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The corrections system has become The Nation's Largest Mental Health Provider: Housing with Services is the Cost-Effective Solution

by John Fallon and Corinne Rearer

How Our Mental Health System Has Changed

In 1963, John F. Kennedy signed the Community Mental Health Centers Act to establish a network of community mental health centers (Encyclopedia of Mental Disorders, 2010). This allowed thousands of persons with mental illness to leave the state psychiatric hospitals in which they had lived for many years and begin to live in the community. Since then, many people are now living

successfully within our neighborhoods. We now recognize that many people recover from an episode of mental illness and live long and productive lives.

For many, this transition has been a success. For others, the societal promise of transitional services and ongoing support has been broken. The plan to assist people in the community with ongoing support services, medical support, and affordable housing never materialized. Supportive services were

to include assistance maintaining income, health care, personal hygiene, housekeeping, budgeting, job skills development, medication monitoring and ongoing communication among treatment providers.

There was insufficient preparation, targeted support, and funding to make a transition from the hospital into the community. Without preparation and support, many people entered the community without adequate skills and resources and an inability to afford or
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FY12 Federal Budget

Reflecting the political clamor for spending cuts, President Obama's proposed budget for HUD for the fiscal year to begin October 1, 2011 is less than what he requested for FY11 and for several HUD programs is less than funding levels in the FY10 appropriations.

At a budget briefing on February 14, HUD Secretary Shaun Donovan said that the President's HUD budget achieves the Administration's goal of addressing the budget deficit while protecting low income families. The budget will keep HUD's core programs

functioning and use the majority of funds to ensure that households that are already served continue to receive support, said the Secretary. He stressed that the President's budget would provide funding needed to maintain current contracts for both the Tenant-based and Project-based Section 8 Rental Assistance programs.

The Secretary reported that no new initiatives are proposed and numerous programs are funded at less than desirable levels, including Section 202 Housing for the Elderly, Section 811

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Homeless Headlines on the Internet - The Illinois Association of Community Agencies publishes both Homeless Headlines and Homeless Hotline on its web site at www.iacaanet.org under Media. To receive both by email, send a blank email to: headlines-hotline-subscribe@yahoo.com. (Self service only.)

Illinois Department of Human Services



Obama Proposes \$1 Billion for NHTF in FY12 Budget

The President's proposed FY12 budget, released on February 14, includes \$1 billion as the initial capitalization for the National Housing Trust Fund (NHTF). It is proposed as part of the HUD budget, but listed as a mandatory expenditure, one that does not compete with the other HUD programs that are funded through appropriations. This year's proposal



repeats what was proposed in the previous two budgets submitted by President Obama. The NHTF was not funded in either of those budget processes.

To be successful, the \$1 billion will have to be "offset" by a cut somewhere else in the mandatory budget. The FY12 budget did not provide an offset. HUD Secretary Shaun Donovan said that the Administration will look for opportunities to offset the \$1 billion as larger bills emerge that may provide such an offset. Offsets will likely be found in tax legislation.

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

Beyond Shelter Rapid Re-Housing

Beyond Shelter and HomeStart recently released a report, "Rapid Re-Housing for Homeless Populations," on successful strategies to overcome common barriers to rental housing, including poor credit, eviction histories, and criminal records. The tools, techniques, and policies in the report can be implemented by both individual service providers and communities as they prepare to respond to new rapid re-housing priorities and funding from the HEARTH Act.

Download the report at www.beyondshelter.org/aaa_the_institute/RehsingStrategies.pdf 📌



MyMoney. gov

MyMoney. gov is the U. S. government's website dedicated to teaching all Americans the basics about financial education. Whether you are buying a home, balancing your checkbook, or investing in your 401(k), the resources on MyMoney. gov can help you maximize your financial decisions. Throughout the site, you will find important information from 20 Federal agencies and Bureaus designed to help you make smart financial choices.

Go to www.mymoney.gov/ 📌

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Homeless Headlines on the IACAA Web Site

The current issue of Homeless Headlines and back issues are available at www.iacaanet.org/homelesshandlines/.

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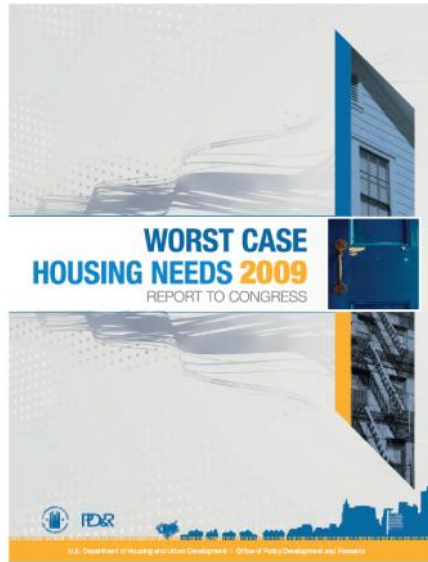
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Worst Case Housing Needs Up 20 percent in HUD Study

According to the most recent report on worst case housing needs, released by HUD on February 1, there were 7.1 million worst case needs households in the US in 2009, up significantly from 5.9 million just two years before.

