

Community-Driven Homeless Housing Programs: Best Practices Report

Prepared for City of Champaign

Prepared by FAA 391:

Thomas Almeida

Kyra Bando

LaTonya Hazelwood

Anne Householder

Latonya Jones

Maria Kaidas

Rebecca Long

Huong Phu

FAA 391 Instructors:

Abby Harmon

Sang Lee

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Introduction

Homelessness is a complex issue, associated with many challenges and variables. From the time that it was considered a problem in the late 19th century to the growing awareness and understanding in the 21st century, many advocates for homelessness, with the incorporation of government aid, are coming up with ways to reduce or possibly end this issue. Affordable housing development is arguably the most practical solution, but for some homeless individuals, other services and programs must be offered to effectively end the cycle of homelessness. Homelessness is not only a social problem, but an extension of communities' economical effort and governmental policy.

According to the 2000 Census, there are 13,398 individuals in Champaign that are at or below the poverty level. This portion of the population is at risk of becoming homeless because they are unable to afford their living expenses. 83 percent of renters with income less than 30 percent of the Median Family Income (MFI) viewed the cost of housing as a burden, with 4200 families paying over 30 percent of their income towards housing, and 3700 families paying 50 percent or more¹. In the current housing crisis, we can expect these numbers to rise, possibly causing the most recent rise in homelessness in the area.

Our community has existing supports in place, in the form of public housing and Section 8 vouchers, but these supports fall short of meeting needs. There are 1528 families on the Section 8 waiting list and 97 families on the public housing waiting list². The existing rent subsidized programs are no longer meeting the demand for affordable housing. There are large quantities of families on the waiting list and very few vouchers that are available. This gap in government-funded housing support could lead to an increase in the homeless population.

In an August 2009 Point-In-Time survey by the Urbana-Champaign Continuum of Care, a total of 61 percent of the homeless respondents reported that they had been homeless for more than one year. Of that 61 percent, 23 percent of those individuals were classified as chronically homeless.³ Approximately 14 percent were considered transitionally homeless.⁴ There has been a 20 percent increase in numbers of homeless individuals since January 2009. The total

¹ City of Champaign 2010-2014 Consolidated Plan

² *ibid*

³ Defined by HUD as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.” From *Defining Chronic Homelessness: A Technical Guide for HUD Programs*. Department of Housing and Urban Development: Office of Community Planning and Development, and Office of Special Needs Assistance Programs. September 2007.
<http://www.hudhre.info/documents/DefiningChronicHomeless.pdf>

⁴ Defined as “when a housing crisis (i.e., loss of job, domestic violence) temporarily renders an individual or family homeless”. From *Urbana-Champaign Continuum of Care Ten-Year Plan to End Chronic Homelessness*.
<http://www.ccrpc.org/socialservices/pdf/UCCCTenYearPlan.pdf>

numbers in August 2009 reached a staggering 594, which consisted of 236 adults and 358 children⁵.

With there being a continuous increase in the homeless population, there is a need for immediate attention to increasing the amount of homeless services for this population. In the City of Champaign’s *Consolidated Plan 2010-2014*, the Housing Gap Analysis provided the amount of available beds for homeless individuals and families with children. The tables below explain the amount of beds that are available for individuals in the different subpopulations and demonstrate the needs that exist in our community.

Individuals

	Current Inventory	Under Development	Unmet Need/Gap
Emergency Shelter	35	0	52
Transitional Housing	196	0	31
Permanent Supportive Housing	90	11	52
Total	321	11	135

Persons in Families with Children

	Current Inventory	Under Development	Unmet Need/Gap
Emergency Shelter	23	0	11
Transitional Housing	138	16	9
Permanent Supportive Housing	46	0	50
Total	207	16	70

Needs of Homeless Subpopulations

⁵ Wurth, Julie. “Survey: Homeless population continues to increase” *News-Gazette*. Oct 15 2009.

Articulating the subpopulations experiencing homelessness is part of the process to addressing their unique needs. The homeless population within the community can be broken down into several different subpopulations. For this report's purposes, we will address families with children, chronically homeless individuals affected by mental illness (with possible co-occurring substance abuse), and individuals either transitioning out of homelessness or at-risk of becoming homeless. Each of these subpopulations is affected by homelessness differently and requires different services for their needs.

The largest homeless subpopulations within the community are families with children at a total of 182.⁶ Families tend to be affected by transitional homelessness. This same survey showed a 36 percent increase in homeless families with children.⁷ A possible explanation to this increase in homeless families is the lack of intact family housing available. According to news coverage, "some families have to split up to find shelter, with men using the TIMES Center or Salvation Army Stepping Stone Shelter."⁸ Without services to keep them together, the family unit is compromised even further.

The second subpopulation is individuals at a total of 126. Within this breakdown, individuals can be categorized into chronically homeless, veterans, those with HIV/AIDS, or victims of domestic violence. Each of these subpopulations has special needs for supportive housing. For this report, we focus on chronically homeless individuals, with the survey revealing that 35 of the individuals have mental illness and 54 have chronic substance abuse.⁹ These groups in particular tend to have recurring problems with housing due to their disabling condition(s), affecting their ability to obtain or maintain stable housing. They require intensive permanent supportive housing (like Housing First) to have a safe, stable environment so they can get the rehabilitation needed for substance abuse and therapy for their mental illness.

Government Role

There is a strong need for government intervention in local homelessness. Champaign City Council can aid financially by committing federal CDBG and HOME funds to development of housing units that target our populations in need. Staff and council can also extend zoning variances if necessary to make it easier for developers and organizations to acquire property for housing. Supporting the development of new projects also benefits the Continuum of Care, as bonus projects increase the total amount of funds available for homeless housing and supportive services in the future.

City Council aids in other important ways, particularly in acting as early and consistent supporters of new development, as this demonstrates community support to potential funders,

⁶ *City of Champaign Consolidated Plan 2010-2014*

⁷ Bauer, Steve. "Champaign exploring options to help homeless in area" *News-Gazette*. Nov 26 2009.

⁸ Wurth, Julie. "Survey: Homeless population continues to increase" *News-Gazette*. Oct 15 2009.

⁹ *City of Champaign Consolidated Plan 2010-2014*

and paves the way for open communication between city government and involved non-profit organizations. The local government also plays a role in mitigating effects of NIMBYism that threaten the overall health of the community. Mitigating NIMBYism reduces housing segregation by implementing policies that would allow the homeless housing programs to be built amongst regular housing, thereby integrating homeowners, renters and the homeless into less stigmatized, segregated areas. Finally, local government plays an important role in educating Champaign residents to decrease stereotypes about homelessness.

Community Concern

The numbers certainly show a rising problem of homelessness in our community, but there is an attendant awareness and concern among community members, demonstrating political will for development of new housing. A recent Regional Housing Study Task Force report provided a thorough analysis of various housing topics addressed in focus groups, surveys, and interviews conducted with community members in the county. In focus groups, a majority of participants believed there should be efforts made to decrease the amount of people living in homeless conditions. The lack of shelters for families was often mentioned. The focus group members expressed a strong need for linkage of social services providers that would help lessen the gap of service shortage. In the survey findings, homelessness was again considered a significant problem. A representative comment stated, “homelessness is a pressing problem that needs wide spread cooperation between government, non-profits, faith based groups and businesses to be adequately addressed”. In the summary findings of the interviews, participants felt that shelters were needed but with an addition of social services, increased employment opportunities and education.

