HEALTH IN ALL POLICIES

A REPORT TO THE ILLINOIS GENERAL ASSEMBLY

Health in All Policies Annual Report 2023
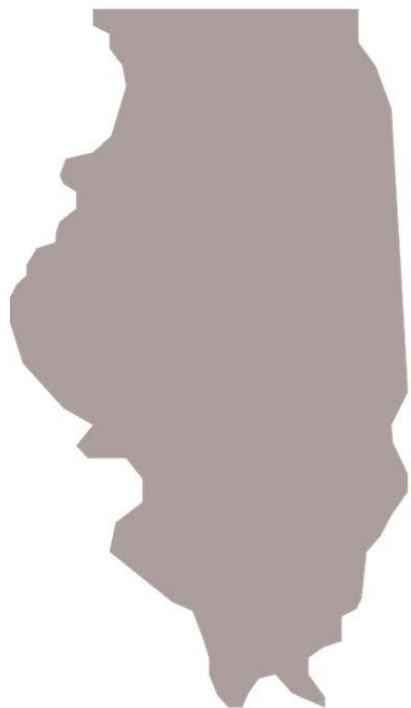
Table of Contents

UIC   ILLINOIS DEPARTMENT OF PUBLIC HEALTH **IDPH** PROTECTING HEALTH, IMPROVING LIVES

To the Honorable Members of the Illinois General Assembly:

It is our pleasure to share with you the 2023 report of the Health in All Policies Workgroup, a cross-sector partnership of 22 state and non-state agencies co-led by the Illinois Department of Public Health (IDPH) and the University of Illinois Chicago School of Public Health (UIC SPH), in compliance with the requirements set forth in Health in All Policies Act ("The Act" (410 ILCS 155/10(a) thru 155/10(i)).

Our work centers on the development, adoption, and implementation of cross-sector collaborative approaches to improve health outcomes and reduce health inequities for the residents of the state of Illinois by incorporating health considerations into decision-making and policy. Aligned with Illinois' expanded infrastructure and investments to prevent and to end homelessness, our workgroup selected safe and affordable housing as the focus of this year's report.

Even as Illinois sees downward trends in homelessness, rates of chronic homelessness are on the rise. The COVID-19 pandemic and subsequent economic crisis underscored the entrenchment of health inequities and the need for structural reforms to address housing insecurity. The policy sectors of health and housing rarely operate in parallel despite housing being a primary determinant of health. This report aims to highlight this interconnection and explore potential opportunities for collaboration across health practitioners, policymakers, and advocates to craft interdisciplinary approaches to homelessness policy, programs, and practices.

We want to thank the members of the workgroup for their cooperation and commitment, and hereby respectfully submit the Health in all Policies report.

Sincerely,

Sameer Vohra, MD, JD, MA
Director
Illinois Department of Public Health

Wayne H. Giles, MD, MS
Dean and Professor
UIC School of Public Health

cc: Illinois Department of Public Health
cc: Illinois State Board of Health

Acknowledgements

Statement of Purpose

The Health in All Policies Workgroup was convened in accordance with the mandate set forth in the Health In All Policies Act (410 ILCS 155/10(a) thru 155/10(i)). This workgroup is required to:

1. Review legislation and make new policy recommendations relating to the health of residents of the state.

2. Examine the following:
   - The health of the residents of the state.
   - Ways for units of local government and state agencies to collaborate in implementing policies that will positively impact residents' health.
   - The impact of the following on the health of the state's residents (herein referred to as "areas of impact"):
     (A) Access to safe and affordable housing.
     (B) Educational attainment.
     (C) Opportunities for employment.
     (D) Economic stability.
     (E) Inclusion, diversity, and equity in the workplace.
     (F) Barriers to career success and promotion in the workplace.
     (G) Access to transportation and mobility.
     (H) Social justice.
     (I) Environmental factors.
     (J) Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison.

3. Use a public health framework as defined in the act to:
   - Review and make recommendations regarding how health considerations may be incorporated into the decision-making processes of government agencies and private stakeholders who interact with government agencies.
   - Foster collaboration among units of local government and state agencies.
   - Develop laws and policies to improve health and to reduce health inequities.
   - Make recommendations regarding how to implement laws and policies to improve health and to reduce health inequities.

4. Meet at least twice a year and at other times as deemed appropriate.

5. Prepare a report that summarizes its work and makes recommendations resulting from its study.

6. Determine an annual focus area for the report.

7. Submit an annual report of findings and recommendations to the General Assembly by December 31, as well as to the Illinois Department of Public Health and the Board of Health.

Executive Summary
410 ILCS 155/10(a) thru 155/10(i))
Health in All Policies Workgroup
December 31, 2023, Report

410 ILCS 155/5 Legislation
The University of Illinois Chicago School of Public Health, in consultation with the Illinois Department of Public Health, shall convene a workgroup to review legislation and make new policy recommendations relating to the health of residents of the state. (The 410 ILCS 155/10)

Housing as a Public Health Issue
Housing is a primary determinant of health. Decades of underinvestment in housing and neighborhood conditions, the increasing gap between wages and cost of living, and poor policy have made affordable, adequate housing inaccessible for many Illinoisans. Homelessness and housing insecurity compound and create poorer health outcomes, particularly for low-income groups and communities of color.

Recommendations
The 410 ILCS 155/ Health in All Policies (HiAP) workgroup respectfully submits the following recommendations to address housing and homelessness for the General Assembly's consideration:

1. Appropriate funds to the expansion of permanent supportive housing models, particularly those that are guided by Housing First philosophy.
2. Provide support to demonstration projects that maximize the use of Medicaid funds for housing.
3. Improve collection, quality, and dissemination of timely data that connects housing insecurity, homelessness, and evictions to morbidity and mortality.

Additional recommendations to improve housing availability and affordability specific to State Health Improvement Plan (SHIP) priorities, to ensure communication and collaboration across existing initiatives, and to identify other critical opportunities for policy intervention.

Health in All Policies Framework
A "health in all policies framework" means a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the state by incorporating health considerations into decision-making across sectors and policy areas. (410 ILCS 155/5).

Health in All Policies Principles
1. Promote health, equity, and sustainability.
2. Enhance cross-sector collaboration.
3. Benefit multiple partners.
4. Engage stakeholders.
5. Create structural and procedural change.