Worst Case Housing Needs is HUD's biennial report to Congress on the housing needs of very low income renters who do not receive housing assistance. A household has worst case housing needs if it has an income of less than half the area median income and it pays over half its income for housing, or if its home has severe housing problems such as missing plumbing or no heat.

HUD reports that 39 percent of the households with worst case needs are



families with children, and 19 percent are elderly households without children. Housing cost burden is the largest cause of worst case needs. Just

6.3 percent of all worst case needs households experience severely inadequate housing.

The report also looks at the relationship between the supply and the demand for affordable housing and finds that there are only 32 units of adequate, affordable rental housing available for every 100 extremely low income renters nationwide.

The supply of affordable, adequate housing and housing assistance available to low income people is most scarce in the West. Nearly 40 percent of very low income households receive housing assistance in the rural Northeast, where just over 30 percent of these households have worst case

(Continued on page 11)

Making the Connection

Making the Connection: Transportation to Medical Care

By Kathryn Nelson



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

Once our clients receive Medicaid or All Kids and they finally find a doctor who will accept the medical card, their access to health care is still limited due to not having the money to travel to medical appointments. It is important to know that when a person is enrolled in Medicaid or All Kids there is help from the state to cover this cost.

Individuals who are enrolled in Medicaid or All Kids can get help from the state to pay for the cost transportation to medical care covered by the Medicaid/All Kids programs, if they do not have any other source to cover this expense. This service can also cover the cost of transportation for an attendant if the attendant is necessary. An attendant could be the parent for their young child or needed to assist the person going to the doctor, to participate in the client's treatment or to learn how to care for the person after discharge from a hospital (visiting the person in the hospital will not be covered).

Payment for transportation to get to and from medical care is made even if the medical care is free, such as care at a VA hospital. It is expected that the cheapest type of transportation that is available is to be used, so often this

can be public transportation. Types of transportation options are:

Ambulance – this covers emergency transportation or is needed to transport someone who needs a stretcher, medical supervision, or who may need oxygen or drugs.

Medicar – covers transport of persons who need a lift or ramp to get into a vehicle or who need a stretcher, but do not need medical supervision, oxygen, or drugs.

Service Car, Taxi, or Private Auto – this can be used to take a client who can walk, when their medical condition does not require a specialized mode, but they cannot use

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HUD Launches “Evidence Matters”

In an effort to promote a new generation of data-driven and evidence-based policymaking, HUD has unveiled a new quarterly publication intended to inform housing and community development advocates, state and local

policymakers, Congress and researchers on new approaches to issues related to housing and community development. Evidence Matters is an objective, unbiased publication intended to inform the broad housing and community development field on future policy directions based on research and data - in short, the evidence.

The inaugural issue of Evidence Matters (Choice Neighborhoods: History and HOPE) focuses on

strategies to revitalize neighborhoods of concentrated poverty including HUD’s HOPE VI program. One central observation is that while HOPE VI can show significant positive impacts, one of the program’s main challenges is its inability to consistently improve multifaceted problems in residents’ lives as it has in improving housing conditions and surrounding communities.

Read the inaugural issue of Evidence Matters. www.huduser.org/portal/evidence.html ■

FY12 Federal Budget

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Housing for People with Disabilities, the HOME Investment Partnerships program and the Community Development Block Grant program.

However, HUD expects to serve an additional 86,000 households in FY12 through a public housing demonstration, the National Housing Trust Fund, and changes to the Low Income Housing Tax Credit. Increasing funding for Homeless Assistance Grants to fully implement the HEARTH Act will also allow HUD to serve additional households.

The President’s FY12 total net budget authority for HUD would be \$41.74 billion, an increase of \$149 million over the Administration’s initial proposal for FY11 but a decrease of \$1.83 below the budget authority enacted for FY10. HUD’s gross budget authority would actually increase over FY10 enacted levels and HUD would rely upon Ginnie Mae and Federal Housing Authority receipts to offset expenditures for other housing programs.

Specific Budget Components

☞ Homeless Assistance Grants.

HUD proposes strong FY12 funding for Homeless Assistance Grants and new Housing and Services Demonstration Vouchers, reflecting the Administration’s commitment to ending homelessness in general and the federal

strategic plan to end homelessness through an increasing focus on housing for vulnerable households specifically.

In the President’s FY12 budget, Homeless Assistance Grants would receive \$2.37 billion, a significant increase over both FY10 enacted levels and the President’s FY11 request. Secretary Donovan said that this level of funding, which is \$600 million below the program’s new authorization, will allow HUD to implement the HEARTH Act, which reauthorized the Homeless Assistance Grants programs in 2009. HUD is now finalizing regulations for the Act’s new initiatives.