Darlene Kloeppel, social services director at Champaign County Regional Planning Commission, tells us that the numbers are much larger than the community, including City Council members, assumed.¹⁰ The closing summary of the Regional Housing Study Task Force report concludes homelessness should be seen as an ever-present, significant problem that affects the economic well-being of the community. Strategies should be explored to improve the situation through successful examples of housing programs.

Addressing Gaps in the Continuum of Care

In order to tackle the housing issue within our community, it is important to understand how existing programs meet needs, and which subpopulations are underserved by these programs. While we include bed shortages in the tables on page 4, it is worth spending some time to understand who our existing programs target.

For families in emergency crises, we have no existing shelters. Situations like the Gateway Studio closing demonstrate the sort of crisis that families experience. When Gateway

¹⁰ Wurth, Julie. “Survey: Homeless population continues to increase” *News-Gazette*. Oct 15 2009.

was shut down, the people that lived within the 50 units available were at a loss of where to go. While large-scale closings are not an everyday occurrence, families can be faced with a situation like this on any given day. As the Champaign City Council has recognized, there is a clear need to set up an emergency safety net within our community in order to ensure if there is a sudden need for housing that people have a place to go where they can maintain an intact family unit.

For those exiting homelessness or who are at risk of homelessness, subsidized apartments with supportive services are ideal. We currently have many transitional beds for the homeless community, providing a key phase in the Continuum of Care, but we lack equitable numbers of permanent supportive housing beds. Permanent supportive housing plays a critical role in housing people who may need supportive services but do not require the intensive services of a transitional center. Likewise, those who are at risk of becoming homeless benefit from permanent supportive housing because it is affordable and offers social support in a high-stress period of someone's life.

Chronically homeless individuals are the hardest to serve population, and are often underserved for this reason. This group has a unique set of needs and often cannot effectively utilize emergency and transitional centers. This group often uses emergency shelters as long-term housing. Access to transitional centers is often limited due to the mismatch of treatment services to the chronically homeless needs. These individuals are likely to be kicked out of programs for their inability to operate within the strictures of the treatment program. Housing First programs are proven to be effective in treating this population, representing a positive addition to our community.

The following sections of the report will discuss in detail case studies of programs that have effectively addressed the needs of the homeless subpopulations previously mentioned. We specifically present programs for 1) Emergency Family Housing, 2) Permanent Supportive Housing, and 3) Housing First.

Emergency Family Housing

Introduction

In a time of crisis, families can be our biggest support system. However, the City of Champaign has never had a facility that can accommodate homeless families as an intact unit. In the City of Champaign, 12.8% of all families live below the poverty line, according to the American Community Survey conducted in 2009. In the midst of a distressed housing market and a plummeting economy, many low-income families in Champaign are faced with homelessness, jeopardizing parents and children alike. The point in time survey counted 594 homeless persons in Champaign County just last year. Of these 594 homeless people, 358 were children. That signifies that 67% of Champaign County's homeless population is children. Furthermore, according to the City of Champaign's Consolidated Plan, the city itself lacks 70 shelter beds for homeless persons in families with children.

Emergency family shelters are complicated because of the specific population they are addressing. There are many different types of families and therefore many different types of family shelters. Some emergency family shelters only serve intact families—defined as couples who are married. Other shelters only serve families with children. Some shelters will serve single parents of both genders. It is often the case that emergency family shelters will also serve single women. Sometimes, emergency family shelters will not accommodate single men, and if geared specifically for women with children, these shelters frequently cannot assist males in their teens, meaning women with male children may be turned away from the shelter. This is the case for Champaign's Center for Women in Transition. In the City of Champaign, intact families must split up in order to be accommodated by our current continuum of housing.

There are some families that experience chronic homelessness, but even more families will experience a temporary crisis. The top reasons that a family would experience a temporary crisis include: fires, divorce, layoffs and abuse. Families that are temporarily homeless typically stay about thirty days in an emergency shelter.

We cannot underestimate the harmful impact that homelessness can have on children and families. HUD's study on Homeless Families and Children examines this impact (2009). It explains that homelessness has a negative effect on mental health and behavior, creates education-related problems, stunts development and also causes health complications. In short term studies, the effects ranged between mild and moderate degrees of intensity. However, low-income children fared worse overall than children in the general population on a variety of tests. Although the complexities of emergency family shelters make them a challenging project to develop, it is crucial that the community move forward on this much needed service. By combating the lack of emergency housing for children and families and instituting programs to

help get them off the streets, we inherently improve the quality of life for all members of our community.

In the rest of this section of our report, we will be examining cities similar to Champaign that have developed successful emergency family housing projects. We will be assessing the successes and any setbacks or shortcomings of these projects. We will ultimately develop a sense of the critical factors that contribute to the success of an emergency family shelter based on the examples we have studied. Finally, we will compile a list of recommendations that the City of Champaign could use as a framework for a potential project. We have focused on two specific case studies, the Ozanam family shelter in Evansville, IN and the Red Cross Shelter in Ithaca, NY. We will combine attributes from these two shelters and learn from their city government's involvement.

Case Study: Ozanam Family Shelter, Evansville IN

One particular city that is strikingly similar to Champaign is Evansville, IN. According to the 2006-2008 American Community Survey, Evansville had an approximate population of 113,551 persons. Champaign, according to the same survey, had a population of 78,174. Evansville is comparable to Champaign for a number of reasons. First, Evansville is also a college town. It is home to two different universities, the University of Southern Indiana, as well as the University of Evansville. They also have a community college similar in size to Parkland. The median household incomes of the two cities are also extremely close. Champaign's median household income was 38,860. Evansville's median household income was 34,629. The most important similarity, for the purpose of this report, is the percent of families living under the poverty level. In Evansville, 13.7% of families live under the poverty level, while in Champaign, 12.8% of families live under the poverty level. These percentages reflect the fact that Evansville's need for emergency family housing is comparable to Champaign's need.

Evansville has been home to the very successful Ozanam Family Shelter for over a decade. In this shelter, families are provided three meals day as well as individual case managers that help get them back on their feet. There are no time limits placed on the stay, but the average stay is about 38 days. During their stay families are encouraged, but not required to participate in certain programs. These programs include life skills workshops, job assistance counseling, parenting classes, activities for children, help with school work and referrals for medical and psychiatric assistance.

The shelter accommodates intact families, couples with children, single fathers and single mothers. They are one of the only shelters in the area that can accommodate men. There is another shelter in their Continuum of Care called House of Bread and Peace that accommodates women and children. Also, their local YMCA has beds for single women. Ozanam is the only one among them that will take in intact families. Ozanam has eighteen total rooms—seventeen of

the rooms are family rooms that are capable of housing between two and nine family members. The eighteenth room is used to house up to six single women. Rooms are designed to look like “homes”, with furniture such as bunk beds, cribs, desks, dressers. The families all share common areas including living rooms, reading/recreation rooms, laundry facilities and a community kitchen. Families come to the shelter and are matched with rooms that best fit their needs.

