Homeless Headlines

A publication of the Illinois Community Action Association, 3435 Liberty Drive, Springfield, Illinois 62704 - (217) 789-0125

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The Chicago Housing for Health Partnership "Getting Housed, Staying Healthy"

The Chicago Housing for Health Partnership (CHHP) is a new collaborative and innovative service and housing project, and is among the first in the nation to utilize the philosophy of "Housing First". In May 2006, CHHP completed its initial enrollment phase for its demonstration project and will resume enrollment in the late autumn of 2006.

Individuals with a chronic medical illness and who lack stable, safe housing are often discharged from hospitals to the streets or to emergency shelters. Without adequate rest, proper nutrition, clean water, access to clean bathrooms, a place to refrigerate medications, and follow-up assistance, additional stress is placed on their health. The stabilization needed because of their cancer, diabetes, HIV/AIDS, seizure disorder, or other illnesses, is either impeded or impossible.

Many homeless individuals who have a chronic medical illness also remain in the shelter system for periods of 6 months to a year, or even longer, not able to access housing options. Without being able to stabilize their lifestyles in housing with community participation in local health and human services, their chronic illnesses often worsen and deteriorate. Therefore, there is a significant and specific need

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HUD Appropriations Bill Passes House

The FY07 Transportation, Treasury, HUD Judiciary and the District of Columbia appropriations bill, H. R. 5576 was debated on the House floor on June 13 and 14, and approved by a vote of 406-22 on June 14. (See table on page 5.)

Several improvements were made to the bill on the floor. An amendment offered by Representative Jerrold Nadler (D-NY) and cosponsored by Representative Nydia Velazquez (D-NY) to increase funding for Section 8 vouchers by $70 million, enough to provide approximately 10,000 additional families with safe and affordable housing, was approved by a vote of 243-178. In a press release Mr. Nadler said, "Section 8 plays a crucial role in the housing system in this country, and yet every year it's a fight to fund it adequately. Last night's vote showed that the program is a priority across the country."

Representative Katherine Harris (R-FL) offered an amendment to increase funding for Section 202 elderly housing by $12 million and Section 811 housing

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Inside Headlines

Headlines/Hotline on the Internet *- The* ***Illinois Community Action Association*** *publishes both Homeless Headlines and Homeless Hotline on the Publications page of its web site at www.icaanet.org. To receive both by email, send a blank email to: headlines-hotline-subscribe@yahoogroups.com. (Self service only.)*

Illinois Department of Human Services

Housing for Health

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to implement a "Housing First" model for supporting the chronically ill homeless in the Chicago area to remain stable and healthy. . In January 2002, a partnership of Chicago area health care and housing providers came together to develop a cost-effective, collaborative approach to improve continuity of care and outcomes for this highly vulnerable homeless subpopulation. As a result, the Chicago Housing for Health Partnership (CHHP) was established. CHHP is a three-year demonstration project that aims to:

1) Reduce costly and extended hospitalizations by expediting discharge of chronically medically ill homeless adults into interim housing facilities with access to recuperative care;
2) Move homeless individuals with a chronic medical illness into safe, stable housing as quickly as possible by increasing the capacity of respite, transitional, and permanent housing providers;
3) Develop team-based case management and a shared Management Information System to facilitate better integration of services and tracking of outcomes across the Continuum of Care.

CHHP comprises two health care systems (Cook County Bureau of Health, and Mount Sinai Hospital Medical Center), interim housing/respite facilities at Interfaith House; and seven providers of service-enriched transitional and permanent housing (Chicago House, Vital Bridges, Featherfist, Housing Opportunities for Women, Christian Community Health Center, Heartland Human Care Services, Mercy Lakefront Housing, and the Lawson YMCA). The lead partner, the AIDS Foundation of Chicago, is overseeing the evaluation and the program and fiscal administration of the project. To date, CHHP has enrolled over 200 participants to receive intensive case management services and housing assistance. Over 100 of these participants are currently in permanent housing settings, with 60 of these having been housed for over a year. Of the remaining participants who are unhoused, a third are engaged with services and expected to be housed soon. The remainder are incarcerated, in needed intermediate care facilities, deceased, or have disengaged from the project leaving no contact information.

