Harm Reduction: An Approach that Puts Housing First (Part 1)

In 2002, the Chicago Continuum of Care adopted a “housing first” approach, which emphasizes finding permanent housing for individuals, then following it with counseling, substance abuse treatment, and employment services. Simply being homeless should be the only condition for gaining access to housing. Yet, a recent survey found that 80 percent of permanent housing providers in Chicago require abstinence as a criterion for admission to their programs. This de facto “abstinence first” approach does not mean that participants must simply agree to cease using substances when admitted to housing: many programs require anywhere from three to six months’ abstinence prior to admission. There is, of course, the added stipulation that abstinence is required to maintain housing.

Concerns about alcohol and drug use problems among those who are homeless are not unfounded. Indeed, Chicago’s 2004 point-in-time count of those who were homeless found that 31 percent had substance use problems (thought by many to be a conservative estimate); the 2005 count found 36.8 percent of sheltered individuals and 74.4 percent of unsheltered individuals had substance use problems. Yet, to require those people to first obtain abstinence and then maintain it prior to allowing them access to housing is self-defeating. Further, even when people who are homeless do access treatment, the substance abuse treatment system (Continued on page 5)

Appropriations Bills Still On Hold

Congress returned on November 13, with some Members hoping to finish up the appropriations agenda for FY07. But Senate Majority Leader Bill Frist’s (R-TN) efforts to move even non-controversial bills, such as the Military Construction-VA bill, have ground to a halt due to failed negotiations in the Senate.

Before leaving for the election recess, the House passed all but one of its spending measures, the Labor-HHS-Education bill. The Senate has passed only two appropriations bills, Defense and Homeland Security. Both the House and Senate passed the most recent Continuing Resolution (CR) on November 15 that will last through December 8. Congress adjourned for a two-week break for Thanksgiving on November 17 and will return December 4.

It is unlikely that there will be enough time for the Senate to finish all of the nine outstanding appropriations bills, including the Transportation, Treasury HUD (TTHUD) bill, when it returns in December. Some Members support (Continued on page 4)
**Homeless Headlines**

**Feingold Introduces Housing Bill**

On November 16, Senator Russ Feingold (D-WI) introduced the Affordable Housing Expansion and Public Safety Act of 2006 (S. 4063), which calls for an additional 100,000 incremental vouchers for tenant based rental assistance in 2007.

The bill also would authorize $400 million in new funding as a set-aside in the HOME program to produce housing for extremely low income (ELI) families and that limit tenant contribution to rent to 30 percent of income. Communities will still be required to use their non-set aside funds to provide assistance to ELI households. These funds will be distributed and administered under current HOME guidelines.

Senator Feingold said, “Many communities across our country are facing a housing affordability crisis … and my bill is a step toward combating the housing crisis and helping our cities and towns build, supply and preserve affordable housing.” His entire statement is available online, at feingold.senate.gov/housingbill_111606.pdf.

The bill reauthorizes the Public and Assisted Housing Crime and Drug Elimination Program at $200 million per year for five years

(Continued on page 4)

**Plans to End Homelessness**

Recently, the National Alliance to End Homelessness released *A New Vision: What is in Community Plans to End Homelessness?*, report that examines the content of local plans to end homelessness and analyzes the strength plans. According to the analysis, over 200 communities have undertaken efforts to end homelessness and 90 communities have completed plans to end homelessness. Most of the plans to end homelessness target all homeless people (66 percent) while about 34 percent target chronically homeless people exclusively. The plans outline a range of strategies, including developing HMIS systems (91 percent of plans); homeless emergency prevention (79 percent) and systems prevention (91 percent); shortening the time people spend homeless; and linking homeless people with services. Housing is a key component outlined in community plans. In total, the plans call for creating approximately 196,000 units (or subsidies), of which 80,000 units are permanent supportive housing.

This analysis measured the strength of the plans by calculating a score for each strategy outlined in the plan based on the likelihood that it would be implemented. The strength score was calculated based on whether the plan identified performance measures, set a timeline, and identified specific funding sources and bodies responsible for the implementation of each strategy. Most of the strength scores were low to medium, with a majority falling between 0 and 2 (the highest being 4). These scores show that, although plans are outlining the right strategies, they are not always setting clear numeric indicators, establishing timelines, implementing bodies, and identifying funding sources to implement each key strategy.