Funding for Ozanam comes from a wide range of sources. Federal and state grants account for 30% of the total costs. The shelter received Community Development Block Grant (CDBG) funding from the state as well as municipal Emergency Shelter Grants for the bricks and mortar and redevelopment. Much of the funding for Ozanam’s operations comes from United Way. United Way gets FEMA funds and will often match donations from other agencies. The rest of the funding comes from local agencies and individuals. They receive this funding through religious charities, individuals, foundations, businesses and their community partners.

The city government has been instrumental in connecting the different community partners that support Ozanam’s efforts. These community partners include, but are not limited to DFC (Drug Free Communities), DSS (Department of Social Services), other local homeless shelters, medical facilities, mental health facilities—including Southwestern Indiana Mental Health, religious foundations and other community and social agencies. Many interfaith organizations are also involved in funding. Various churches and church officials have been crucial in filling out Evansville’s Continuum of Care by volunteering as well as donating funds. These agencies provide not only funding, but staff support, maintenance and upkeep as well as case management. Purdue University is another important community partner for Evansville. Purdue provides nutrition resources to the shelter. Much of the funding that comes from these various organizations flows through the state. For example, Southwestern Behavior Healthcare receives funds from the state to work with Ozanam in providing mental health resources.

The shelter is run by a board of directors as well as many administrative staffers and family advocates. The shelter is staffed with House Managers, who help the shelter’s day-to-day functions and are there 24/7. The shelter also relies on the help of volunteers from time to time to assist with cleaning, rearranging furniture and other tasks. Gayl Killough, the city’s Community Development Specialist, has been an instrumental part of the shelter’s success. She is directly involved with the leaders of Evansville’s Continuum of Care. She attends many meetings and sub meetings with different leaders of their shelters. She is well-known in the community and connects different agencies together to promote efficiency. Killough explained the importance of city government’s involvement, “that’s what’s good about being at the local level versus the state and federal level. You are right there where it is all happening.” She assists with troubleshooting and day to day tasks at the Ozanam shelter. Often times, shelters can fall apart without good management. Killough and other city officials are responsible for making sure the management and maintenance of their shelters are up to par. The city regularly meets with agency contacts

and directors and has good control over their Continuum of Care. Killough explained this succinctly by telling me, “If they [managers of various shelters] are not doing their job or spending their money right, I’ll know about it real quick.”

Case Study 2: Red Cross Emergency Shelter, Ithaca NY

Another location that can be compared to the City of Champaign is Ithaca, New York. Ithaca is located in Tompkins County. Although the City of Ithaca is smaller in population than Champaign (just over 30,000 residents), its other attributes make for a good case study location. Like Champaign, Ithaca is the home of a major university with an enrollment of just over 21,000 students, as well as another smaller college that has an enrollment of over 6,000 students. The demographics in Ithaca are also quite comparable to those of the City of Champaign. Tompkins County is comprised of 72.3% whites, 6.0% African Americans, 15.9% Asian, and a mix of other races. To accommodate homeless families in Ithaca and the surrounding Tomkins County area, they have the Red Cross Emergency Shelter.

The Homeless Services Program at the Red Cross in Ithaca offers a wide range of resources for the homeless in the community. Currently, they have an emergency shelter that offers a place to stay for families, individuals, and runaway youth in the community. The shelter has a fully stocked kitchen, two full bathrooms, laundry facilities, and staff working 24/7. Families that use the shelter's services must adhere to the shelter rules, and work with a caseworker from the Department of Social Services (DSS) to get back into a stable home environment. The caseworkers screen potential clients for eligibility based on income levels. This ensures that the families who are seeking help are actually benefitting from the resources provided. *The screening process targets the transitionally homeless, rather than those who require a more intensive approach to getting out of homelessness.* The shelter building is leased from a non-profit organization called Community Housing Ithaca, which seeks to provide the local Ithaca community with affordable housing solutions. They play a major role in the success of the Red Cross Emergency Shelter, saving them a considerable sum of money by giving them a place to run their operations at low cost.

Through the Continuum of Care (CoC) Committee, the Red Cross organization has influence in how funds from the state are divvied up throughout the county. The CoC meets to discuss applications for grants and prioritizes them according to the community’s needs. They are supported by the Tompkins County Legislature, the City of Ithaca Common Council, and the Tompkins County United Way, all of whom work with the committee to determine where funding should go. The Red Cross’s involvement with the CoC is integral in getting community support for their operations.

Funding comes from a wide range of sources. Surprisingly, the Red Cross provides no funding. Most of the funding comes from the DSS, with whom they have two separate contracts.

The DSS compensates the shelter for each bed-night it provides, which averages at approximately \$30 per night, per person. They also fund the Friendship Center operations, which provide daytime services, meals, and counseling to anyone that comes in. The DSS is mandated by the State of New York to fund projects that support families and individuals in their time of need. This is a funded mandate under which they can develop projects like this throughout the county. They receive federal Emergency Shelter Grants and Community Development Block Grants to fund different operations and pay for development. To pay for food expenses, the shelter uses funds from the Hunger Prevention Nutrition Assistance program. The Red Cross also earns income by charging for community education programs, such as swimming lessons, CPR classes, first aid classes, and other related services in the community.

University collaborations also provide the shelters with significant resources. Purdue and Cornell Universities contribute with research on nutrition and mental health in all shelter operations. The Red Cross Shelter also has programs at Cornell and Ithaca College to recruit volunteers. The volunteers in these shelters help cut operational costs; the Red Cross shelter saves about \$25,000-\$30,000 a year just with the help of its volunteers.

Discussion—Determining Critical Factors to Success

Both the Red Cross Shelter and the Ozanam Family Shelter have been successful in their own right. They each offer valuable insight and experience that is applicable to our community. By examining the two separate shelters, we found aspects they shared that directly affected their success. For the rest of our discussion we will focus on four critical factors: funding, community partnerships, shelter attributes and family resources.

Critical Factor #1: Funding

In an economic climate that offers hardly any resources for emergency shelters, the various funding sources for both Ozanam and the Red Cross Shelters have been crucial to their success. Funding for both of the emergency shelters comes from a plethora of sources. Both Ozanam and Red Cross were given CDBG and ESG grants for bricks and mortar as well as rehabilitation. These funding lines came from municipal as well as state sources. The majority of the funding for Red Cross comes from DSS. On the other hand, a large portion of funding for Ozanam comes from United Way through FEMA funds. Both shelters also receive monetary and other donations from local universities, churches, individuals, community partners and businesses. The Red Cross has a unique funding source because it offers different paid classes and programs to the community. This is a beneficial, stable source of income for the shelter. Both shelters rely on a varied combination of state and local government agencies, community partners, individual, church and business donations, universities and paid programming. Diversity in funding sources also helps to prevent loss of services if any one source fails to deliver.