The budget would provide \$1.9 billion for renewals of the Continuum of Care (CoC) program, \$130 million for new CoC projects, Rural Housing Stability Assistance and data analysis, \$286 million for the Emergency Solutions Grant Program, and \$50 million for incentives to public housing agencies (PHAs) and private owners of assisted housing to serve homeless households.

HUD is still designing incentives for PHAs and private owners to increase the number of homeless households they will serve, but anticipates applying funds equally between rent incentives and supportive services.

In addition to increasing the funding for these core homeless assistance programs, HUD also requested funds for a new Housing and Services

Demonstration for Homeless Persons that would serve both homeless families and individuals. The program is included in the President’s budget for the second year but would receive less funding than proposed in FY11. HUD is requesting \$57 million for the demonstration to combine services for individuals and families through the Department of Health and Human Services and the Department of Education.

In FY11, HUD proposed serving 4,000 individuals and 6,000 families. HUD may continue this 40/60 split of individual and family households served, though with less funding, fewer households would be assisted.

☞ **Capital Programs.** Secretary Donovan emphasized that, despite the effectiveness of many HUD programs, the Administration made the difficult decision to fund housing production programs at levels lower than FY10. The HOME Investment Partnerships Program would be funded at \$1.65 billion dollars, the same amount requested in FY11 but a 10 percent cut below FY10 funding.

Section 202 Housing for the Elderly would be cut 8 percent below FY10 funding levels. The budget includes funding to renew existing subsidy contracts but provides lesser funding for the capital advance portion of the program. HUD proposed cutting Section 202 entirely in FY11 while working on ways to reform the
(Continued on page 5)

FY12 Federal Budget

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program. The House and Senate both included funding for 202 in their bills and legislation to reauthorize the program that passed in the 111th Congress. Meanwhile, HUD introduced its own reform proposal for the Section 202 program which it hopes to advance in the 112th Congress.

HUD proposes \$196 million for the Section 811 Housing for People with Disabilities program but, as with FY11, shifts \$114 million for rental assistance contracts to the Tenant-Based Rental Assistance account. The two accounts bring the total program funding to \$310 million, \$10 million above the FY10 level. A bill to reform the Section 811 program passed at the end of the 111th Congress. This bill enables a demonstration program that shifts construction funding to operating subsidy funding to increase the number of units funded and easily integrate units for people with disabilities into mainstream housing developments. HUD has also proposed its own Section 811 reform package which builds on the program changes enacted by the last Congress.

☞ **Tenant Based Rental Assistance (Vouchers).** The FY12 budget proposes \$19.22 billion for the Tenant-based Rental Assistance program, a 2 percent decrease below the President's FY11 request and an increase of 6 percent over the FY10 appropriation for the program. HUD anticipates that the \$17.14 billion requested for contract renewals would fully fund the approximately 2.1 million vouchers currently in use, ensuring stability for those households that are now in the program.

This contract renewal request is \$166 million below the President's FY11 request. After sending its budget to Congress in February 2010, HUD worked with appropriators to revise the estimated amount needed to fully renew contracts for FY11. The House used this revised figure of \$17.08

billion in the Transportation, Housing and Urban Development (T-HUD) appropriations bill passed in July 2010. The President's FY12 budget would increase contract renewal funding by \$64 million over this figure to account for increased costs of maintaining existing vouchers.

As in the FY11 request, HUD shifted renewal funding for the Section 811 Housing for People with Disabilities program's rental assistance contracts to the Tenant-based Rental Assistance program. The FY12 budget requests \$114 million to fully renew the existing 15,000 tenant-based contracts. Funding for the construction portion of the program remains in the original Section 811 account.

The Tenant-based Rental Assistance program would also receive funding for new vouchers in programs serving people with special needs. HUD proposes funding the Veterans Affairs Supported Housing (VASH) Program at \$75 million, providing 10,000 new vouchers in FY12. The Administration did not request new funding for the VASH program in FY11 due to a lag in spending the \$75 million of FY10 funding. Since the FY11 budget was proposed, HUD and Veterans Affairs (VA) have improved voucher utilization sufficiently that officials are confident additional vouchers will be used in FY11 should Congress appropriate more funds. The FY11 HUD funding bills passed by the Senate Committee on Appropriations and the full House in the 111th Congress both included \$75 million for VASH.

☞ **Project-Based Section 8 Rental Assistance.** The President's budget requests an increase of \$47 million for the Project-based Rental Assistance account, bringing the total to \$9.42 billion over the FY11 request and \$877 million over the FY10 enacted level. Despite requesting a smaller increase for the program than in prior years, Secretary Donovan stated that HUD's funding request would meet the current 1.3 million contract renewals serving

extremely low income and very low income households.