Workgroup Process
The workgroup met three times (March, June, and November 2023) to learn from subject matter experts (SMEs) and to develop its workplan. Through individual team discussion, review of existing state level efforts, and an examination of potential policy opportunities tied to the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP), the workgroup generated its recommendations.

Background

What is Health in All Policies?

Good health outcomes are not driven solely by policies and practices within the health sector. They are most enabled by policies that shape the environments where people are born, live, learn, work, play, worship, and age everyday.[1] Ensuring that everyone has a fair chance of attaining the highest level of health means that policies, systems, and social structures must work together to ensure people have access to the basic needs and conditions that enable health, such as healthy food, a living wage, affordable housing, quality education, access to health care, and safety.[2] These and other factors, often referred to as **structural and social determinants of health (SSDOH),** impact a person's health well before they need to see a health care professional, and are among the root causes of health inequities and disparities.

5 Key Principles of Health in All Policies[2]

Promote health, equity, and sustainability

Enhance cross-sector collaboration

Benefit multiple partners

Engage stakeholders

Create structural and procedural change
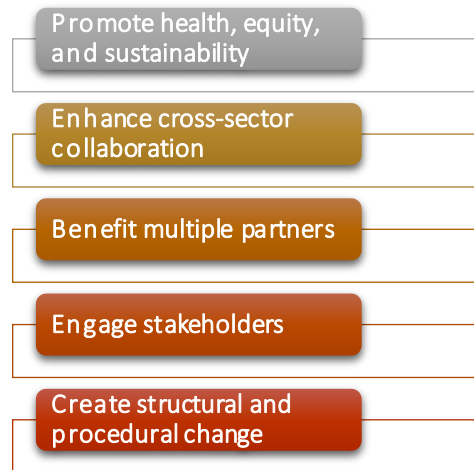
Health in All Policies (HiAP) acknowledges that all policy is health policy.[3] Improving population health means systematically addressing complex inequities by adopting a cross-sector culture of health. By incorporating health considerations into planning, processes, and policy at all levels, HiAP highlights the roles lawmakers, government agencies, community-based organizations, businesses, and individuals play to ensure health for all.

Housing as a Public Health Issue

> " *Housing is the basis of stability and security for an individual or family. The center of our social, emotional and sometimes economic lives, a home should be a sanctuary—a place to live in peace, security and dignity.* "
>
> *~United Nations[6]*

The United Nations declared adequate housing a fundamental human right in 1991. Beyond the basic need for shelter, adequate housing also encompasses freedoms, protections, and entitlements such as affordability; habitability; accessibility; privacy; security of tenure; choice in where to live; and availability of services, materials, facilities, and infrastructure[6]. Evidence of linkages between health outcomes and housing has been mounting since the field of public health emerged, making housing one of the best-researched social determinants of health. Housing impacts to health can be summarized across four pathways: stability, quality and safety, affordability, and neighborhood.

Four Pathways Connecting Housing and Health

1 — Stability

Potential HiAP collaboration: IDHS, ISBE, IDCFS, ICJIA, IDOC, IDOL

Frequent moves, eviction, foreclosure, and living in doubled-up or overcrowded housing are related to elevated stress levels, depression, and hopelessness. Housing instability is associated with emotional, behavioral, and academic issues in children as well as increases in teen pregnancy, drug use, and depression in adolescents. People who are chronically homeless face substantially higher morbidity in terms of both physical and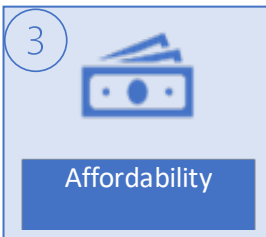 mental health and of increased mortality. Those experiencing the most extreme form of residential instability, homelessness, have higher incidence of chronic disease and premature death. Policies that expand rental assistance, supportive housing, and housing affordability help individuals stay stably housed and make well-planned transitions when necessary[4,7].

2 — Quality and Safety

Potential HiAP collaboration: IEPA, IDOA, IDCFS, IBSE, IDCED

Examples of inadequate housing can include a variety of circumstances such as unsanitary conditions, environmental toxins (e.g., smoke, lead, radon, or mold exposure), poor indoor air quality, climate-related hazards (e.g., extreme temperatures and severe weather threats), noise pollution, unreliable utilities (e.g., plumbing, heating, electrical), and physical safety threats (e.g., upkeep-related hazards, fires). Poor physical and structural housing conditions disproportionally impact children, older adults, individuals with physical disabilities, and low-income individuals. Policies that protect tenants in cases of landlord neglect, enforce building code standards, assist homeowners with structural upkeep/maintenance, and facilitate rapid recovery from home disasters help keep residents healthy by ensuring safe and adequate housing[4,7].

3 — Affordability

Potential HiAP collaboration: IDCED, IDOL, IDHS, IDCFS

Housing affordability refers to a household's ability to afford its housing costs, such as rent, mortgage payments, home repairs, property insurance, and utilities. People who spend 30% or more of their income on housing are at greater risk of experiencing negative health effects and increased barriers to accessing care. "Severely cost burdened" individuals who spend 50% or more of their income on housing, are often unable to meet other essential needs, including food, transportation, medical insurance, and health care. These tradeoffs threaten the health of their children. High housing costs have also been linked to higher levels of stress, lower levels of psychological well-being, and a greater likelihood of seeing a doctor. Policies that help stabilize rent and property taxes, ensure fair wages, provide rental or mortgage assistance, incentivize energy efficient utilities, and enact changes to local zoning and development codes that reduce barriers to fair and affordable housing help relieve families of the growing tension between increased costs of living and stagnant wages[4,7].

4 — Neighborhood

Potential HiAP collaboration: IDCED, IDOT, IEPA, EHC, SUL, IDHS, IDOAG

The physical, social, and economic conditions within neighborhoods can impact short- and long-term health outcomes. Neighborhoods with concentrated poverty often lack grocery stores with fresh food, adequate public transportation, and access to public space. They are also often situated near environmental hazards. Such conditions hamper residents' ability to eat healthy food, stay physically active, and engage in activities that build community and enhance health. Neighborhoods with high poverty rates also have high social vulnerability index scores and markedly higher rates of violence and crime, which are associated with elevated rates of mental illness; risky health behaviors like smoking; negative cognitive impacts on children, and chronic illnesses such as asthma, hypertension, and obesity. Policies that enhance economic stability, prevent neighborhood divestment, fight environmental racism and housing discrimination, support revitalization, and incorporate health considerations into urban development planning help to improve neighborhood safety and quality, as well as health outcomes[4,7].