Critical Factor #2: Community Partnerships

A trend that both the Red Cross Shelter and Ozanam Family Shelter shared was their dependence on community partnerships. Community partners are arguably the most critical factor influencing the success of a shelter. The wide array of organizations involved in both of the shelters was overwhelming. Both of the shelters partnered with local medical facilities, mental health clinics, universities, city governments, other shelters and countless other organizations. They relied on these organizations not only for financial support, but also resources. For example, Ozanam relies on Purdue University for nutrition and food resources, whereas the Red Cross Shelter relies on the Hunger Prevention Nutrition Assistance for the same resources. Further evidence of the importance of community partnership can be seen here in Champaign-Urbana with the development of Homestead Apartments. Jim Rose, the former executive director of Homestead Corporation, explained that it took seventeen different organizations to develop the apartments.¹¹

Critical Factor #3: Shelter Attributes

The attributes of the respective shelters make up the third critical factor to their success. Both shelters house single women, children and intact families. The Red Cross shelter even houses single men. Serving a more diverse population of families means that the gaps within the continuum of housing are filled. More HUD and other government funding lines are available to the shelters because of the diversity of residents they serve. Furthermore, both of the shelters are designed to be temporary homes. Outside and inside, developers worked to make the shelters suitable for family life. They are provided with private rooms, kitchens, bathrooms, and laundry facilities. This gives residents a sense of pride, privacy and comfort. It is extremely important for families in emergency situations to feel comfortable in these shelters, as this expedites their reentrance to a new home.

Critical Factor #4: Family Resources

Finally, the success of these shelters can be attributed to the programming and resources available. Ozanam and Red Cross both offer a variety of programs and resources to homeless families that were not around thirty years ago. They focus on getting families back into homes as opposed to simply “warehousing” them overnight and giving them a hot meal. These programs require dedication from experienced staff. Professional and experienced staff members can be hard to find. Community partners can eliminate this obstacle. Through partnering with various social service agencies Ozanam and Red Cross are both able to provide distressed families with valuable resources including rehabilitation resources, life skills workshops, employment counseling and achievement opportunities for children. They both also offer connections to mental and medical health facilities. With all the resources available, families can get out and stay out of homelessness.

¹¹ Stated in his remarks to Champaign City Council during the Post-Council Study Session on December 7, 2010

Recommendations

Local government involvement plays a hand in all of these critical factors. City governments work to appropriate funds, find community partners, contact developers and also stay involved with the shelters' day to day operations. A large scale, community collaboration effort is needed for an emergency shelter project in the City of Champaign. A committed, conscientious city government is the first step in any large scale collaboration effort. Below you will find our recommendations for the City of Champaign, broken down by each critical factor. Note that these recommendations are holistic, offering information for the city, the developing organization, and other participating organizations.

Funding:

- Diversity of funding sources.
- Develop creative funding sources.
- Allocating city funds towards the shelter.
- Appropriate CDBG funds for bricks and mortar and ESG funds for operation.
- Establish an income from sources from different paid programs available to all members of the community (of course, shelter beneficiaries do not have to pay).
- Partnering with community members and relying on volunteers can help cut operational costs.

Community Partnerships:

- Involvement with local organizations within the Continuum of Care to gain community support
- Partner with local mental and medical facilities
- Offer incentives to local developers to increase the desire to participate in this project, i.e., tax credit
- Making connection with Community Elements, DSS, Wesley food pantry or Eastern Illinois Food Bank, homestead, local churches and student groups. The University of Illinois can be a great resource for this element.
- Making various classes available to the community can provide a source of income as well as promote diversity within the shelter.

Attributes:

- Offer accommodations for all types of families: unmarried couples, married couples, families with/without children, single parents.
- Approach the design of the shelter as a temporary home by incorporating all necessary elements that allow families to feel safe and comfortable.

Family Resources:

- Offering families case management resources

- Offering families rehabilitation resources
- Offering various life skills workshops and job resources.
- Offering opportunities for achievement for children, including various after school activities, tutoring, etc.
- Offer connections to mental and medical health facilities
- While it is unrealistic for a shelter that is just opening to be able to offer all of these resources, staff members and volunteers should be knowledgeable about what resources are available in the community and how one might access these resources.

Permanent Supportive Housing

Introduction

The overall goal of this best practices study is to examine successful Permanent Supportive Housing (PSH) projects and determine what parts of the projects would be replicable in Champaign. The city council of Champaign is encouraged to use this study, along with other resources and their own knowledge and past experiences, to develop permanent supportive housing projects in the future.

The PSH model is defined as permanent, affordable housing linked to services. It is a specific type of housing that fills the gap at the end of the Continuum of Care. Without PSH, it is difficult for the homeless and at-risk population to obtain and retain stable housing. Tenants may have chronic health conditions, such as substance abuse, HIV/AIDS, and/or mental illness; however, they may face other barriers to housing stability such as domestic violence or simply lack the funds to maintain a market rent apartment. Whatever the cause, these tenants cannot stay housed if they do not have access to services, and inversely, if they do not have housing, they cannot access necessary services. Therefore, in the PSH model, services are offered on-site even though tenants are not required to utilize them. These services might include, but are not limited to job training, alcohol and drug abuse programs, and health care.

Champaign is familiar with the Permanent Supportive Housing model due to the successful development and operation of the Homestead Apartments. When Homestead was developed fifteen years ago, funding lines supported single-room occupancy (SRO) projects. SRO developments are commonly used to cheaply house individuals in efficiency-style apartments. Since the only requirement is to have extremely-low income, SROs are rented by people of various backgrounds including individuals with a minimum-wage jobs, students, new immigrants who have not found a steady job, old age pensioners with low incomes, and physically challenged individuals. While SROs can be market rent, in this context, we refer only to SROs that fit under the umbrella of PSH, meaning that they also have subsidies and services on-site.

Funding lines now finance the development of projects with a range of unit sizes, from SROs to four bedroom family units. The combination of housing and supportive services has been proven to be less expensive than having the said population alternate between hospitals, institutions, and emergency housing shelters. There and by, PSH projects are more flexible and yet still cost-effective for both the tenants and their communities.

The approach of this best practice study is to compare one successful Illinois single-room occupancy PSH project and one successful Illinois mixed-use PSH project. Respectively, the Grand Apartments in Rockford, IL and the New Holland Apartments in Danville, IL are studied due to their similar city characteristics with Champaign, IL. Both projects found support and guidance from the Illinois Corporation for Supportive Housing, a non-profit organization that helps communities create permanent housing. In order to thoroughly understand the establishment of both the Grand Apartments and the New Holland apartments, an integrated profile is provided that highlights their similarities and differences, followed by a discussion of

their strengths and weaknesses. Lastly, recommendations for Champaign are given based upon the research findings as well as a list of valuable resources.

**Case Studies: New Holland Apartments, Danville IL
The Grand Apartments, Rockford IL**

The profile case study will be examining two towns, Danville and Rockford, compared to the cities of Champaign and Urbana. Information that will be compared includes the city characteristics, key attributes of the housing program organization, the governmental role in the project and the funding of the program.

According to the 2005-2009 American Community Survey, Danville has a population size of 32,935, which is similar to Urbana's population size of 39,276. The City of Rockford is more comparable to the combined Cities of Champaign and Urbana, with a population size of 157,175. The median household income of Danville is \$32,073 and for a family is \$46,833. The difference in the incomes for Champaign and Urbana are larger. The median household income of Champaign is \$36,498 and the family income is \$63,569; and the median household income of Urbana is \$33,302 with family income of \$54,094. Rockford has a median household income of \$38,486 and a family income of \$47,764. Urbana has the highest population living under the poverty line at 30.4%, then Champaign at 27.2%, Danville at 26.7%, and Rockford at 21.9%.