☞ **Community Development Fund.** The President's budget would reduce the Community Development Fund by 13 percent below the FY11 request and 15 percent below the FY10 enacted level. Unlike the FY11 budget which did not apply these cuts to the Community Development Block Grant (CDBG) formula grants, the FY12 budget proposes a cut of \$306 million, or 8 percent, to CDBG.

The FY12 budget does include \$25 million for the Rural Innovation Fund, the level appropriated for the program in FY10. The Administration's FY11 budget did not request funds for this program but both the House and Senate included \$25 million for the program in their bills in the 111th Congress. Consistent with prior year funding levels, the Sustainable Communities Initiative, companion funding to HUD's Office of Sustainable Housing and Communities, would be funded at \$150 million in FY12.

☞ **HOPWA.** The Housing Opportunity for Persons with AIDS (HOPWA) program would be funded at \$335 million, consistent with the FY10 funding level but \$5 million lower than the President's FY11 proposal.

View NLIHC's budget chart illustrating FY07-FY12 funding levels for HUD programs: www.nlihc.org/doc/FY11_12_Budget_Chart_HUD.pdf

View NLIHC's budget chart comparing FY10, FY11 proposals and the FY12 request: www.nlihc.org/doc/FY10_11_12_Budget_Chart_Comparisons.pdf

View the Administration's complete HUD proposal at: www.whitehouse.gov/sites/default/files/omb/budget/fy2012/assets/hud.pdf

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

Mental Health

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gain access to medication, treatment, and support services. Without these supports, people ended up on the streets homeless or in jails convicted of crimes of survival or as a result of behaviors that were symptoms of their illness. The result, as you will see, has been a world where a person with mental illness is now more likely to be treated in a jail than a psychiatric hospital (Torrey, Kennard, Eslinger, Lamb, & Pavle, 2010). What once was called deinstitutionalization of persons with mental illness can now be called transinstitutionalization (Barr, 1999), a shifting of a large number of persons and funding from one institution (state hospitals) to another large institution (jails and prisons).

What is most tragic about so many people in jail is that most people, when given the opportunity and sufficient support, can be successfully housed in community apartments and do well (Pathways Housing First, 2010) (American Psychiatric Association, 2001). Using an evidence-based approach known as Housing First, a person, who is homeless and living on the streets, is placed immediately into affordable housing and provided immediate access to the necessary support services. This combination of support services and affordable housing is known as permanent supportive housing which allows that person to stabilize their life and become a productive member of the community.

This Permanent Supportive Housing strategy using a Housing First approach has been proven to save money in the long run by reducing the use of more expensive criminal justice and emergency psychiatric services. This model has also reduced criminal behavior as well as making lives better for those who reside in supportive housing. Besides greater satisfaction in life, a resident's health improves and many people obtain training and employment as a result of growth-

oriented services. (National Alliance to End Homelessness, 2010), (Corporation for Supportive Housing), (The Heartland Alliance Mid-America Institute on Poverty, 2009), (Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003), (American Psychiatric Association, 2001)

Current Trends in Criminal Justice & Mental Health

The Growth of Criminal Justice and Shrinking of Mental Health

While many people with mental illness are successfully housed in the community, many more have been swept into criminal justice settings due to lack of services and affordable housing. Not only have incarceration rates increased for this population, it is becoming the norm; often as a result of symptoms and lack of support services. Untreated symptoms of mental illness may cause behaviors that result in public nuisances or non-violent violations that result in arrest. Oftentimes, family members seeking services find the only way to get treatment for their loved ones is to have them arrested to get necessary treatment. (Early, 2006). Each of these

situations leads to the unnecessary criminalization of persons with mental illness.

In 1970, there were 400,000 people in the State Psychiatric Hospitals in the United States. Today, there are less than 50,000. In the same time period, the United States now incarcerates eight times as many people in prison as they did in 1970. There are 2.3 million people in custody on any given day in the United States or 1 in 100 adults. (The Pew Center on the States, 2008) The combined jail and prison population in the United States is now the largest in the world both in per capita numbers and raw numbers (See Figure 1) (Walmsley, 2003).

Transinstitutionalization:

How have the patterns and uses of mental health institutions changed through the years? The estimated numbers of persons with a mental illness in jail or prison have varied widely (Henry J. Steadman, June 2009). A National Alliance for Mental Illness recent report suggests that 16.6 percent of persons in correctional facilities have a serious mental illness (Torrey,