The focus of this year's HiAP workgroup report is safe and affordable housing with specific emphasis on individuals who are homeless and at risk of homelessness. The report summarizes findings and recommendations on complex issues that lie at the intersections of housing, homelessness, and health.

Housing	Homelessness	Health
• Housing discrimination • Overcrowding • Inadequate facilities • Severe cost burden • Transitional housing • Supportive housing	• Affordable housing • Unemployment • Poverty • Low wages • Criminalization • At-risk populations	• Chronic disease • Maternal and infant health • Behavioral health and substance abuse • Emerging diseases • Racial health disparities • Access to care

Housing is a fundamental community need. Not only does it protect us from the elements, but it also connects us to the people we care about, provides us with a space to rejuvenate, and places us in proximity to the resources we need. Home is a place where you feel safe, welcome, and comfortable. It should be accessible, affordable, and accommodating to your needs. When housing is out of reach or simply doesn't meet these basic human requirements, those that are affected experience further strains to physical, mental, social, and emotional health and well-being. By coordinating to remove structural barriers to affordable housing and prioritize equitable and inclusive access, we can ensure everyone has a healthy and safe place to call home, even when they experience income or employment insecurity, serious illness, involuntary displacement, or other disruptive life events.

Workgroup Approach

Leveraging Existing State-level Work

To minimize duplication of effort, to leverage overlaps in leadership, and to ensure bidirectional feedback and response between statewide efforts, the HiAP examination and intervention requirements will be satisfied through alignment with findings and priorities of existing state-level initiatives to the greatest extent possible. Below are described the current relationships and overlap with state efforts aimed at health, housing, and/or homelessness.

HEALTHY ILLINOIS 2028

As described in our statement of purpose, the HiAP Workgroup is required to examine the health of the residents of the state, the impact of areas outlined in the mandate, and ways to collaborate to implement health policy. The HiAP mandate also requires that our recommendations inform the state health improvement plan (SHIP). Pursuant to Illinois Public Act 102-0004, Illinois develops a state health assessment (SHA) and a SHIP every five years.

The University of Illinois School of Public Health (UIC SPH), Illinois Department of Public Health (IDPH), and Illinois Public Health Institute (IPHI) are long-time leading partners in the development of these guiding documents. Together, the SHA and SHIP comprise *Healthy Illinois 2028[8]*, a collaborative public/private cross-agency initiative to align plans, processes, and resources to facilitate health improvement and to advance health equity throughout the state.

Healthy Illinois 2028 Priorities

The SHA is a systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.[7]

The SHIP/Healthy Illinois 2028 is a long-term systematic plan to address issues identified in the SHA. It describes how the state health department and the communities it serves will work together to improve the health of the population.[8]

Source: Illinois Department of Public Health

The SHA and SHIP are the most engaged and comprehensive health assessment and improvement efforts conducted in the state. HiAP workgroup centers its efforts on the priorities, data, and community voices articulated through the processes used to develop Healthy Illinois 2028, which is available at https://dph.illinois.gov/topics-services/provider-partner-resources/healthy-illinois.html.

EXECUTIVE ORDER 2021-21 – STATE HOMELESSNESS INFRASTRUCTURE

On September 3, 2021, the Executive Order to Fight Homelessness in Illinois (Executive Order 2021-21) established a homelessness infrastructure within the state government structure to work toward achieving **"functional zero" homelessness** – an indicator that homelessness is rare, brief, and non-recurring for populations across Illinois. The infrastructure is comprised of a State Homelessness Chief and Illinois Office to Prevent and End Homelessness (IOPEH), the Interagency Taskforce on Homelessness, and a Community Advisory Council on Homelessness.[9]

The **State Homelessness Chief** reports to the Secretary of the Illinois Department of Human Services (IDHS). Under the Illinois Homeless Prevention Act (310 ILCS 70), IDHS establishes homelessness prevention and assistance programs to stabilize families in their existing homes, shorten the amount of time that families stay in emergency shelters, and assist families with securing affordable transitional or permanent housing. The chief chairs the taskforce, co-chairs the Community Advisory Council, and serves as a policymaker and spokesperson on homelessness prevention[9].

The **Illinois Interagency Taskforce on Homelessness** is a cross-sector team of leaders from agencies that have relevance to ending and to preventing homelessness. The taskforce is charged with developing a state plan to address homelessness and unnecessary institutionalization with the goals of achieving functional zero homelessness, improving health and human services outcomes for people experiencing homelessness, and strengthening the safety nets that contribute to housing stability. Half of the member agencies with appointees on the taskforce also have leaders serving on the HiAP Workgroup, indicating substantial opportunities for continued cross-collaboration on matters of health and homelessness[9].

Illinois Interagency Taskforce on Homelessness Agency Membership

Illinois Community College Board	Illinois Criminal Justice Information Authority*	Illinois Department of Aging*	Illinois Department of Children and Family Services*	Illinois Department of Commerce and Employment Opportunity*	Illinois Department of Corrections*
Illinois Department of Employment Security	Illinois Department of Healthcare and Family Services*	Illinois Department of Human Services*	Illinois Department of Juvenile Justice	Illinois Department of Public Health*	Illinois Department of Veterans Affairs
Illinois Governor's Office of Management & Budget	Illinois Housing Development Authority	Illinois State Board of Education*	Illinois State Board of Higher Education	Illinois State Police	Illinois Chief Homelessness Officer (Chair)

*Health in All Policies Workgroup member agency

We defer to the taskforce's two-year plan, ***Home Illinois: Illinois' Plan to Prevent and End Homelessness 2022,***[10] and subsequent annual reports for **a comprehensive landscape of homelessness in Illinois**, including demographic data on residents experiencing and most at-risk for literal and chronic homelessness; drivers of homelessness and housing insecurity; and more than 100 existing, expanded, and planned cross-sector strategies to address homelessness. More than 400 people participated in the process to draft the plan, including the **Community Advisory Council**, which consists of representatives from urban, suburban, and rural communities across Illinois; community-based organizations; and community members who have experienced homelessness. Links to the Home Illinois 2022 report and progress reports are provided below. Specific policies, programs, and processes engaged by member agencies of the HiAP Workgroup are located in the appendix.