Full Report: www.endhomelessness.org/content/article/detail/1397

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**Homeless Headlines**

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The Illinois Community Action Association has published the monthly Homeless Headlines and the Homeless Hotline since 1991 under contract with the Illinois Department of Human Services.

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Connection Between Housing and Transportation Costs Studied

When transportation costs are taken into consideration, the proximity of a neighborhood to employment can greatly affect the affordability of housing in the community, according to a report by the Center for Neighborhood Technology (CNT) and Virginia Tech. Housing & Transportation Cost Trade-offs and Burdens of Working Households in 28 Metros, released on October 11, shows that households in the study spent on average 48 percent of their income on the combination of housing and transportation costs. However, the burden of these costs was even greater for poorer households. Households in the lowest income category for which estimates were obtained (those earning $20,000-$35,000) spent 66 percent of their income on housing and transportation, researchers found.

Researchers also found that renters of all incomes spent less of their income on housing and transportation in mixed-income, central city neighborhoods. In these neighborhoods, housing is more expensive but employment and mass transit are nearby. In addition, low-income households in search of an affordable for-sale unit often faced unaffordable transportation costs in exurban communities, which are, on average, 31 miles from central city employment hubs.

Despite lower transportation costs in some middle-income, urban neighborhoods, only 21 percent of households earning less than $20,000 made their homes in these communities, which is partly explained by the relative scarcity of these types of neighborhoods. By comparison, 44 percent of households in this income group lived in inner-ring suburbs where less expensive housing is more prevalent but transportation costs are greater.

The report provides policy recommendations aimed at providing more affordable housing close to employment and mass transit and encouraging job growth in low-income neighborhoods.

The full study is available at www.cnt.org. A paper released by the Center for Housing Policy summarizes the findings specifically for households with incomes from $20,000-$50,000 and can be found at www.nhc.org/pdf/pub_heavy_load_10_06.pdf.

Making the Connection
A Quick Guide to Veteran’s Benefits
Contributor: DuPage Federation on Human Services Reform

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

Since we are celebrating Veteran’s Day this month I thought this would be a great time to review some benefits and resources targeted to Veterans or their dependents. All of the benefits discussed require the veteran to have been discharged from service under “other than dishonorable” conditions. Following is a quick overview of some of these programs:

VA Compensation: This benefit provides money to veterans who have been: injured while in the service, or permanently and totally disabled due to military service, or who became seriously ill while in the service and have continuing problems as a result, or who developed a mental or physical condition that may be related to military service. The VA determines if the veteran has a disability that renders them anywhere from 10% to 100% disabled. If eligible for this benefit the veteran receives it regardless of other income and assets. It is important to note that a veteran does not have to be determined disabled at the time of discharge to qualify. Often veterans will see the aftereffects of an injury received in service later in life. For example, many Vietnam veterans today are developing Diabetes Type 2. This is considered a side effect of Agent Orange exposure and may qualify veterans for a disability rating and benefit. For more information call 1-800-827-1000.

VA disability pension: This benefit is available to low income aged or disabled veterans. To receive this benefit veterans have to be honorably discharged, determined disabled, or be 65 or older, and have served at least 90 days of active duty, with at least one day during wartime or a period of conflict, even if never in a war zone, or for 24 months if enlisted after 9/7/80. It is important to note that any veteran serving since August 2, 1990 has served during a period of conflict/wartime. The disability does not have to be service-connected or related to anything that happened during service. For more information call 1-800-827-1000.

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Major HUD Report: Rehab Best Practices

On November 14, HUD released a two-volume, 400+ page report on the rehabilitation of affordable housing, prepared by the Center for Urban Policy Research at Rutgers University and the National Trust for Historic Preservation.

The first volume, Framework and Findings, is broken down into three primary sections. “Development Stage Best Practices” focuses on steps such as property acquisition and financing. “Construction Stage Best Practices” addresses issues ranging from lead-based paint to Davis-Bacon wage requirements. “Occupancy Stage Best Practices” considers at rent control and property tax incentives.