CHHP is the first effort of its kind in the nation, integrating multidisciplinary services for chronically medically ill homeless individuals using the

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CHHP Overview

In September 2003, a multi-disciplinary group of health care, respite care, and housing providers began serving homeless individuals with chronic medical health conditions. An innovative collaboration had been formed to improve the continuity of care and enhance the outcomes for this high-risk group. Each organization brought and continues to bring valuable experience, skills, resources and energy to this collaboration and has a track record of serving chronically ill homeless people.

Project Partners

- *Cook County Bureau - Health Services*
- *Mount Sinai Hospital Medical Center*
- *AIDSCARE*
- *Christian Community Health Center*
- *Chicago House*
- *Deborah's Place*
- *Featherfist*
- *Franciscan Outreach Association*
- *Heartland Human Care Services*
- *Housing Opportunities for Women*
- *Interfaith House*
- *Mercy Housing, Lakefront*
- *Lawson YMCA*
- *Vital Bridges*
- *AIDS Foundation of Chicago*

Funders

- *HUD: SHP / HOPWA*
- *Michael Reese Health Trust*
- *AIDS Foundation of Chicago*
- *Baxter International Foundation*
- *Chicago Community Trust*
- *Grant Healthcare Foundation*
- *Polk Bros. Foundation*
- *Prince Charitable Trusts*
- *Field Foundation*
- *Siragusa Foundation*

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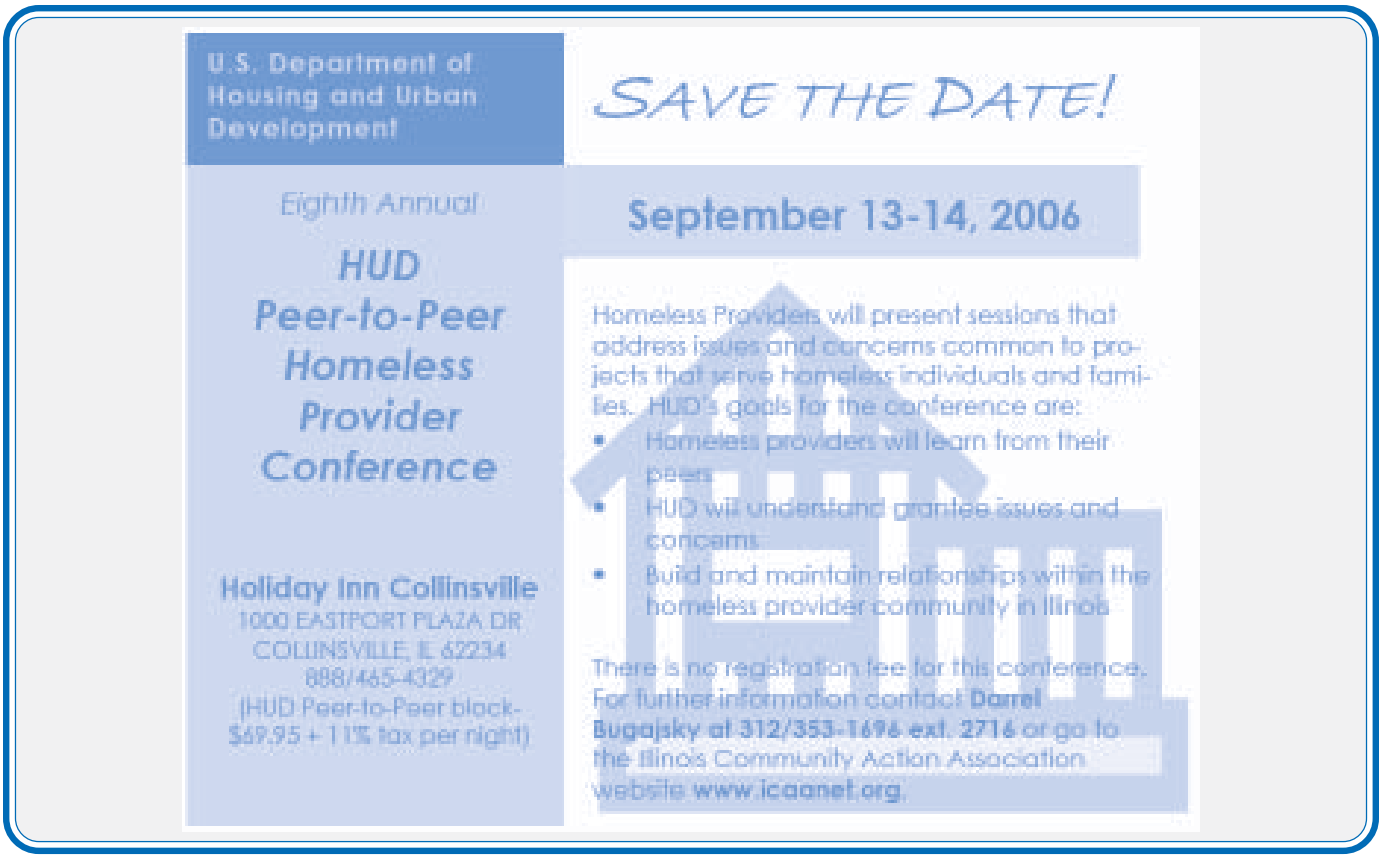