[Home Illinois: Illinois' Plan to Prevent and End Homelessness 2022](#)

[Annual Report: July 2022-October 2022](#)

[Annual Report: November 2022-October 2023](#)

Home Illinois: Illinois' Plan to Prevent and End Homelessness 2022-2024 Framework[10]

Source: Illinois Department of Human Services

One strategy of the IOPEH is to support the improvement of health outcomes for persons with housing insecurity through cross-sector collaboration. In November 2023, UIC SPH partnered with the IDPH to create a ***State Report on Morbidity and Mortality of Persons Experiencing Homelessness in Illinois***. The report will evaluate the health and causes of

death among people experiencing homelessness in Chicago, suburban Cook County, and seven IDPH public health regions over a five-year period of 2017-2021.

We eagerly await the dissemination of this report in spring of 2024, which will help better understand the health impacts of housing insecurity and address the specific health issues of persons experiencing homelessness in Illinois. Improved public health surveillance data capacity to study health care utilization patterns and mortality of the homeless will inform policies and interventions that collectively address unstable housing or homelessness, healthy work, and the health care needs of persons experiencing homelessness.

EXECUTIVE ORDER 2003-18 AND THE COMPREHENSIVE HOUSING PLANNING ACT (P.A. 94-965)

We defer to two primary sources for data on and efforts to provide **affordable housing** for this report: the Illinois Annual Comprehensive Housing Plan and the Illinois Housing Blueprint.

Pursuant to Executive Order 2003-18 and the Comprehensive Housing Planning Act (P.A. 94-965), the *Annual Comprehensive Housing Plan*[11] (ACHP) identifies statewide foci that guide the state's activities related to affordable housing planning and development, as well as funding sources for housing construction, rehabilitation, preservation, operating or rental subsidies, and supportive services for Illinois' priority populations. This plan is articulated by the **Illinois Housing Task Force**, which is comprised of 44 representatives from state agencies and statewide housing experts and chaired by the executive director of the **Illinois Housing Development Authority** (IHDA). The Annual Comprehensive Housing Plan 2023 is available at https://www.ihda.org/wp-content/uploads/2023/02/2023-Annual-Comprehensive-Housing-Plan.pdf .

Underserved Priority Populations of the Illinois Comprehensive Housing Plan[11]

ILLINOIS' EIGHT PRIORITY POPULATIONS

1. Low-income households (with particular emphasis on households earning below 30 percent of area median income);
2. Low-income seniors;
3. Low-income persons with disabilities;
4. Homeless persons and persons at-risk of homelessness;
5. Low- and moderate-income persons unable to afford housing near work or transportation (Live Near Work);
6. Low-income persons residing in existing affordable housing that is in danger of being lost or becoming unaffordable (Preservation);
7. Low-income people residing in communities with ongoing community revitalization efforts; and
8. Other special needs populations, including people with criminal records and veterans experiencing, or at risk of, homelessness.

Source: Illinois Housing Development Authority

Created by the state legislature in 1967 pursuant to the Illinois Housing Development Act, IHDA is a self-supporting agency that oversees more than 20 federal and state programs on behalf of the state to finance the creation and preservation of affordable housing. IHDA researches statewide, regional, and local housing trends, engages with residents, housing partners, and communities to identify opportunities that respond to their diverse housing needs and challenges, and serves as one of the state's primary resources for housing policy and program administration.

The *Illinois Housing Blueprint,*[12] while not mandated, is a statewide housing needs assessment developed by IHDA that functionally links the funding planned by the ACHP to actual housing needs throughout the state. It is a 3– 5-year statewide data-driven planning initiative that serves as a foundational landscape of housing stock and markets on which housing practitioners can build programs, advocate for legislative and social change, and develop housing solutions that promote equity and remove barriers to affordable rental housing and homeownership for Illinoisans across regions, income-levels, races, and ethnicities. The 2022 Illinois Housing Blueprint is available at https://ilhousingblueprint.org/wp-content/uploads/2022/11/Housing-Blueprint-2022_Final.pdf

Scan of Housing Legislation in Other States

We reviewed the legislation enacted on housing and homelessness in the U.S. 2019-2023 based on a search of the National Conference of State Legislatures' (NCSL) Housing and Homelessness Database.[13] We generated tallies for the total number of legislative acts enacted in each state on housing and homelessness to assess the degree of prioritization and necessity of housing policy in each state over time. Finally, we conducted a review of legislation passed in Illinois and similar states (Connecticut, Indiana, Maryland, Michigan, Minnesota, New Jersey, New York, Ohio, Pennsylvania, and Wisconsin) in specific areas of interest to the HiAP Workgroup using the following database filters (12 of 46): health, racial disparities, rental assistance, rent control, supportive housing, transitional, veterans, landlord tenant and eviction, emergency response, development affordable housing, awareness and prevention, and shelter and services, to examine opportunities for policy implementation in Illinois. We also reviewed policies passed and advocacy agendas relevant to housing and homelessness in Illinois as communicated by Housing Action Illinois and referenced health policy statements on housing and homelessness produced by leading national public health organizations for recommendations made at the national level to help guide this scan. A summary of this review is located in the appendix.

Environmental Scan of Housing Programs and Policy in Illinois

We invited representatives from the IOPEH, IHDA, and Housing Action Illinois to HiAP Workgroup meetings to present their findings, current and planned work, and the landscape of programs and policy related to housing and/or homelessness in the state. We examined the data and efforts of Illinois state agencies, local health departments, supportive housing providers, and continuums of care in official briefs and reports, websites, and databases to identify potential gaps, needs, and opportunities for interventions that will best advance the health of persons experiencing homelessness and housing insecurity.

Literature Review

The impacts of housing to health were explored through a lens of the HiAP Workgroup grounding principles of social justice and health equity in a literature review to ground our examination in the empirical evidence related to:

1. Standard definitions related to homelessness.
2. Linkages between safe and affordable housing and health, particularly in the areas relevant to priorities outlined in the SHA/SHIP – behavioral health, maternal and child health, chronic disease, racism as a public health issue, and emerging diseases.
3. The history of discriminatory practices and failed policies that contribute to current disparities at the intersection of housing and health.

The literature review, which is prepared by UIC SPH master's degree candidates in the field of health policy, is located in the appendix.