The second volume, Technical Analyses and Case Studies, provides subject discussions and case studies.

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

HUD Update: Subsidized Households

November 16 marked the long-awaited release of A Picture of Subsidized Households – 2000, a dataset that provides information on the 4.9 million HUD-assisted housing units that year and summary demographic and socioeconomic data on the families who reside in them.

As with previous versions of Picture, users are able to download the database in its entirety. For the first time, however, users can query the dataset and select only the variables of interest for specific housing programs and geographic areas, from the national level down to individual census tracts and housing developments.

Instructions on how to run detailed queries, as well as directions for displaying housing projects and creating thematic maps in a Geographic Information System, are available at www.huduser.org/picture2000/.

The National Low Income Housing Coalition continues its efforts to influence the outcome of the TTHUD appropriations bill with the hope of fixing the voucher funding formula and getting the highest funding levels possible for housing and community development programs for FY07.

For further information, contact the National Low Income Housing Coalition at the address in Headlines Directory.
Harm Reduction
(Continued from page 1)

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is not set up to manage their post-
discharge housing needs. The lack of
integrated treatment for individuals who
experience co-occurring substance use
disorders and mental illness also adds
to the lack of viable options for people
who are homeless.

The housing-first model can only
succeed when substance use as a
barrier to accessing and keeping
housing is eliminated, and individuals
with substance use problems are
 accorded the same housing options and
rights as other people who are
homeless. Shifting from the current
abstinence-only paradigm to one that
embraces harm reduction as both a
philosophy and a core competency will
make this possible.

Harm reduction is a philosophy built
around the belief that substance users
can be effectively engaged in services
regardless of their willingness to
abstain from drug use. Harm reduction
promotes the human rights of all
individuals, including those who
engage in potentially harmful
behaviors, such as substance use, by
offering a continuum of service options
and strategies that include abstinence
as a goal for some, while embracing and
celebrating steps that reduce harm
along the way and improve the quality
of life for others. Harm reduction
recognizes that people marginalized by
high-risk behaviors have the right to
access services and be treated with
dignity and respect. The philosophy of
harm reduction recognizes the resilience
of people who engage in these
behaviors and aims to reduce stigma
associated with them. At the same time,
harm reduction neither ignores nor
condemns the potential harms or
consequences of high-risk behaviors to
individuals, families, and communities.

Housing providers who utilize a harm
reduction approach neither promote nor
enable harmful behaviors, nor do they
protect individual participants from
experiencing the consequences of the
choices they make. Harm reduction-
based housing balances the need of the
individual with that of the community to
ensure housing remains accessible and
harm-free for all participants and staff.

Housing providers practice harm
reduction by:

- Developing and offering a
  wide range of options and
  choices to facilitate positive
  change and seeking to expand
  access to such options;

- Exploring with participants the
  benefit of changing, reducing
  or eliminating high-risk
  behaviors;

- Establishing and maintaining a
  relationship with participants
  who continue to engage in
  high-risk behaviors;

- Continually and
  collaboratively defining and
  redefining success;

- Reaching out to help
  participants engage in
  services, build motivation, and
  recognize that ambivalence is
  endemic to the process of
  change;

- Acknowledging that high-risk
  behavior can be adaptive,
  helping some participants
  survive and cope with
  traumatic life events and that
  alternative coping strategies
  must be developed to ensure
  successful outcomes; and

- Being a genuine,
  nonjudgmental partner in the
  change process, recognizing
  that the decision-making
  power rests with the
  participant, while being the
  holder of hope at times when
  the participant cannot be.