The New Holland Apartments have several key attributes. The amenities of the apartment include two on-site laundries, 2 community rooms, an enclosed park with a child playground, barbeque grills, benches/chairs and tables for seating. Security is provided by electronic proximity access cards, electronic coin card for operating all laundry machines, closed circuit cameras recording tenant and visitor conduct on the property. There is adjacent parking and covered bike racks available. Public transportation and school buses pick-up and deliver just outside the front door. It is within walking distance of Vermillion County and City of Danville government services; medical, legal, and accounting services; museums; post office; grocery and other retail stores. The property manager is onsite throughout the week and there is a live-in maintenance person who addresses repairs as they occur 24/7. There is a monthly resident council meeting that enables the family in meeting their new neighbors and become involved in maintaining the quality of their new home and neighborhood.

The Grand Apartments offers 45 efficiency apartments to adult men and women who are homeless. It is Rockford's first and only permanent supportive housing. On site social services are offered by two Resident Services Coordinators who provide case management to all residents to help them identify aspects of their lives which may have put their housing at risk. They also collaborate with many community service agencies which include Crusader Clinic, Janet Wattles Mental Health Center, Rosecrance Health Systems, and Promise Land Employment Services.

Crosspoint Human Services developed the New Holland Apartments, and the program is licensed the Illinois Department of Public Health to operate a Community Living Facility, the Illinois Department of Human Services to provide medical and mental health services, Community Integrated Living Arrangements, and Day Training. Crosspoint Human Services developed the project working with the Illinois Corporation for Supportive Housing (CSH). CSH provided initial design funding as well as providing credibility with other funders, especially the Illinois Housing Development Authority (IHDA). Additionally, Danville's city government was able to receive project funding through its CDBG program. In addition to funding, the City of Danville assisted in vacating and purchasing the alley next to the apartment building as well as partnering with building inspectors to assure a quality construction job.

In Rockford, The Grand Apartments also worked with the Illinois Corporation of Supportive Housing who gave a predevelopment loan to the project and helped Rockford receive IHDA's HOME funds. However, the city government of Rockford was involved differently in the development of their project than Danville. Initiative was taken by the mayor of Rockford to reduce the amount of criminal activity going on at the Grand Hotel, which was a privately owned SRO at the time. The city estimated that it was spending \$500,000 per year on police and firefighter services to the Hotel alone. By converting to non-profit run permanent supportive housing, the city saved money as well as improved the community and upgraded existing housing stock. For the project, the mayor staffed a homeless task force to work with a non-profit organization to renovate the building. The faith-based developer, ZION Corporation, and homeless task force reported back to city council in order for the city to assure the project's success. With the Grand apartments they are run by ZION Development, but they were funded through seven federal and state government grants, funds and tax equities.

The Grand Apartments in Rockford, IL and the New Holland Apartments in Danville, IL represent two types of permanent supportive housing design: The Grand Apartments is the traditional SRO-style, while New Holland Apartments is a mixed use combination of PSH and affordable housing. The New Holland Apartments have won awards throughout the years, including the Illinois Main Street Premier Project of the Year from Lt. Governor Pat Quinn and the Richard H. Driehaus Foundation Preservation Award in 2006 for historic landmarks in Illinois. They also offer amenities to accommodate the residents for easy accessibility and comfort. The New Holland Apartments is best for location because it is within walking distance for government services, medical, legal, and accounting services; museums; post office; grocery and other retail stores. Likewise for the Grand Apartments, their best attributes were the services offered to the residents. There are on-site social services offered by two Resident Services Coordinators that provide case management to all residents. This service helps them identify aspects of their lives which may have put their housing at risk in the past, and to define their own personal plan. Another great aspect is the community services agencies collaborating with them.

They offer free medical evaluations, affordable health care, addictions treatments, employment assessments, and job search training.

Discussion—Determining Critical Factors to Success

These programs were very successful in their housing programs. The City of Champaign would benefit from replicating these best practices for various reasons outlined below.

Critical Factor #1: Diverse funding

Danville used affordable housing with historic restoration and green development to allocate Illinois Housing Development Authority for HOME funds and the Community Development Block Grant. The range of resources used in Danville by the combination of mixed uses allowed flexibility in financial support.

Critical Factor #2: Local support

The attributes of Rockford's PSH should be closely followed. The involvement of the local government was strong and supportive. The mayor took initiative to reduce the amount of criminal activity, using a long-term perspective to address the problem at its roots. In efforts to do that, city council converted the Grand Hotel into a non-profit PSH. Not only did this improve the community, it helped save money. Once built and staffed, the neighborhood development organization had to report back to city council. This ensured the continued involvement of the local government and continued success by the agencies operating the program.

Critical Factor #3: External support

One of the essential keys to success for all of the programs was the involvement of the Illinois Corporation for Supportive Housing (CSH). Both cities followed the development guidelines of CSH. The cities had complete support and management from CSH. Their support offered loans to the project to help pay for architectural services, insurance, consultant services, legal services, taxes, tax credit fees, environmental and market studies. CSH's management included national conferences on homelessness offered to the cities. CSH acted as the correspondent between the government, developers, and the organization programs.

All of these different evaluated programs offer different lessons and practices. The profiled programs used a combination of resources and involvement from the local government and the community. Their methods of action are a proven and fundable method to approach the issue of homelessness. Here in Champaign-Urbana, Homestead Apartments had a combination of visionaries and people with organizational skills who worked together to effectively develop an SRO. Champaign can draw upon these best practices in housing programs to establish additional permanent supportive housing to help reduce the problem of homelessness.

Recommendations

We propose that the Champaign City Council take certain steps leading up to the development of a PSH project. This progression has been compiled based on what was learned from Rockford and Danville's case studies.

First of all, the critical factor that jump-started the Rockford project was the mayor and city council's initiative. Once they recognized the need to convert the Grand Apartments to non-profit run permanent supportive housing, the mayor publicly took steps by staffing a homeless task force. Since the use of a homeless task force has also been successful for Champaign in 1991 and 1995 with the identification of both the Homestead and TIMES Center projects as priorities, we recommend that a homeless task force be staffed to work on a future PSH project.

Second, the city council will have to identify a non-profit organization willing to develop the project. In Danville, Crosspoint Human Services was the developer and in Rockford, ZION Corporation was the developer. Likewise in Champaign, a non-profit organization such as Homestead Corporation will need to take the lead on the project, while working with a group of organizations and the city to locate a particular site where they intend to build; design the program, amenities, and supportive services; and see the construction through.

Third, we recommend that the non-profit organization and Champaign city staff work with the Illinois Corporation for Supportive Housing to guarantee the project's success. For both Danville and Rockford, CSH gave a predevelopment loan to the project and provided credibility to receive other funding streams, especially from Illinois Housing Development Authority.

Finally, a financial package will have to be assembled to support the project. It is obvious that in the current funding climate, Champaign will have to commit CDBG and HOME funds, however further funding will need to come from other sources. In Danville, they creatively combined low-income, historic, and donation tax credits with public and private funds from grants and loans. We recommend creative approaches like this to achieve maximum funding for future projects.