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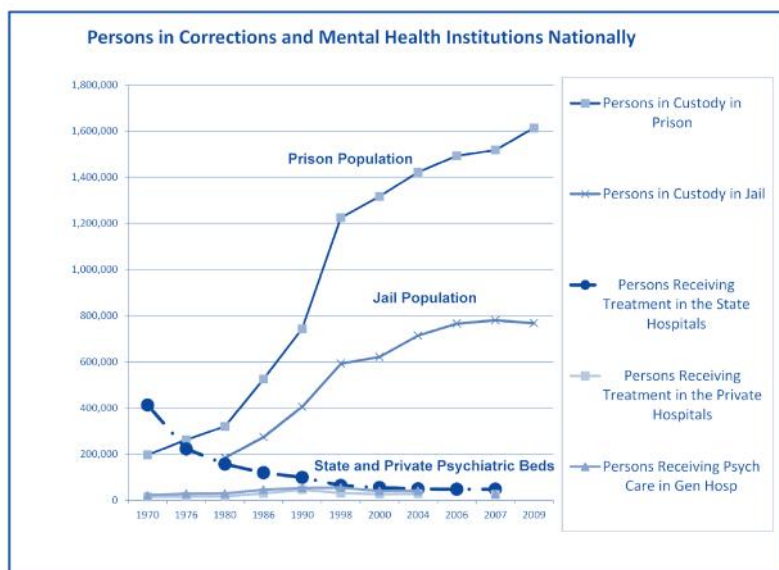


Figure 1 - US National Changes in US Capacity in Criminal Justice and Mental Health Systems (Bureau of Justice Statistics, 2010) (Manderscheid & Henderson, 2000) (National Center for Health Statistics, 2010)

Transportation

(Continued from page 3)

other transportation, such as a bus or train.

Other Transportation –

examples may be bus, train, or commercial airplane, etc.

Who you contact to ask about transportation help is based on the medical program you are enrolled in:

Medicaid for the Aged, Blind or Disabled; Pay-In Spenddown; All Kids (White Medical Card) - Call DynTek 1-877-725-0569 Monday through Friday 8:00 AM to 5:00 PM

All Kids Premium, Share or Rebate (yellow medical card) - call the All Kids Unit 1-866-255-5437

DCFS ward – Call the child’s DCFS caseworker or DCFS at 1-800-228-6533.

Long Term Care residents – the long term care facility will arrange for transportation.

Persons who are enrolled in Medicaid Spenddown programs can call for service, and receive prior approval for

the service, but will not be able to use the service until the spenddown has been met. The vendor will want to see either the spenddown met letter or a copy of a split billing form (HFS 2432) prior to actually providing the ride.

Calls for service are to be placed 2-3 workdays prior to the appointment. You will need to provide the following information:

- ☞ Name, address and phone number of the person needing transportation
- ☞ The person’s Recipient Identification number (this is next to their name on the medical card and is nine digits)
- ☞ The name and address of the medical provider
- ☞ The date, time and reason for the appointment

In many parts of the state, taxis or buses are not an option. Transportation to a source of medical

care can be provided by anyone willing to sign an agreement and to accept payment from the Illinois Department of Healthcare and Family Services (HFS). So it may be beneficial for agencies or family members who provide transportation to enroll with HFS as a transportation provider. They would have to agree to bill for the service, but this can be a valuable way to stretch limited resources. To enroll in the program to be reimbursed for transportation costs the family member or agency should contact the Bureau of Comprehensive Health Services at (217)782-5565.

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, Center for Governmental Studies. Questions can be directed to knelson@dupagefederation.org

Mental Health

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Kennard, Eslinger, Lamb, & Pavle, 2010). If one adopts the fairly conservative number of 10 percent of the entire correction system’s population having a severe mental illness, one can compare the size of the population of persons with mental illness in the jails and prisons with those in mental health facilities

Using these estimates, a person in 1970 with a mental illness in the US was most likely treated in a private or state hospital facility (88 percent state hospital, 4 percent private hospital). Only 4 percent of persons institutionalized with a mental illness were in prison (Figure 2). (Bureau of Justice Statistics, 2010) (Manderscheid & Henderson, 2000) (National Center for Health Statistics, 2010)

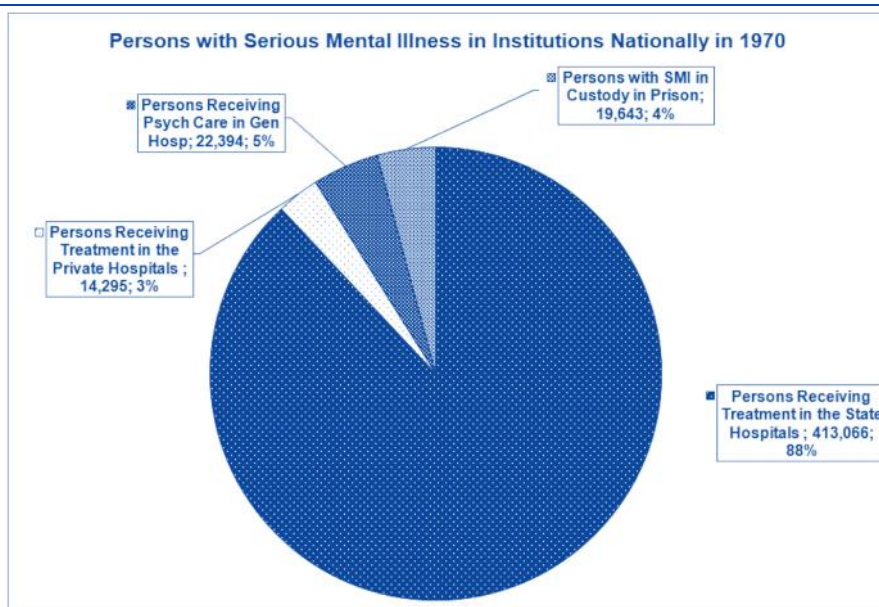


Figure 2 - In 1970, 96% of people with mental illness in an institution were in a civil