Making the Connection

Building a Better System – Part I

Contributor: DuPage Federation on Human Services Reform

The authors of this column welcome your comments and questions. See contact information at the end of the article.

Many homeless advocates approach us after the ***"Making the Connection"*** training to ask for ideas on how to solve a problem with how 'the system' provides services. Often, the answer involves a collaborative approach to identifying solutions to common problems.

Mainstream programs and systems are designed as interventions to assist many types of low income persons, not just persons experiencing homelessness. However, access to these programs is critical to the success of many of the housing projects for the homeless whom HUD evaluates each year. When individuals successfully obtain mainstream benefits, they have an improved ability to pay rent, obtain housing, and access healthcare or treatment for mental illness or substance abuse. In addition, they are less likely to be discharged from institutions into homelessness, and more likely to obtain or keep their jobs.

Often, people who are eligible for mainstream benefits face difficulty in obtaining them. These difficulties stem from bureaucratic barriers, lack of knowledge about benefit programs, or lack of supportive services such as transportation, food or health care.

Problem: Some individuals now leaving a local County jail need to continue to receive medications for mental illness which were started while in jail. However, during their time in jail they lost their jobs, along with their housing and health insurance. In order to have ongoing access to essential medications, which if taken may reduce the likelihood of recidivism. A source of health care, as well as a way to pay for the medications needs to be located or developed.

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HHS Appropriations Pass House Committee

Last week, the House of Representatives Appropriations Committee passed their version of the funding bill for the Departments of Labor, Health and Human Services (HHS), and Education. The bill does not include several of the cuts the President proposed earlier this year, instead it includes some increases not called for by the President and the retention of some important programs:

- Community Health Centers received $1.988 billion, a $206 million increase over fiscal year (FY) 2006 and $25 million more than the President's request. This results in almost $173 million for the Health Care for the Homeless programs.
- Community Services Block Grant (CSBG) recommended funding is $449 million ($181 million less than FY 2006) even though the President recommended eliminating CSBG.
- Social Services Block Grant funding is $1.7 billion, $500 million above the President's request.
- Homeless Veterans Employment and Training program is allocated $22 million which is a $2 million increase from FY 2006.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) substance abuse block grant was increased by $75 million.
- Several programs were funded at the same level as FY 2006: Low Income Home Energy Assistance Program (LIHEAP) at $2 billion, Substance Abuse and Mental Health Services Administration (SAMHSA) mental health block grant, Runaway and Homeless Youth Programs at $103 million, Programs for Regional and National Significance including the Grants for the Benefit of Homeless Individuals, and Projects for Assistance in Transition from Homelessness (PATH) at $54.8 billion.

This funding bill is expected to be considered by the entire House of Representatives by early July. Senate committee action is also expected in July.