All in all, these steps will advance the PSH project up to construction. From this point, we recommend that the homeless task force, non-profit organizations, and city staff engage in constant collaboration in order to assure the project's success.

Housing First

Introduction

Housing First is a unique form of supportive housing that serves chronically homeless individuals with mental illness. The Department of Housing and Urban Development (HUD) defines “chronic homelessness” with several characteristics including; “unaccompanied (single adult), disabled, and homeless continuously one year or more” (Brief 2010). Housing First is the only program of its kind to exclusively accept “street homeless” individuals with co-occurring disorders of mental illness and substance abuse. It focuses on providing services for a particularly vulnerable homeless population that has been ineffectively treated by other programs, such as transitional centers.

According to the Stewart B. McKinney Homeless Assistance Act, Housing First programs should include “24-hour residence for eligible persons who may reside for an unspecified duration; private or semi private accommodations; overnight occupancy limited to 25 persons; low-demand services and referrals; and supportive services” (HUDHRE 2010). The services provided at a Housing First program are accessible to anyone in the community, but residency in the facility is limited to chronically homeless individuals with mental illness and possible co-occurring substance abuse. The program services also typically provide 24 hour staffing at facilities for around-the-clock.

The purpose of Housing First programs is to provide services and a living arrangement that prepares clients to successfully move into permanent housing on their own, and thus alleviate chronic homelessness for the individual and the community in which they live. The way this is achieved is through collaborative services based on a low-demand, client-centered methodology of treatment. In addition to benefitting the clients it serves, Housing First programs benefit the local municipality and taxpayers by providing a cost effective way of managing homeless service usage and, ultimately, by alleviating chronic homelessness.

One of the most unique aspects of Housing First style programs is their classification as “low-demand (or harm reduction).” According to a 2010 USICH briefing paper, “**chronically homeless people are often unable to meet demanding standards of program participation or sobriety prior to housing**” (Chronic Homelessness 2010). Low-demand means that clients are accepted into facilities without being held to unattainable/unrealistic goals like immediate sobriety or adherence to a strict medicine regimen. This method offers a realistic alternative to traditional homeless and transitional shelters in the sense that it provides the client with autonomy and provides a housing style similar to independent living – which is the ultimate goal. For instance, the low-demand approach accommodates client’s alcohol and substance use so that relapse or increased substance use will not result in the client losing housing which eliminates the stress of being kicked out from a facility. Although people may feel apprehensive towards

this approach, low-demand services respond to needs on a case-by-case basis rather than trying to fit the client into an unresponsive program and offer an array of services to the client so that he/she may be able to make necessary changes and progress at a pace that fits his/her needs and disorder(s). Low-demand approaches have also been proven to build trust between clients and staff at these facilities and enhance effectiveness of support service programs (Ward 2010). When people are ready to engage in support services and fully commit to changing negative habits, services are more effectively utilized. This way, clients have more control over their situations in addition to practicing independent decision making, both of which help prepare them for permanent housing.

Housing First sets no restriction on length of stay at the program (Ward 2010). This ensures that clients are not forced to leave the program before they are ready. This is especially important for clients with mental illness, who may require more time and more intensive services before being able to move to permanent housing on their own. The approach is client-centered and promotes individual advancement on the client's schedule, which is another unique aspect of this particular program. According to a best practices study by the Ward Family Foundation (2010) , 56.4% of residents that leave the program go on to affordable permanent housing with subsidy, supports, both, or no subsidy or supports. This means that more than half of chronically homeless, mentally ill individuals are getting the services they need and being placed into permanent housing, keeping them off the streets and in safe, stable home environments.

Not only is the program effective for reducing chronic homelessness, but from the city's standpoint, Housing First is also a cost effective alternative to street homelessness. The USICH briefing paper (2010) reports that in Seattle, "median costs for public services used by chronically homeless with severe alcohol problems were \$4,066 per person per month" and in Portland, OR "pre-enrollment costs for services used by chronically homeless disabled adults averaged \$42,075 per person." The Ward Family Foundation study found that "the average operating budget for the current program year is \$452,688" for 79 out of 125 Housing First based programs nationwide (Ward 2010). If you take this yearly average and divide it by 25 (the number of people in a Housing First program) and then divide again by 12 to get a monthly cost, the total would be \$1,508.96, a significantly lower cost than the \$4,006 used to provide public services to the same individuals. Providing housing and services in a structured setting is far more cost effective than providing public services to these individuals when they are on the street with no stable housing and service structures.

Case Study: SEMO Safe Haven, Kennett MO

In order to gain a better understanding of Housing First data, we extensively researched one program called "SEMO Safe Haven." This program is in Kennett, MO, a city located within Dunklin County in southeast Missouri. Although Dunklin County is in a more economically depressed part of the state, it still displays similar population characteristics to Champaign.

Dunklin County has a total population of 33,115, as calculated by the Census report of 2000. The population breakdown is as follows: White: 88.6%, Black/African-American: 8.7%, Hispanic/Latino: 2.5%, American Indian/Alaskan Native: 0.3%, and Asian: 0.3%. Due to its Midwestern location, demographic breakdown, and population size, we felt that Dunklin County is comparable to Champaign and that SEMO Safe Haven would be applicable in a city like Champaign because both areas have a substantial amount of mentally ill, chronically homeless individuals in need of targeted treatment models.

SEMO Safe Haven's goal is to provide innovative, safe, affordable, permanent housing with supportive treatment services to homeless people suffering from mental illness and possibly co-occurring substance abuse. They also wish to create a holistic living environment that will improve the treatment effectiveness, reduce homelessness and increase independent living to those in the community. The Kennett community recognized the need to create a program to serve people that have severe mental illnesses and fall under the Continuum of Care guidelines for "chronically homeless." This population needs Housing First style services the most, for most often their needs are not completely met in emergency and transitional housing and treatment programs. Homeless individuals with co-occurring mental illness, disabilities, and substance abuse require more intensive services and a more client-centered approach to ensure effective treatment and recovery.

SEMO Safe Haven is unique, with its on-site homelessness outreach services and mental health services available to the community, in addition to housing live-in residents. In this program, participants are in charge of deciding which services they need. This means that there is no requirement for residents to participate in services, even though it is strongly encouraged. Once participants state that they want to take the next necessary steps towards recovery, the staff facilitate the residents' efforts towards their recovery goal by helping them manage their mental illness and substance abuse. Staff will address critical health and safety needs, as well as other supportive services. Case management is central to these programs and Licensed Clinical Social Workers (LCSW) are on staff to guide individuals through their course of treatment. Services offered to the residents can be as mundane as applying for food stamps and as targeted as working through addiction treatment.

SEMO Safe Haven's facility is single-room occupancy style, with eight self-contained units - all individualized with their own bathroom. This particular facility accepts males and females, but not children, since they, by definition, are not classified as "chronically homeless."¹²

To qualify to stay at SEMO Safe Haven, there are two criteria that clients must meet. The individual must be chronically homeless as defined by HUD, which means he/she has been

¹² See HUD's definition of "chronically homeless" in the Introduction Section, page 3

homeless for 365 days (or has had 4 or more episodes of homelessness within 3 years) and have a qualifying mental illness . SEMO Safe Haven must have a document that verifies this from either a psychiatrist or a LCSW.