By 2007, the public mental health state hospital system shrunk to one eighth of that size and the number of persons with mental illness in corrections had

grown dramatically (See Figure 3). Making the assumption that ten percent of the correctional populations has a
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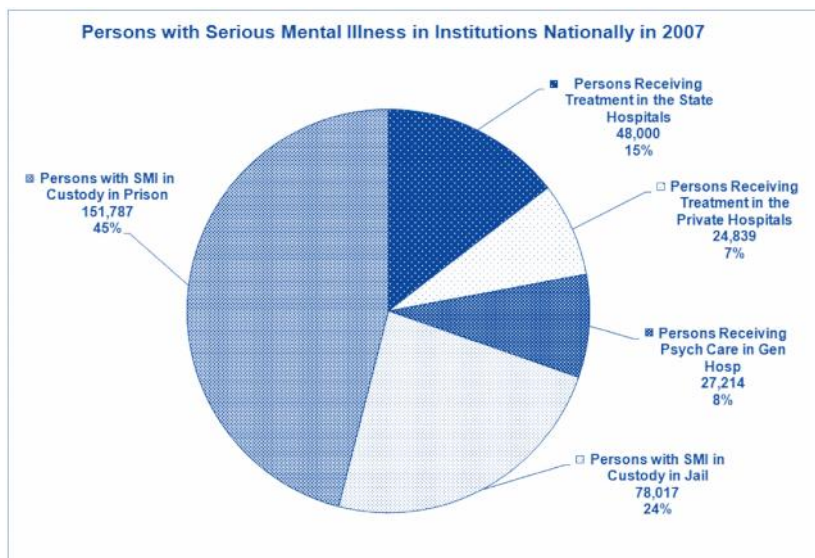


Figure 3 - Only 15% of people with a mental illness were in a state psychiatric

Mental Health

(Continued from page 7)

severe mental illness, more than 70 percent of persons with a severe mental illness who are in a private or public locked institution are now in a correctional facility as opposed to less than 5 percent in 1970. This is the tragic result of deinstitutionalization without the necessary and promised support services. We have locked people up who used to receive medical attention. We have criminalized having a mental illness when we could have created housing.

The same trends have occurred in Illinois. The state psychiatric hospital system has shrunk from 17,200 beds in 1970 to only 1529 now (less than 9 percent the size). Of these state psychiatric beds, 41 percent are devoted to treating those awaiting a trial or found not guilty by reason of insanity (court involved criminal justice forensic beds as opposed to “civil beds” meaning those beds used for treatment without criminal court involvement). This means that only 11

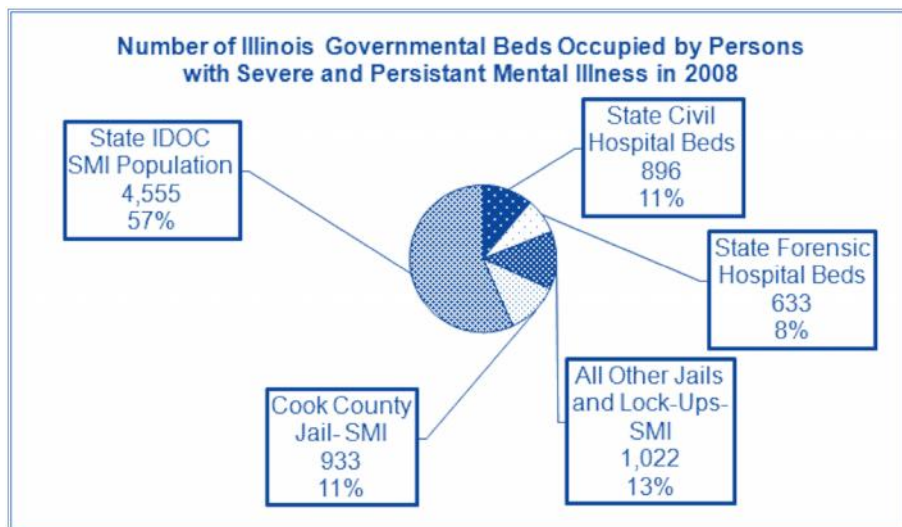


Figure 4 - 89% of the Illinois government funded beds to treat persons with mental illness are in the corrections system (2009). (Freeman, 2010), (Illinois Department of Corrections, 2009) (Illinois Criminal Justice Authority, 2008) – Corrections bed numbers based on assumption of 10% Correctional population with serious mental illness

percent of people with a mental illness in Illinois being treated for symptoms in a government funded bed are in a traditional psychiatric treatment state funded hospital bed. (See Figure 4)