Workgroup Examination Findings

Housing in Illinois by the Numbers

HOMELESSNESS

Housing, or lack thereof, and health have been inextricably and bidirectionally linked, resulting in emerging partnerships between the health care system and housing service providers. Those with unstable or a lack of housing are at increased risk and severity of many health conditions. Chronic and age-related conditions affect persons experiencing homelessness 10-15 years earlier than the general population, and people who experience homelessness die 30 years earlier. The median age of persons experiencing homelessness is approximately 50 years old in the U.S.[14]

Preliminary analyses from the pending State Report on Morbidity and Mortality of Persons Experiencing Homelessness in Illinois show that persons experiencing homelessness who seek medical care in acute care hospitals are predominately male, aged 25–64 years, and non-Hispanic Whites and African Americans. The majority have psychiatric comorbidities of depression, psychosis, and/or substance abuse (70.2%). Persons experiencing homelessness are at increased risk of temperature-related injuries, particularly hypothermia and frostbite, resulting in more adverse health outcomes such as longer hospital stays, increased mortality, and surgical amputation of extremities. Most patients have a routine discharge to home or self-care (81.9%) without supportive services to maintain or improve their health, which could decrease the success of transition programs and increase the likelihood of hospital readmission.

HUD Definitions of Homelessness[15]

The drivers of homelessness are multifaceted and arise from a combination of individual, social, and structural factors.[14]

DRIVERS OF HOUSING INSECURITY AND HOMELESSNESS

Source: Adapted from Data and Trends, United States Interagency Council on Homelessness.[14]

The U.S. Department of Housing and Urban Development (HUD) provides **four categories of homelessness**: (1) literally homeless, (2) imminent risk of homelessness, (3) homeless under other federal statutes, and (4) attempting to flee domestic violence. This report focuses primarily on categories 1 and 2.

HUD also has a [formal definition](#) for **"chronic homelessness,"** which refers to a persistent state where an individual experiences homelessness for an extended period, often accompanied by mental health challenges, substance abuse, or other complex issues.

Here data is provided for Illinois homeless subpopulations captured in HUD Continuum of Care (CoC) Homeless Assistance Programs Homeless Populations and Subpopulations Reports,[16] which are based on annual point-in-time (PIT) counts of sheltered and unsheltered homeless persons captured by CoCs across the state on a single night during the last 10 days in January.

	2023	Change 2018-2022	Change 2022-2023
Total Homeless Persons	11,947	-13% ⬇	+30% ⬆
Total Chronically Homeless Persons	1,443	-12% ⬇	+1% ⬆

Subpopulations 2018-2023
*Subpopulation data not available for 2021

Demographics Summary 2023

Total Homeless Persons by Gender 2023
- Transgender 1%
- Female 38%
- Gender Questioning 0%
- Gender Non-Conforming 0%
- Male 61%

Total Homeless Persons by Race 2023
- American Indian or Alaska Native 1%
- Asian 2%
- White 46%
- Native Hawaiian or Other Pacific Islander 0%
- Multiple Races 4%
- Black or African-American 47%

Ethnicity
Hispanic/Latino 30%
Non-Hispanic Latino 70%

Total Homeless Persons By Age 2023
- Over 64 4%
- 55-64 12%
- 45-54 11%
- 35-44 20%
- 25-34 21%
- 18-24 12%
- under 18 20%

Total Homeless Subpopulation: Severely Mentally Ill 2018-2023*
2018: 2352, 2019: 2062, 2020: 1995, 2022: 1692, 2023: 1875

Total Homeless Subpopulation: Chronic Substance Abuse 2018-2023*
2018: 2525, 2019: 1693, 2020: 1636, 2022: 1130, 2023: 976

Total Homeless Subpopulation: Veterans 2018-2023*
2018: 804, 2019: 690, 2020: 736, 2022: 524, 2023: 523

Total Homeless Subpopulation: HIV/AIDS 2018-2023*
2018: 143, 2019: 190, 2020: 125, 2022: 66, 2023: 76

Total Homeless Subpopulation: Victims of Domestic Violence 2018-2023*
2018: 1323, 2019: 744, 2020: 1218, 2022: 782, 2023: 1492

Total Homeless Subpopulation: Youth (Under Age 24) 2018-2023*
Unaccompanied Youth — 2018: 684, 2019: 609, 2020: 671, 2022: 628, 2023: 998
Parenting Youth — 2018: 264, 2019: 245, 2020: 249, 2022: 197, 2023: 242
Children of parenting youth — 2018: 375, 2019: 351, 2020: 332, 2022: 260, 2023: 318

Considerations Regarding PIT Counts

The PIT counts, while valuable, have some limitations:

1. **Snapshot Nature**: PIT counts capture a snapshot of homelessness on a single night in January. This approach may not fully represent the dynamic nature of homelessness throughout the year.[16]

2. **Visual Identification Challenges**: Identifying homeless individuals visually can be difficult, especially for unsheltered populations. Some people may not fit the stereotypical image of homelessness.[17]

3. **Exclusion of Certain Living Situations**: PIT counts do not include certain living situations, such as people who are **doubled up** (staying with friends or family) or **couch surfing** (staying temporarily in a series of other people's homes). These individuals may not be counted, leading to underrepresentation.[17]

4. **Methodology Variation**: There is variation in count methodology both **year-to-year** and across different communities. Unsheltered counts have more limitations than sheltered counts, and methodologies can differ significantly. For example, the PIT counts taken in 2021 allowed for sampling a few areas rather than canvassing entire cities. In addition, COVID-19 distancing requirements also restricted many shelters to about half their normal capacity, so people who normally would have been counted at shelters were forced to use temporary housing or had to live on the street, making them difficult to find.[16, 18]

Despite these limitations, PIT counts remain a crucial tool for understanding homelessness trends and informing policy and resource allocation.

PIT data shows that homelessness declined in the years 2018-2022 but has significantly increased across nearly all subpopulations from 2022-2023. Contributors to this may include the end of eviction protections enacted during the COVID-19 public health emergency, CoCs returning to full operation and PIT counting methodologies, changes in the economy, wage stagnation, increasing costs of rent, and/or increasing shortages in affordable housing. More data, including regional and county trends, are available in the literature review in the appendix.

The majority of Illinoisans experiencing homelessness in 2022 resided in urban and suburban areas. Chicago and Cook County had the highest homeless and chronic homeless populations, accounting for 54% and 62% of populations in Illinois, respectively. DuPage (suburban) and south Central Illinois (rural) counties homeless populations increased by more than 50% from 2018 to 2022. Waukegan (suburban), DuPage (suburban), Cook (urban), and Champaign (urban) counties saw chronic homelessness increases by more than 50% between 2018 and 2022. African Americans account for 73% of the homeless population across urban counties, and 54% of homeless populations across all counties.