For further information, contact the National Alliance To End Homelessness at the address in *Headlines Directory*.

HUD Appropriations

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for the disabled by $3 million. The amendment was agreed to on a vote of 335 to 90. Ms. Harris also worked with Representative Artur Davis (D-AL) in winning approval for an amendment by vote of 262-162 that provides $30 million for the HOPE VI program, which had been zeroed out in the Administration's budget proposal.

The Brownfields redevelopment program, which was also zeroed out in the Administration's budget request, received $15 million when an amendment offered by Representative Gary Miller (R-CA) was adopted 286-129.

Representative Louise Slaughter (D-NY) and Representative Velazquez offered an amendment providing an additional $35 million for the Lead-Based Paint Reduction Program. It was agreed to on a vote of 233-190.

Also, Representative Maxine Waters (D-CA) offered an amendment to restore $3 million to the Section 108 Loan Guarantees that was accepted on a vote of 218-207.

The National Low Income Housing Coalition (NLIHC) was disappointed that an amendment by Representative Barney Frank (D-MA) to guarantee that tenant protection vouchers would be available to replace each lost unit when public housing is demolished or private buildings end their federal subsidy failed on a vote of 214-214. The language in H. R. 5576 only allows tenant protection vouchers to be used for units "under lease," which will result in a loss of vouchers to a community.

An updated budget chart is available at www. nlihc.org/news/061606chart.pdf.

The Senate has not begun its formal appropriations process. The Senate Appropriations Committee has yet to announce its 302 (b) allocations to its subcommittees, which will give subcommittees the amount of funding each has to distribute among the numerous programs under their jurisdictions.

For further information, contact the National Low Income Housing Coalition at the address in *Headlines Directory*.

(See table on next page)

Using HOME in Homeless Projects

The Corporation for Supportive Housing announced a June 20, 2006 training on using HOME funds in homeless projects in the May Homeless Headlines. Since then, two additional dates and sites have been added for the training.

- Springfield: Tuesday June 20th
- Whittington: Thursday July 13th
- Chicago: Thursday July 27th

The trainings are free, but you must register to attend. For information and registration, call Janis York at (312) 588-1236 ext. 16 if you have any questions.

HUD FY07 Budget Chart for Selected Programs

(in millions)

HUD Program (set asides indented)	FY04 Enacted	FY05 Enacted	FY06 Enacted*	FY07 Request	FY07 House Passed
Tenant Based Rental Assistance	14,186	14,766	15,417	15,920	15,846
Tenant Protection Vouchers	205	163	178	149	149
Administrative Fees	1,235	1,200	1,238	1,281	1,138
Family Self Sufficiency Coordinators	48	46	47	47.5	47.5
Contract Renewals	12,893	13,463	13,949	14,436	14,506
Project Based Rental Assistance	4,792	5,298	5,037	5,676	5,476
Contract Renewals	4,692	5,195	4,890	5,526	5,326
Public Housing Capital Fund	2,695	2,579	2,439	2,178	2,178
Emergency/Disaster Grants	50	30	17	20	20
Resident Opportunities and Supportive Services (ROSS)	55	52.5	38	24	24
Public Housing Operating Fund	3,579	2,438	3,564	3,564	3,564
HOPE VI	149	143	99	-99	30
Native American Housing Block Grants	650	621	624	626	626
Native Hawaiian Housing Block Grants	9	9	8.7	6	9
Housing Opportunities for Persons with AIDS	295	282	286	300	300
Community Development Fund	4,921	4,671	4,178	3,032	4,200
CDBG Formula Grants	4,331	4,110	3,711	2,975	3,873
Self-Help Homeownership Opportunity Program	27	25	20	0	22
Economic Development Initiative Grants	276	262	307	0	250
Youthbuild	65	62	49	0	0
Brownfields Redevelopment	25	24	10	0	15
HOME Investment Partnership Program	2,006	1,900	1,733	1,917	1,917
HOME Formula Grants	1,859	1,789	1,690	1,816	1,828
American Dream Downpayment Initiative	87	50	25	100	25
Housing Assistance Counseling	40	42	42		42
Homeless Assistance Grants	1,260	1,241	1,327	1,536	1,536
Shelter Plus Care (renewals)	194	214	255	285	285
Samaritan Initiative				200	0
Rural Housing and Economic Development	25	24	17	0	0
Housing for the Elderly (Section 202)	774	741	735	545	747
Housing for Persons with Disabilities (Section 811)	249	238	237	119	240
Housing Counseling Assistance				45	
Fair Housing and Equal Opportunity	48	46	46	45	45
Fair Housing Assistance	28	26	26	25	26
Fair Housing Initiatives	20	20	20	20	19
Lead-Based Paint Hazard Reduction Program	174	167	150	115	150
Salaries and Expenses	1,116	1,030	1,141	1,162	1,141
Total HUD Discretionary Budget**	34,708	34,708	33,503	34,268	33,646

