families is a federal assistance program that replaced the Aid to Families with Dependent Children (AFDC) program. TANF provides temporary financial assistance while aiming to get people off of that assistance, primarily through employment. There is a maximum of 60 months of benefits within one's lifetime, but some states have instituted shorter periods. In enforcing the 60-month time limit, some states place



limits on the adult portion of the assistance only, while still aiding the otherwise eligible children in the household.

### **Tenant Based Rental Assistance**

Tenant based rental Assistance (TBRA) is a rental subsidy program funded through the HOME program.

### **Types of Housing For Homelessness Populations**

Permanent Supportive Housing: PSH is one of three housing types funded under the Supportive Housing Program. It is a special type of housing that provides both a rent subsidy to make the housing affordable to homeless individuals and families, and requires the provision of services for that subcategory of homeless who have significant disabilities. Residents of PSH must be both homeless and disabled.

Transitional Housing: TH is one of three housing types funded under the Supportive Housing Program. It allows for up to two years of rent and program supports for homeless individuals and families. In theory it is designed for individuals who are not disabled and who are likely to be able with some help to get back into employment and housing on their own. In practice it has been a stepping stone for both disabled and non-disabled into permanent housing. TH programs can take the form of apartments or congregate facilities. Congregate facilities are essentially shelters, but with a longer time limit than is typical of emergency housing.

Emergency Housing: EH is typically a short-term stay facility which is intended to keep the individual or family safe. While it may include limited services, they are typically less developed than those provided in transitional housing programs or permanent supportive housing programs.

Safe Haven: SH is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness and other debilitating behavioral conditions who are on the street and have been unable or unwilling to participate in housing or supportive services. Typically it has the characteristics of permanent supportive housing and requires clients to sign a lease. It is expected that clients will be reengaged with treatment services as they become stabilized and learn to trust service providers.