In addition to not capturing certain living situations as stated above, there are other at-risk subpopulations that are not specifically called out in the HUD PIT counts, such as disabled persons (with the exception of those reported with serious mental illness and chronic substance abuse disorder), formerly incarcerated persons, persons from migrant or refugee populations, or persons diagnosed with infectious diseases, such as sexually transmitted infections (other than HIV/AIDS), tuberculosis, or COVID-19, who pose a potential health risk to others in overcrowded or congregate settings.

HOUSING INSTABILITY

The intermediary step between being housed and unhoused is housing instability. Housing instability has been linked to poorer self-reported health, elevated blood pressure and weight gain, reduced diabetes self-efficacy, greater presence of chronic medical conditions, and higher and cardiovascular-related mortality rates. Studies have also shown links between housing instability and negative health outcomes among children, including increased risk of physical abuse and subsequent hospitalization; poorer diet; and elevated cortisol levels.[18] In the next sections, some of the influences on housing instability and homelessness are examined: rent affordability, homeownership, eviction, fair housing, and emergency preparedness and response.

Rent Affordability

The percentage of renters compared to owners has increased over the last 15 years and the rental vacancy rate has declined, raising concerns about rent affordability. Rent is affordable if it costs 30% or less of your total income, but nearly three quarters of extremely low-income renter households spend more than half of their income on rent and utilities, making them susceptible to instability and/or eviction in the face of just one financial setback.[23] Here are some key facts and figures from 2023 reports released by the National Low-income Housing Coalition (NLIHC)[21,22] that illustrate the current state of rent affordability in Illinois.

$13/hr	Illinois minimum wage.
65 hrs/week	The number of hours a person making minimum wage would have to work to afford a 1-bedroom rental home at Fair Market Rent (FMR), which is $1,091. This is equivalent to 1.6 full-time jobs.
$22.99/hr	Average renter wage in Illinois.
$24.59/hr	Hourly rate required to afford a modest, two-bedroom apartment in Illinois, also called the "housing wage". Increased by $2.48 since 2021.
1,650,933	Number of renter households in Illinois.
27%	Percent renter households that are extremely low-income.
73%	Percent of extremely low-income renter households with severe cost burden.
$27,190	Maximum income of 4-person extremely low-income households.
$2,607	Rent affordable at Area Median Income (AMI). (AMI is the midpoint of a specific area's income distribution as calculated annually by HUD.)
$1,234/mo	Rent affordable at median renter household income, which is $49,372.
$782/mo	Rent affordable at 30% of Area Median Income (AMI), which is $31,289.
$1,304/mo	Rent affordable 50% of Area Median Income (AMI), which is $52,149.
$676/mo	Rent affordable working a full-time job making minimum wage.
$274/mo	Rent affordable to an Social Security Income (SSI) recipient.
-293,354	Shortage of rental homes affordable and available for extremely low-income renters. Only 34 of every 100 extremely low-income renters looking to rent a home in Illinois will find one they can afford.

Source: National Low-income Housing Coalition

Eviction

Reasons for eviction include failure to comply with rent deadlines, violation of the lease/rental agreement, conducting illegal activity, and foreclosure of rental property, but sometimes the details of an eviction are more nuanced. Regardless of the reason, simply having an eviction filing on the public record affect one's ability to become or stay employed, care for family, and secure future housing. At the community level, evictions disrupt a community's economic stability, which is correlated with higher crime rates and higher health care and social service costs.

Eviction and Health

Evictions, whether rent-based or foreclosure, can have serious and lasting effects on the mental and physical health of individuals and families. Some of the effects of evictions on health are provided below:

- Eviction can damage a caregiver's health through stress, toxic exposures, unhealthy coping mechanisms, and lost financial resources.[30]
- Evicted adults experience higher levels of depression, suicide, and all-cause mortality.[30]
- Mothers of young children report higher levels of stress, depression, and poor health in the year after eviction.[30]
- Women who experienced eviction during pregnancy have a greater risk of low birth weight or preterm birth.[30]
- Childhood eviction has been associated with food insecurity and worse overall health.[30]
- Eviction and foreclosure have been found to increase risk of sexually transmitted infection.[31]
- Studies have shown that among people with HIV, the experience of eviction can lead to increased viral load.[31]

Pathways from Eviction to Poor Health
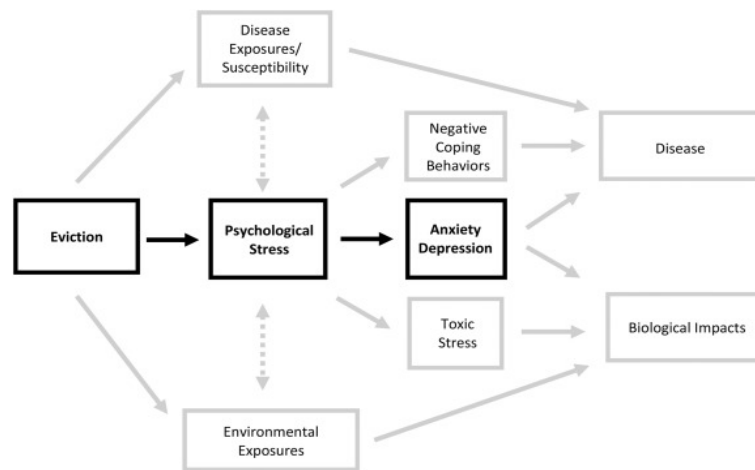
Source: Hoke et al., Social Science & Medicine, 2021.[31]

There is no all-inclusive real-time data source for evictions at the state or national level. However, some sources provide estimates or partial data for different years or regions. For example, the National Eviction Map available through The Eviction Lab at Princeton University displays data collected directly from state and local courts on total eviction filings and households threatened with eviction in every county in the United States between 2000 and 2018. In counties where they were unable to collect court data, they used statistical models to create comprehensive estimates.[27] Separate from

these maps, their Eviction Tracking System (ETS) currently tracks data in 10 states and 34 metropolitan areas across the U.S. in real-time.[28] Although Illinois is not represented in this data, it can provide a sense of national eviction trends. Here we highlight a few of The Eviction Lab's findings.

7.6M Individuals in the U.S., on average, <u>threatened</u> with eviction every year between 2007-2016.

3.6M People in a household that received an eviction <u>judgment</u> in the U.S. in 2018.

1.5M Children under the age of 18 evicted in the U.S.

52% Households with evictions filed against them that had a child present.