Providers who are interested in
expanding their understanding of harm
reduction housing can contact the
Midwest Harm Reduction Institute, a
collaboration between Chicago’s
Heartland Health Outreach
and numerous research, policy, and
service organizations, in consultation
with the national Harm Reduction
Coalition. MHRI comprises trainers and
consultants dedicated to promoting the
values, philosophies, and practices of
harm reduction techniques and
strategies. Its purpose is to increase
understanding of the harm reduction
philosophy; to build the skills
necessary to implement harm reduction
strategies; to strengthen harm
reduction leadership across diverse
disciplines and communities; and to
develop an awareness of the attitudes
that contribute to discrimination against
drug users and other marginalized
groups. MHRI regularly offers
introductory workshops on harm
reduction for those new to these
concepts, as well as diverse population-
specific trainings that will highlight
innovative intervention strategies.

Contact Ed Stellon, MS, CADC,
Director of Resource and Community
Development at Heartland Health
Outreach, for further information about
harm reduction and the Midwest Harm
Reduction Institute: 773-334-7117, ext.
1010, or estellon@heartlandalliance.org
Burlington Northern Santa Fe Foundation (formerly Santa Fe Pacific Foundation) 5601 W. 26th St. Cicero, IL 60804 Telephone: (708) 924-5615 FAX: (708) 924-5657 URL: None available

Contact: Richard A. Russack, President

Type of Grantmaker: Company-sponsored foundation

Geographic Focus: Nationally in areas of company operations (includes Illinois).

Purpose and Activities: This foundation, a nonprofit arm of the Burlington Northern Santa Fe Corporation, supports organizations focusing on human services, economic freedom, civic affairs, senior citizens, physically and mentally disabled people, minorities, economically disadvantaged people, and homeless people and awards college scholarships to high school seniors and Native Americans, in addition to other activities. Areas of Interest include human services directed toward the economically disadvantaged; domestic violence; food services; health care; homeless; mentally & physically disabled; minorities; Native Americans/American Indians. In addition to these areas of focus they also include research on public policy, and legal services as well as others. Types of Support include annual campaigns; building/renovation; continuing support; employee matching gifts; general/operating support; program development and more. Limitations: No grants for conferences, seminars, travel, salaries, administrative expenses, computer-related projects, or television or film production. Application Procedure: Application form required. Applicants should submit a detailed description of their project along with amount of funding requested. A letter of inquiry for application form will precipitate the process.

Community Foundation of Central Illinois (formerly Peoria Area Community Foundation) 331 Fulton St., Ste. 310 Peoria, IL 61602 Telephone: (309) 674-8730 FAX: (309) 674-8754 E-mail: jim@communityfoundationci.org URL: www.communityfoundationci.org

Contact: Shanna Miller, Exec. Dir.

Type of Grantmaker: Community sponsored foundation

Purpose and Activities: To provide for the common good through the promotion of philanthropy. Human services is among the primary areas of focus. Geographic Focus: Central Illinois area. Areas of Interest includes Homeless; Homeless, human services Types of Support: General/operating support; in-kind gifts; matching/challenge support; program development; seed money.

Limitations: No support for sectarian religious purposes. No grants to individuals (except for scholarships), for annual campaigns or endowments; no loans. Application Information: Visit foundation Web site for application form and application guidelines.

Topfer Family Foundation (formerly The Morton & Angela Topfer Family Foundation) 5000 Plz. on the Lake, Ste. 170 Austin, TX 78746 FAX: (512) 329-6462 E-mail: info@topferfoundation.org URL: www.topferfamilyfoundation.org

Contact: Julie Hudnall, Grants Admin.

Type of Grantmaker: Independent foundation

Geographic Focus: Illinois and Texas

Purpose and Activities: This foundation is committed to assisting individuals by building self-sufficiency. Areas of Interest include youth services; child abuse; the economically disadvantaged; housing/shelter, aging and more.

Types of Support: Building/renovation; capital campaigns; continuing support; general/operating support; matching/challenge support; program development. Application Information: Form required. Applications available on the foundation’s Web site.

Helen K. and James S. Copley Foundation (formerly James S. Copley Foundation) 7776 Ivanhoe Ave. P.O. Box 1530 La Jolla, CA 92038-1530 Telephone: (858) 454-0411 URL: None available

Contact: Terry L. Gilbert, Secy.