Funding for SEMO Safe Haven is multi-financed through the federal, state, and local governments. HUD, Missouri Department of Economic Development CDBG Program, Missouri Housing Development Commissions, and Dunklin County Commission all took part in providing funds for this Housing First program. Donations from the community also helped fund the project. SEMO Safe Haven was seeking approximately \$500,000 from a variety of funding streams. This included HUD by providing \$657,000 to the center. The Community Block Development Grant program also gave \$200,000 to the program. Another branch of funding came from the Federal Home Loan Bank for \$95,000. “The total cost for developing this project was close to \$1 million, so help was needed not just locally, but from the state capital, Jefferson City also” according to Myra Callahan, the Family Counseling Center’s Chief Executive Officer.

The Dunklin County Commission played a role in helping this program by not only providing formal support, but also partnering with the state on grants that they could pass on to the Family Counseling Center. These grants formed the backbone of the financial package to develop and operate SEMO Safe Haven.

The broader community also played a supportive role in the development of the facility. They understood that some sort of service was necessary in order to combat the chronic homelessness crisis. The community was also educated and aware of the problems associated with housing in a more rural area. Furthermore, SEMO Safe Haven had the support of the governor, mayor, and county commission. Having government support made the project easier to implement since local leaders acted on their intentions to end homelessness within the area. Government and community support is extremely important, as in this case. The government plays a powerful role, helping to ease many parts of the process in implementing such a program. They can also assist with funding, and locating and acquiring property for the center.

One of the main difficulties when creating the program was finding the actual location. The first location considered was strictly residential, and “Not In My Backyard” (NIMBY) efforts were visible. Though community members were supportive of the program, they did not want it close to their residences. After NIMBYism was apparent, efforts were concentrated on finding another location. The final location was still residential, but also industrial, and SEMO Safe Haven did not encounter the NIMBYism or zoning issues at this site. During the purchase of this location, the program coordinators also purchased the land adjacent to it in hopes to expand their efforts further.

Since its opening in 2007, SEMO Safe Haven has been successful for many reasons. One of the main reasons is the support from every level of the government—federal, state, and local. With this support, it was easier for SEMO Safe Haven to create these programs with the least amount of resistance from the community. Also, this support solidified funding for the program from the sources listed on page 24.

Spotlight on St. Louis: Peter and Paul Community Services Safe Haven

Another program we found fitting and comparable to Champaign was the Peter and Paul Community Services (PPCS) Safe Haven in St. Louis, Missouri. This Housing First program is in the process of developing its facilities. It will provide similar services to those provided in SEMO Safe Haven. The main distinction between this project and SEMO Safe Haven is the amount of city involvement in the project. SEMO Safe Haven had countywide support for the program and little city involvement. The Safe Haven in St. Louis, however, had much support from the city in its advancements.

After conducting an interview with the shelter director, Tom Burnham, we learned that the City of St. Louis is extremely aggressive in pursuing federal funding for homeless services. At one point, the City of St. Louis was contributing funds to homeless service programs, but as the federal funds grew, the city diminished what they were contributing into services. St. Louis is able to generate about “\$18 million in federal funds” and no other city in the region has been so aggressive (Burnham). The city then distributes the money to local organizations that provide homeless services or to organizations planning to open new homeless services – such as the Safe Haven. Part of the reason the city is so aggressive is because it recognizes its high need for homeless service programs in the area. Twenty-five years ago, the city did not acknowledge this need, and came under court order to provide services. Now, St. Louis is committed to opening four Housing First programs because of the demonstrated success these programs have with a population that needs a client-centered treatment approach. Although St. Louis is mandated to provide money to services now, their efforts are indicative of the success a city can have when it backs its housing and social services programs. Illinois is a different situation in terms of what is mandated and available funding from the state, but a Housing First project would be a bonus project for the Urbana-Champaign Continuum of Care, expanding the total amount of federal funding available in future years for our community

Discussion—Determining Critical Factors to Success

Critical Factor #1: Individualized Treatment

These Housing First programs are successful because there is no cookie cutter treatment for the participants. It is up to the individuals to decide on their recovery goals and timeline for using the services that are available to them. Case managers work closely with clients when they express interest in taking initiative in using services to provide a treatment plan conducive to

each individual's specific needs. There is no general treatment plan that everyone must participate in thus alleviating the stress and pressure of adhering to unachievable standards. By moving at one's own pace, each individual takes control of his/her life at the appropriate time and can focus on improving health and accessing housing. SEMO Safe Haven and PPCS Safe Haven were able to recognize why this specific population was not improving or benefitting from mainstream homeless services and implement the Housing First model to ensure that needs would be met so that clients could successfully access permanent housing on their own.

Critical Factor #2: Facilities Layout

The facilities are another key component for the success of Housing First programs. The facilities are staffed 24/7 in order to ensure tenant safety and provide services whenever needed, and they are all single room occupancy style with an attached bathroom. This ensures privacy for each person during their stay, and this model of living is exemplified at SEMO Safe Haven. This style of facilities also promotes independent living skills, something necessary for successful transition into permanent housing. Allowing individuals to experience some privacy and living on their own, while still providing the necessary services and staffing, enables them to more efficiently gain the skills necessary for independent living, the ultimate goal

Critical Factor #3: Support

One of the most significant factors in the development of each program was support from multiple levels of government. SEMO Safe Haven in Kennett had county-wide support for establishing the program. PPCS Safe Haven in St. Louis has strong city-based support for operating homeless service programs. Both areas' city and county officials—as well as state officials—are aware of the needs in the communities and therefore support homeless service efforts. During the interview with Tom Burnham, he made it very clear that support can either make or break a program. If the local government is unwilling to support a project, it is likely that the project will not move forward. However, residents have a large sway in how government tackles an issue. If residents are unwilling or uncooperative in allowing certain services, it is likely the government's opinion will reflect theirs. In the same respect, if residents support a program, it is likely government will take a closer look at possibly support the program as well.

Critical Factor #4: Funding

Another critical factor for any type of social service program is funding. St. Louis's political will for attaining federal dollars for programming stands out as one of the best. Since the city recognizes its need for these services, they aggressively pursue the federal dollars which will help them access and open services, so much so that they have been able to diminish their local contribution to programs over time. Dunklin County is not nearly as aggressive in attaining federal dollars and instead relies on grants from different sources, including the Department of

Housing and Urban Development (HUD). This demonstrates the variances in funding streams available for such projects. It also demonstrates that there are alternative ways to access funding. Tom Burnham emphasized the importance of not relying too heavily or solely on one single funding source because a change in administration or in the program can result in losing funding. It is important to utilize a wide array of funding sources for such projects to ensure constant funding.

Recommendations

Based on the critical factors, we have several recommendations on how to achieve an effective Housing First program in Champaign-Urbana. The individualized, low-demand approach is the most critical factor in the achievement of the actual program because it is what ultimately assists clients in gaining the necessary skills to move into permanent housing. For a program like this to work in Champaign-Urbana, or any other city, the service providers in the community must be identified. Cities must identify these organizations that have experienced professionals who could work with a severely mentally ill population. Since this is such a vulnerable population, it is essential the program hires experienced professionals for each aspect of treatment, including case managers, substance and alcohol abuse counselors, and other identified professionals.