*FY06 numbers reflect an across the board cut of 1%.

**This number will not total the amounts listed in the chart: the chart does not include all HUD programs, and also includes programs from other departments

Housing for Health

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"Housing First" approach established by the National Alliance to End Homeless and the Chicago Continuum of Care. There have been no published national or local studies of the costs and service usage associated with housing the chronically medically ill homeless adults, or the benefits of alternative systems of care for this high-risk homeless population. Recognizing CHHP's unique potential to contribute valuable research to the field, the Partnership has contracted with the Collaborative Research Unit of the Cook County Bureau of Health to conduct a three year research project that will provide the first-ever national study of this homeless subpopulation, and offer valuable best-practice models for similar interagency approaches that will support strategic plans and policy changes toward ending homelessness nationwide.

The New Model: Housing First

In this new model, the chronically ill homeless are placed or stabilized in appropriate stable housing first. This is a paradigm of change, but makes sense given that we know that the underlying causes of homelessness can best be addressed once a person is housed. Research has shown that providing services in a permanent housing setting leads to better outcomes and is less expensive than the cost of habitual shelter stays and the emergency medical services often required by the chronically ill homeless. This does not mean that participants do not need case management, substance abuse treatment, employment training or other supports. It means that they are linked to these "wrap around" services that best meet their immediate and long-term supportive service needs. The fundamental shift is that services are transitional; housing is permanent.

Project Design

The new collaboration, named as the Chicago Housing for Health Partnership, has developed a system of care that simultaneously attends to the medical and housing needs of the chronically ill homeless. The goal of the project is to increase health outcomes while stabilizing long-term housing. Partner organizations share a client-centered philosophy and respect every person's needs, values, differences, and strengths.

Interventions

The project partners believe that when homeless individuals with chronic medical conditions are able to focus their energies on healing and maintaining their health, rather than straining to find a place to sleep each night, their health outcomes will improve. To that end, the partnership implements and is evaluating three main interventions:

⌘ Expedited Hospital Discharge-participants benefit from a coordinated system of discharge into a specialized Interim Housing program.

⌘ Housing First-stable housing is facilitated and expedited by project participation and by a capacity expansion of 120+ new units.

⌘ Specialized Case Management Services-are delivered through a Systems Integration Team (SIT), which is a subset of Chicago's Continuum of Care.

The Systems Integration Team is serving 200 chronically medically ill homeless individuals through the project. Prior to its full implementation, which began in September 2003, the SIT model was piloted for six months, so that partnering agencies could specifically address protocol, client data instruments, and information sharing issues.

Criteria For Participation

Chronic medically ill homeless adults that are hospitalized at either John Stroger or Mount Sinai hospitals will be eligible to receive services from the Chicago Housing for Health Partnership when enrollment resumes in early 2007 if they meet the below criteria:

⌘ Homeless - no source of stable housing for the last one month

Cause and Effect

"Rates of both chronic and acute health problems are extremely high among the homeless population. With the exception of obesity, strokes and cancer, homeless people are far more likely to suffer from every category of chronic health problem. Conditions that require regular, uninterrupted treatment, such as tuberculosis, HIV/AIDS, diabetes, hypertension, addictive disorders, and mental disorders, are extremely difficult to treat or control among those without adequate housing.