This shift in the service provision for treatment of those with mental illness is a direct result of changes in criminal justice policies (increased drug enforcement, longer sentences, and less tolerance) and a lack of investment in community mental health services targeting those with severe mental illness. Ongoing cuts in mental health services state-wide has not reduced the need for services, but has forced a

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Costs of the Criminal Justice System

In 1982 in the United States, we spent 36 billion dollars on criminal justice expenses. In 2006, the United States spent over 214.4 billion dollars, enough to create 10.7 million permanent supportive housing units at \$20,000 a unit (Rivers, 2010). We could solve long term homelessness by housing every single person identified as chronically homeless nationally for less than one-fifteenth what we spend on criminal justice. (National Alliance to End Homelessness, 2010) (Perry, 2010)

In 2006, Illinois spent 6.69 billion dollars on criminal justice expenses or enough for more than 344,000 units of permanent supportive housing (Sourcebook of Criminal Justice Statistics Online, 2009) The State housing plan calls for only 7,700 units to end chronic homelessness (Illinois Housing Task Force Supportive Housing Working Group, 2008). Illinois can clearly make different choices to end long term homelessness through reinvesting some criminal justice dollars into permanent supportive housing.

Mental Health

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much less cost effective approach of utilizing criminal justice centers for treatment. Consider the cost for providing two types of evidence-based community mental health treatment for high service needs individuals (per day): \$55 for Supportive Housing (Housing and Services) or \$41 per person for a Community Support Team (intensive services only)¹. Compare those expenditures to the current costs for judicial mental health treatment (per day): Cook County Jail- \$95 (Preckwinkle, 2010)(Hribar, 2010), Other County Jails - \$70, IDOC- \$68 (Illinois Department of Corrections, 2009),

mental illness in contact with the justice system. Illinois needs a change.

Most persons with a mental illness need housing and support services and not jail. Illinois taxpayers can house people redirecting money *they are currently spending*. The result will be better care, lower crime, and less public investment in expensive emergency services.

Endnote

¹ Evidence Based Practices- \$55 based on \$20,000 given for money follows the person for housing (Federal study for Money Follows the Person) or as

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(Continued on page 10)

The Cost per Day of Housing Persons with Mental Illness in Supportive Housing Rather than in Correctional Settings					
Location & # of Persons with MI in Corrections	Cost per Day	Total		Cost of Housing - Services On-Site & Subsidy *	Total
All other jail lock ups **	1,022	\$ 70.00	\$ 71,540.00	55	\$ 56,210.00
Cook County Jail **	933	\$ 95.00	\$ 88,635.00	55	\$ 51,315.00
IDOC **	4,555	\$ 68.00	\$ 309,740.00	55	\$ 250,525.00
State Forensic Beds	633	\$ 648.00	\$ 410,184.00	55	\$ 34,815.00
Total	7,143		\$ 880,099.00		\$ 392,865.00
Difference per day					\$ 487,234.00
Difference per year					\$ 177,840,410.00

** - Based on 10% of total 2008 institution population - a conservative estimate of number of persons in corrections with severe mental illness (Bi-Polar, Schizophrenia, Schizoaffective, and Major Depression per DSM IV-TR).

* - Cost of Supportive Housing is for housing at 30% of income and robust supportive services for a person needing frequent visits and services - Cost Based on Money Follows the Person reimbursement for high service needs tenants

Figure 5 - If you took everyone with severe mental illness who was institutionalized in a correctional facility and instead put them into supportive housing, you would save over \$487,000 a day or more than 177 million a year!

forensic hospital- \$648 at Elgin (State of Illinois Department of Human Services, 2009) *If you were to total the institutional costs of persons with mental illness in correctional institutions for a single day, it would be \$880,099. If these same persons were placed in supportive housing, their cost would be dramatically reduced to \$392,865. This is a savings of over 487,000 dollars per day or over 177 million a year.*

While it is unrealistic to place all those persons detained in correctional facilities with a mental illness into supportive housing, one thing is clear- there is a more ethical and more cost effective way to provide clinically proven interventions to those with

another option the \$41 based on \$15,000 for CST (services only with no rental subsidy)

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Mental Health

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Worst Case Needs

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needs. In the suburbs of the Western states, just 20 percent receive assistance while over 45 percent suffer worst case needs. The report also confirms once again that nationwide, fewer than one in four very low income renters currently receive housing assistance.