Type of Grantmaker: Company-sponsored foundation

Geographic Focus: California, Illinois (with a focus on Galesburg, Lincoln, Peoria, and Springfield), and Ohio Purpose and Activities: Supports organizations involved with arts and culture, education, health, and community development. Areas of Interest are numerous and include; Homeless, human services; Human services; Libraries/library science; health care; education; substance abuse, services; Youth, services.

Types of Support: building/renovation; capital campaigns; employee matching gifts; endowments; equipment; land acquisition.

Limitations: No support for religious, fraternal, or athletic organizations.

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Benefits
(Continued from page 3)

Veteran’s Death Pension: This benefit is targeted to the low income surviving spouse and children of a veteran. To be eligible the deceased veteran has to have been discharged from service under other than dishonorable conditions, and s/he served 90 days or more of active duty with at least 1 day during a period of war time, or for 24 months if enlisted after 9/7/80, the spouse is unmarried, and income is below a yearly limit set by law. For more information call 1-800-827-1000.

Veteran’s Health Care: The Department of Veteran’s Affairs offer a complete range of care and services at VA Medical Centers, Community Based Outpatient Clinics, and Vet Centers. Services include medical care, rehabilitation, mental health services, and patient education. Also included are needed prescription medications. Veterans who wish to be treated by the VA must enroll in the VA’s health care system. Veterans enrolled in the system will receive both in and out patient care. There is a priority system established to determine who is eligible for care through this system since funding is limited. For more information call 1-800-827-1000.

Veterans Assistance Commission: In areas where a Veteran’s Assistance Commission has been established interim and/or emergency financial aid can be provided to Honorably Discharged Military Veterans and their families. Eligibility and rates vary from area to area based on how each area commission has designed their local program. Often veterans who need General Assistance are first referred to the Commission to see if they qualify for this benefit. To locate a Veteran’s Assistance Commission go to www.iacvac.org/

Veterans Care: Recently the state of Illinois enacted legislation creating a new program called Veteran’s Care which is focused on providing health care coverage to qualifying veterans who cannot currently access Veteran Health Administration’s benefits. There is a monthly premium charged as well as co-payments for medical services. Veterans meet specific criteria as well as have incomes within the qualifying range. Income levels vary based on the county and family size. Veterans are able to apply for the Veterans Care Program through the Illinois Department of Veterans Affairs office. To locate an office, call 1-800-437-9824.

Obtaining Discharge Documents: Military discharge papers can be requested through the National Archives. The request can be made on line. Records can be requested by the veteran, or next of kin if the veteran is deceased, or a former member of the military. (??) The next of kin can be any of the following: surviving spouse that has not remarried, father, mother, son, daughter, sister, or brother. The website is www.archives.gov/veterans/evetrecs/index.html or call 314-801-0800

Other Source of Information: A great website for accessing information about many veterans programs is www.illinois.gov/iserved/

FORYOURINFORMATION: Making the Connection training is coming to central Illinois. Due to requests made by agencies in central and southern Illinois, Federation staff will conduct the training on the afternoon of December 5 and all day on December 6, 2006. On December 8th we will hold a half day session targeted to persons who have previously attended the all day Making the Connection training. This session will provide individuals with the opportunity to discuss specific issues around access to public benefits. On December 6th we will hold a special one day training session of our all day Making the Connection: A Guide to Accessing Public Benefits program. The location of this session will be in Springfield. The exact location will be announced later. If you have an interest in attending this training session, please contact the DuPage Federation at 630-782-4767 to put your name on the list for further information or register by calling 1-800-34-9472 (use event number 8041).

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

Private Resources
(Continued from page 6)

government agencies, local chapters of national organizations, or public elementary or secondary schools. No grants to individuals, or for research, public broadcasting systems, publications, conferences, general operating support, or large campaigns; no loans. Application Information: Application form not required. Applicants should submit: 1) copy of IRS Determination Letter; 2) brief history of organization and description of its mission; 3) listing of board of directors, trustees, officers and other key people and their affiliations; 4) copy of current year’s organizational budget and/or project budget. Initial approach can be submission of proposal (1 copy). Board meets in the spring. Proposal deadline is January 2. Final notification: 2 to 3 weeks following board meeting; otherwise within 1 week.