59% People facing eviction that were women, a count disproportionately made up of more Black and Latinx women with children.

Eviction is prevalent throughout Illinois. There were ~51,600 evictions filed on average in Illinois in 2018, with 2.9 evictions filed for every 100 renter households.[27] Among Illinois' eight cities with populations of more than 100,000 residents, the cities with the highest eviction rate are Rockford, Joliet, and Peoria.[27] Eviction is also prevalent in small and mid-size cities, as well as in suburban and rural areas. Approximately two-thirds of evictions cases are brought outside of Cook County, even though the majority of Illinois renters live in Cook County.[33]

Rents have grown at a much faster pace since the pandemic, making it harder for tenants who are already struggling. For example, according to an analysis of Zillow rental data, the average rent in Cook County grew by 25% between January 2021 and May 2023 compared to a pre-pandemic increase of just 6% from October 2017 to March 2020. Meanwhile, minimum wage does not keep pace with cost of living. In Chicago and Cook County, the minimum wage rose by 10% and 3%, respectively, from January 2021 to May 2023. The Illinois unemployment rate rose by 12.5 percentage points in April 2020 alone. Although it has begun to stabilize, African American and Hispanic individuals are unemployed at rates higher than before the pandemic. Rental assistance offered during the pandemic prevented evictions for people who couldn't pay their rent, but many people experienced housing instability because their rent greatly exceeds their income.[35,36]

Poor households, or those spending 30% or more of their income on housing, are at greatest risk of eviction. Although the risk of being threatened with eviction falls with increases in income, we still see disparities in eviction risk across racial/ethnic groups. Within every income category, Black renters are at greater risk of eviction than their White peers, particularly if they have children. According to 2016 U.S. Census data, regardless of income, 42.6% of White, non-Hispanic renter households spent 30% or more of their income on housing. By contrast, 58.4% of African American renter households and 48.4% of Hispanic renter households, did so. In 2017, 23 of the 25 community areas in Chicago with the highest eviction filing rates were majority Black Community Areas. Majority Black areas had eviction filing rates 2 to 4 times higher than majority Latinx or White areas. Historic policies in housing, education, and other essential areas that promoted systemic racial discrimination and segregation contribute to these differences.[31,33,37]

Homeownership

According to the U.S. Census Bureau, the 2023 Q2 homeownership rate for Illinois was 67.9%, a 1.1% increase from 2022 Q2, and slightly higher than the national average of 65.9%.[26] The landscape of homeownership in Illinois is influenced by various factors, such as the availability and affordability of housing, the income and credit levels of potential buyers and sellers, the interest rates and mortgage programs offered by lenders and government agencies, the supply and demand of housing units in different regions and markets, the demographic and economic trends affecting the population growth and migration patterns, and the legal and regulatory environment governing the real estate industry.

House Price Index 2012-2022

Year	Value
2012	294.39
2013	295.17
2014	304.06
2015	314.80
2016	324.27
2017	332.24
2018	339.46
2019	349.01
2020	359.24
2021	390.87
2022	440.56
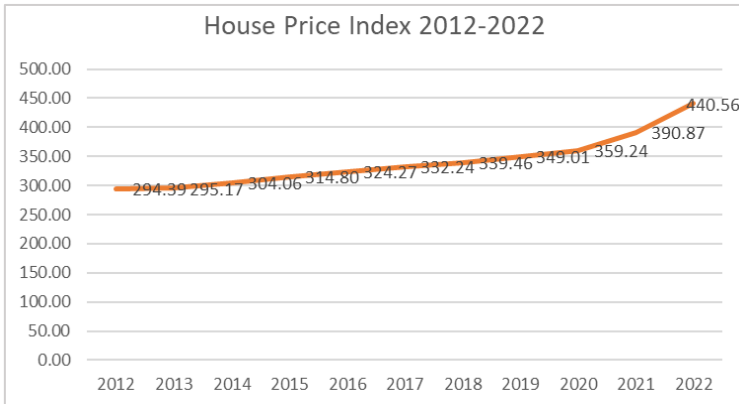
Source: U.S. Federal Housing Finance Agency[25]

Illinois Homeownership Rates, by Race or Ethnicity 2020-2040 (*forecast)
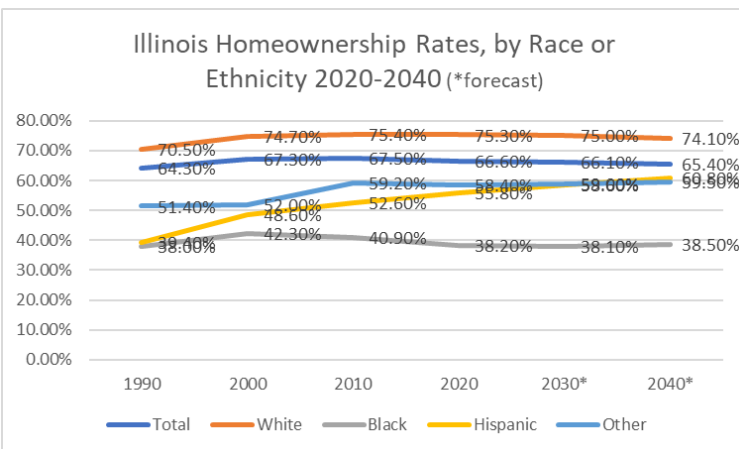
Source: Urban Institute[24]

Homeownership rates were on the rise and began to see declines during the COVID-19 pandemic. The primary contributor to homeownership trends is high cost of living. Even in 2009, U.S. Census Bureau data showed that 92.8% of renters in Illinois could not afford a modestly priced home in the area using conventional, fixed-rate, 30-year financing. Illinois ranks among the most expensive states to live in terms of housing costs. The median home price in Illinois was $287,300 in November 2021, which was higher than the historical median ($240,000). The high cost of living makes it harder for many people to afford a down payment or qualify for a mortgage loan. Illinois has some of the highest foreclosure rates in the country, which increased during and after COVID-19.