Many homeless people have multiple health problems. For example, frostbite, leg ulcers and upper respiratory infections are frequent, often the direct result of homelessness. Homeless people are also at greater risk of trauma resulting from muggings, beatings and rape. Homelessness precludes good nutrition, good personal hygiene, and basic first aid, adding to the complex health needs of homeless people.

Housing is the first form of treatment for homeless people with medical problems, preventing many illnesses and making it possible for those who remain ill to recover....."

The National Coalition for the Homeless, fact sheet #8, Health Care and Homelessness, June 1999

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Housing for Health

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⌘ Have at least one chronic medical condition that normally increase the morbidity and mortality among homeless individuals or in the general population:

⌘ HIV/AIDS infection
⌘ Renal disease
⌘ Liver disease History of arrhythmia
⌘ Congestive heart failure
⌘ Cancer
⌘ Coronary artery disease
⌘ Severe asthma
⌘ Chronic obstructive pulmonary disease (emphysema)
⌘ Cerebrovascular disease (stroke)
⌘ Seizure disorders
⌘ Diabetes
⌘ Sickle cell anemia

Of the total participants, at least 40% will be living with HIV/AIDS and at least 10-12% will be veterans The objectives of the Partnership relate to the health, well-being, and housing status of the chronically ill homeless, as well as to the associated costs of services.

Expected Outcomes

Benefits to the Chronically Ill Homeless:

⌘ Housing stability for at least one year
⌘ Lower mortality rate
⌘ Increased quality of life indicators
⌘ Increased job stability and retention (when applicable)
⌘ Increased social stability and social support

Benefits to Health Care and Service Providers:

⌘ Decreased use of inpatient medical services
⌘ Decreased use of emergency room care
⌘ Decreased medical care costs

Benefits to Everyone:

⌘ Increased adherence to medical recovery plans
⌘ Increased adherence to service/ treatment plans

For further information, contact:

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Better System

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To solve a problem such as this, flexibility and collaboration among a number of organizations is essential. Although a number of organizations are affected by the problem, it doesn't fall specifically into the jurisdiction of any one organization. Most often, systems change requires flexibility, a team approach and a multi-step process. The collaborative process to effect system change begins by working 'from case to cause'.

1. ***Diagnose the problem.*** What's wrong? Who's getting hurt? What's the impact of the problem? Who else is affected? Is the problem hurting a lot of people or only a few people?

2. Determine what it would take to fix the problem. Identify one or more acceptable proposed solutions. Define the desired outcomes. This requires gathering information about shared problems, defining the problem and potential solutions.

3. Determine who has the ability to implement your proposed solutions. Often, advocates will approach a relatively low level individual and ask that person to do something that is beyond his or her authority. The answer in such situations is invariably "NO", because the wrong person has been approached. For example, it is unrealistic to ask a local IDHS office administrator to hire more staff or to invest funding in key community resources, since local administrators do not have the authority to make these commitments. However, the local office administrator may be able to reallocate how staff is assigned to work activities.

4. Develop a relationship with the right person or organization. You want to present as a credible, rational team player, not as an unreasonable, emotional 'loose cannon'. Some of the ways to accomplish that are to be polite, and to start with the assumption that your target organization wants to provide good services, but that barriers exist that interfere with that goal. Only after a relationship based on trust is developed will it be possible

5. Find out what is preventing the organization from implementing the solution. Is the problem caused due to lack of funding, the policies of the organization, federal, local or state regulations, etc? Be honest in this evaluation. This process should not be an evaluation of the problem, or whether or not the policy is good or bad, it is just meant to identify what "is".

At this point, your initial diagnostic work is complete, you know what needs to be done and who can do it, and you can shift to Phase 2: Implementing the solution. Next month: Phase 2: Implementing the solution.

The DuPage Federation on Human Services Reform, a non-profit 501(c)(3) organization focused on advocacy and planning in DuPage County, Illinois and designer and trainer of Making the Connection: A Guide to Accessing Public Benefits. The DuPage Federation is affiliated with Northern Illinois University, Regional Development Institute. Questions can be directed to knelson@dupagefederation.org or cking@dupagefederation.org.

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