According to the report, the increase in worst case housing needs between 2007 and 2009 is linked to three contributing factors: A decrease in renter incomes, increased competition for a shrinking pool of adequate, affordable rental units, and the need for housing assistance far outpacing the increase in the availability of such assistance. HUD’s analysis shows that a net increase of 410,000 additional households in the worst case needs

category was due to the decline in renter incomes. It attributes another 488,000 net increase in worst case needs households to the worsening relationship between supply and demand at the bottom of the rental market. The report clearly shows a decline in vacancies for the lowest rent units. A further net addition of 229,000 households is attributed to the lag in rental assistance.

Worst Case Needs is based on the biennial American Housing Survey, which is conducted by the Census Bureau and managed and funded by HUD. If funding is made available, data for the 2011 Survey will be collected this year. In recent years, however, declining research budgets at HUD have led to reductions of sample size for the survey and limited coverage of specific local markets. Advocates should oppose any effort to further

reduce the usefulness of the survey. As Worst Case Needs 2009 makes clear, this survey is instrumental to our understanding of the housing needs of low income people and the effectiveness of our response.

On February 2, the National Low Income Housing Coalition issued a press release calling on Congress and the Administration to heed the findings of the Worst Case Housing Needs 2009 report and spare federal housing aid programs from the budget cuts that many are threatening.

The 2009 report, the thirteenth since 1991, can be found at www.huduser.org/portal/publications/afhsg/wc_HsgNeeds09.html

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

Incidence of Housing Problems Among Very Low Income Renters by Region				
Region	Number of Very Low Income Renters (Thousands)		Percent of Region's Very Low Income Renters	
	2007	2009	2007	2009
Northeast	3,487	3,626	100.00%	100.00%
South	5,192	5,912	100.00%	100.00%
West	3,673	3,951	100.00%	100.00%
Midwest	3,587	3,628	100.00%	100.00%
Unassisted with severe problems	1,230	1,410	34.30%	38.90%
Unassisted with non-severe problems only	857	811	23.90%	22.40%
Unassisted with no problems	495	422	13.80%	11.60%
Assisted	1,005	986	28.00%	27.20%
Any with severe problems	1,554	1,735	43.30%	47.80%
Rent burden >50% of income	1,494	1,672	41.70%	46.10%
Severely inadequate housing	99	127	2.80%	3.50%
Rent burden only ^a	1,340	1,516	37.40%	41.80%
Any with non-severe problems only	1,143	1,131	31.90%	31.20%
Rent burden 30–50% of income	1,052	1,051	29.30%	29%
Moderately inadequate housing	127	136	3.50%	3.70%
Crowded housing	56	60	1.60%	1.70%
Rent burden only	968	951	27.00%	26.20%
Any with no problems	889	762	0.248	0.21

^a The estimates for “rent burden only” exclude households with any non-severe problems.

HOMELESS HEADLINES



ILLINOIS ASSOCIATION OF COMMUNITY ACTION AGENCIES

HOMELESS HEADLINES

3435 LIBERTY DRIVE

SPRINGFIELD, IL 62704

Headlines Directory

Center for Community Change

1536 U Street NW
Washington, DC 20009
Telephone: (202) 339-9300
<http://www.communitychange.org>

Center on Budget and Policy Priorities

820 First Street, NE, Suite 510
Washington, DC 20002
Ph: (202) 408-1080
Fax: (202) 408-1056
<http://www.cbpp.org>

Chicago Coalition for the Homeless

1325 S. Wabash, Suite 205
Chicago, IL 60605
Telephone: (312) 435-4548
Fax: (312) 435-0198
<http://www.enteract.com/~cch/index.htm>

Coalition of Citizens With Disabilities in Illinois

300 E. Monroe, Suite 100
Springfield, IL 62701
Telephone: (217) 522 7016
Fax: (217) 522-7024
TDD: (217) 522-7016
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Corporation for Supportive Housing

205 W. Randolph, 23rd Floor
Chicago, IL 60601
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www.csh.org

Food Research and Action Center

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Housing Action Illinois

11 E. Adams, Suite 1601
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Housing Assistance Council

1025 Vermont Ave. NW, Suite 606
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<http://www.ruralhome.org>

Illinois Association of Community Action Agencies

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Fax: (217) 789-0139
<http://www.iacaanet.org>

Illinois Coalition Against Domestic Violence

801 S. 11th
Springfield, IL 62703
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Fax: (217) 789-1939
<http://www.ilcadv.org>

Illinois Department of Commerce and Economic Opportunity

620 E. Adams, CIPS-3
Springfield, IL 62701
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Illinois Department of Human Services

Homeless Services and Supportive
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400 W. Lawrence, 2C
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Illinois Housing Development Authority

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National Coalition for Homeless Veterans

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E-mail: nchv@nchv.org
<http://www.nchv.org/home.html>

National Coalition for the Homeless

2201 "P" St., NW
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National Community Reinvestment Coalition

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National Law Center on Homelessness & Poverty

918 F Street NW #412
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National Low-Income Housing Coalition

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