The layout of the facilities is also a key component in program success. It is imperative to find a facility that can accommodate up to 25 persons (it can be less), each with an individual room. There must also be other rooms in which the service treatments are provided. Many Housing First programs tend to use already vacant buildings on vacant lots to accommodate services, which help cut down development costs. Utilizing space already provided in the community is also an innovative way to revitalize that part of the community. In order to do this, there must be support from the community and its residents.

In order to attain support it is necessary to educate the local government on what the need is in the community so that both the non-profit organization and the local government can educate others in the community and work with them on their concerns. This education is crucial in order to debunk any preconceived notions and concerns about Housing First programs. Education is an important way to effectively quell NIMBYism and address any concerns in the neighborhood. A common concern is that this type of facility would bring in more chronically homeless and mentally ill individuals that were not in the community before. This statement is refutable because there is data that confirms there are already a substantial amount of individuals who fit “chronically homeless and mentally ill” in the community, but they are not receiving the proper services. Many of these individuals are attempting to utilize resources like transitional shelters, which are not able to accommodate their needs. In essence, these individuals are using services but not making any type of substantial progress because transitional programs are not

meant to specifically address the concerns of a chronically homeless and mentally ill population. Therefore, a Housing First program would address the issues we already currently have in the community; it would not “create” more chronically homeless individuals. It would be beneficial to have services that cater to this population so that they can successfully transition to permanent housing on their own and become independent. If residents are informed of the benefits of such a program, and how a program functions, with 24/7 staffing, they may be less likely to demonstrate NIMBY efforts and be more supportive, especially given the lack of programming in the community to accommodate the chronically homeless.

It is also important to educate the community on cost effectiveness of such a program. As mentioned earlier, service cost accumulation for services used by the chronically homeless and mentally ill while not being housed is three times more expensive than housing these individuals with all the necessary services included. The program is proven successful, but it also benefits residents of the community by housing the homeless in a more cost effective way, saving tax dollars. In order to gain support, there must be evidence of a need in the community and evidence of effectiveness of the programs. For the City of Champaign, we have the Regional Housing Study, which shows the need in the community for services for a chronically homeless and mentally ill population that is present in the community.

For a program like this to work in a city like Champaign, it is critical to educate and involve the community members and have an active collaboration of city officials, residents and other homeless and social service agencies working together. If the City of Champaign can further mobilize and involve the City of Urbana and Champaign County, the force would be even greater, especially with regards to gaining funding. The need for such a program is present in the community; now we must move forward in addressing it.

Conclusion

The Champaign community would greatly benefit in developing an Emergency family shelter, permanent supportive housing, and a housing first program. These programs would adequately round out Champaign's continuum of housing. There is a homeless population in our community and it is growing in size. The programs examined in this report would help serve the homeless subpopulations' needs that are not being met at this time. Clearly, the city government cannot be responsible for solely creating and managing these programs. However, in order for these programs to be successful the city needs to take the initiative to provide funding and other resources in order to produce these services.

There is no way to state that one program has a higher priority in comparison to others, and in the Champaign Consolidated Plan (2010-14), it ranks all of the proposed programs as high priority in relation to the subpopulations they serve. These subpopulations of homelessness are comprised of families with children, individuals and those with mental illness and chronic substance abuse, all of whom are considered highly vulnerable and have specific needs that our current homeless shelters cannot provide for adequately. What will be critical is surveying local shelter and transitional housing providers to determine what programming they think will be reasonable and accomplishable within the foreseeable future because these organizations will most likely be the primary partner with the city government in the development of these programs.

In order for these programs to succeed, there needs to be collaboration between the city and community organizations. Since the community knows that there is a homeless issue and has come together in the past to address the issue, with the city's active involvement in these programs, the organizations will come together again to further solutions to the problem. Organizations that would be critical to creating these programs include current homeless housing shelters such as TIMES Center (overseen by community elements/Mental Health Center), Salvation Army, and Center for Women in Transition. These organizations will likely serve as project managers and host organizations for a program. Developers are another type of important organization, both non-profit and for-profit. Developers may be induced to participate in the construction of physical space for housing programming through the use of tax-incentives and other city financing programs. Lastly, other governmental and service organizations will be crucial to the development of these programs. Housing First programs partner with mental health services; PSH programs connect with drug rehabilitation and job services; and emergency shelters for families often connect with a variety of support services for both adults and children. The success of the Homestead Apartments in Urbana points to the need of multiple organizations to work together to produce a program's physical housing but also its on-going services.

Funding for these programs will need to be innovative and creative. CDBG and HOME funds can assist program developers with bricks and mortar, but the on-going services connected to each of these programs will have to be developed through the collaboration and partnerships of multiple parties. Funding through city, county, state, and federal mental health and drug rehabilitation programming will be critical for Housing First and PSHs. However, the Emergency Family Housing will likely be dependent upon private funding sources. Partnering with local businesses and corporations will be important, and the city acting as a facilitator and connection between private funding and non-profit program developers will be key.

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Contacts

Bethesda, MD –Coalition Homes
Montgomery County Coalition Homes for the Homeless
600-B East Gude Drive
Rockville, MD 20850
301-217-0314
www.mcch.net

Corporation for Supportive Housing
203 N. Wabash, Suite 410
Chicago, IL 60601
312.332.6690
www.csh.org

New Holland Apartments- Danville
Merridy Lanzy, Property Manager
324 N Vermillion
Danville, IL 61832
217-443-5333

Thom Pollock, Executive Director
Crosspoint Human Services
217-442-3200 extension 129
tpol101986@aol.com

John Heckler, Director of the Community Development Division
City of Danville, IL
jheckler@cityofdanville.org

Brad Roos, Executive Director
Zion Development Corporation
910 5th Ave
Rockford, IL 61104
815-964-8280

Appendix A: Financing Sources for Permanent Supportive Housing Projects

The New Holland Apartments, Danville, IL

Illinois Housing Development Authority: HOME funds	\$1,802,140.00
Enterprise Community Investment, Tax Credit Equity (9%)	\$2,864,679.00
Enterprise Community Investment, Historic Tax Credits	\$1,166,063.00
Federal Home Loan Bank of Chicago: Affordable Housing Program	\$184,000.00
Enterprise Environment Grant	\$46,000.00
Illinois Clean Energy Community Foundation Grant	\$211,402.00
Illinois Donation Tax Credits (for donation of building)	\$214,000.00
City of Danville, Community Development Block Grant	\$135,000.00
Enterprise Community Investment, Reserves (9%)	\$177,150.00
Crosspoint Human Services (developer)	\$249,816.31
Equity out of Escrow (9%)	\$166,500.00
Deferred Developer Fee	\$43,500.00
Total	\$7,260,250.31

The Grand Apartments, Rockford, IL

Illinois Housing Development Authority HOME Loan (0%, 30-year loan)	\$1,078,018
IHDA - Affordable Housing Trust Fund	\$750,000
Federal Home Loan Bank (30-year grant)	\$248,800
DCCA Energy Grant	\$41,100
City of Rockford Grant	\$293,252
Low-Income Housing Tax Credit Equity	\$2,857,699
Deferred Developer Fee	\$64,502
Total	\$5,333,371