Over the last 30 years, African Americans maintained the lowest rate of homeownership, while Hispanic/Latino persons have seen the highest year-over-year gains in homeownership. As the cost of housing continues to rise, the Urban Institute forecasts, if policies do not change, homeownership will decline over the next 20 years.[24]

Other Barriers to Homeownership

Other challenges that affect homeownership in Illinois include:

- **Low supply of new construction**: There is a shortage of new housing units being built or sold in Illinois compared to other states. The inventory of existing homes for sale is also low relative to demand, which creates upward pressure on prices. This limits the choices and opportunities for potential buyers who want to enter or upgrade their homeownership status.
- **Lack of federal investment**: There is not enough federal funding or support for affordable housing programs or initiatives that could help increase homeownership opportunities for low- to moderate-income households in Illinois.
- **Discriminatory policies and practices**: Systemic racism and discriminatory policies of redlining, housing segregation, and devaluation of Black assets of have contributed to a persistent homeownership gap between Black and White households.
- **Impact of COVID-19 pandemic**: The COVID-19 pandemic has worsened the housing crisis by causing job losses, reduced incomes, increased evictions, disrupted services for low-income renters or homeowners; increased health risks from exposure to virus; reduced mobility due to lockdowns or travel restrictions; etc. These factors have made it more difficult for many people to cope with their financial obligations or maintain their living conditions.

Fair Housing and Discrimination

The goal of the Fair Housing Act of 1968 was to ensure that only an individual's financial resources would determine whether a seller or financial institution would commit to a sale or rental agreement. However, over time, the Fair Housing Act has failed to uphold its intended purposes, as studies show that the country is still as segregated as it was more than 50 years ago. As elaborated in our literature review, decades of policies and practices that explicitly enforce residential racial segregation have limited housing options and economic opportunities for communities of color, thereby, putting them at higher risk for negative health outcomes. These policies and practices include redlining, exclusionary zoning, racist restrictive covenants, devaluation of assets, gentrification, and discriminatory lending practices.[32,39]

Discrimination is a social stressor that can cause and compound physiological effects over time (e.g., irregular heartbeat, anxiety, heartburn), which lead to long-term negative health outcomes. Discrimination can occur at the structural (e.g., residential segregation) or individual level (e.g., being treated with less courtesy or respect than others), and can cause intentional or unintentional harm to an individual, whether enacted consciously or subconsciously. Thirty-one percent of U.S. adults report at least one major discriminatory occurrence in their lifetime, and 63% report experiencing discrimination every day. Experiencing discrimination may contribute to someone engaging in unhealthy behaviors that cause disease (e.g., smoking or alcohol abuse) or avoiding health-promoting behaviors (e.g., cancer screenings or diabetes management). Various forms of discrimination impact different population groups, including certain racial/ethnic groups, women, members of the LGBTQ+ community, immigrants, people with disabilities, and older adults.[40] Below some manifestations of unfair practices and discrimination in housing and homelessness are highlighted.

> *"I'm paying rent. However, after asking about COVID relief due to being furloughed from my job as a bartender, my leasing company snatched back a lease renewal they had already offered me...They began charging me holdover penalties (three times my rent) for remaining in the apartment past the end of my lease, and are riding past my apartment, sending nasty letters. I am currently paying my rent, but not the holdover fees. I paid July rent in my building's online portal and the landlords sent me an email saying they would call the police if I entered the leasing office, demanding I vacate immediately." – Illinois Resident, Female, African American. June 2, 2020.*
>
> *Source: Anti-Eviction Mapping Project[29]*

Rental housing markets

A study that distributed 25,000 rental inquires to property managers across the 50 largest U.S. cities revealed that African American and Hispanic/Latinx renters face discriminatory constraints in the majority of U.S. cities, with African Americans facing the strongest constraints in midwestern cities, especially in Chicago. Stronger constraints on renters of color are also associated with higher levels of residential segregation and larger gaps in intergenerational income mobility.[38]

LGBTQ+ individuals account for up to 40% of youth experiencing homelessness in the U.S. At any age, members of this community experience violence and discrimination in ways that keep them from accessing necessary shelter and services. A 2016 study showed that per capita sexual orientation and gender identity housing discrimination complaints are filed at similar rates to sex and race discrimination complaints. In Illinois, on average, approximately 1 to 5 complaints per 100,000

protected adults were filed per year between 2008 to 2014: for every 100,000 LGBTQ+ adults there were two complaints of sexual orientation and gender discrimination, for every 100,000 women there was one complaint of sex discrimination, and for every 100,000 adults of color, there were four complaints of race discrimination.[43]

Residential segregation

Redlining is a form of structural discrimination where credit lending decisions are made based on property location to exclude certain racial/ethnic groups from a residential area. This practice has created a legacy of urban areas experiencing chronic health inequities. Studies have found associations between redlining and poor mental health, cancer diagnosis, low birth weight, prenatal mortality, preterm birth, and a lack of health insurance. Residential segregation is a major cause of differences in health status because it can determine the social and economic resources for not only individuals and families, but also for communities.[40]

Criminalization

Homelessness increases interaction with the criminal legal system.[4, 41] Illinois has been shown to have laws that criminalized life-sustaining tasks, such as sleeping in public, loitering, sitting or lying down in public, sleeping in vehicles, sharing food, and panhandling.[42] Although some of these ordinances have since been deemed unconstitutional, there are others that still persist.[41] More than 25% of those experiencing homelessness report being arrested for an activity that was directly related to their homelessness. Because of this relationship, a formerly incarcerated person is nearly 10 times more likely to experience homelessness than the general public.[42]

Record of incarceration

People who have a criminal record often have difficulty securing employment and housing due to discriminatory practices and are at higher risk of homelessness. One 2020 study found that Illinois had a total of 1,189 laws that punish those with criminal records—primarily in the areas of housing, employment, and education.[42] Those with certain convictions may even lose state and federal benefits, including access to education assistance, public housing benefits, food stamps, and their drivers' licenses, creating more barriers to economic stability. Furthermore, people who were formerly incarcerated are at an increased risk for substance abuse, suicide, mental health disorder, high blood pressure, asthma, cancer, arthritis, and infectious diseases, such as tuberculosis, hepatitis C, and HIV.[4,40] Across the United States, African American and Latinx people are policed, arrested, convicted, and incarcerated at rates disproportionate to their share of the population. In Illinois, African Americans make up 14.6% of the population but 45.3% of those convicted of crimes.[41] When African American and Hispanic/Latinx people finish their criminal legal system involvement, they are doubly stigmatized due to their race and their criminal backgrounds.[42]

Emergency Preparedness and Response

People experiencing homelessness are especially vulnerable during disasters and are more likely to experience aggravation of existing mental illness, withdrawal from substances, and inability to evacuate. Further, they may lose access to places they spent time and found safety before the disaster, including their means of shelter. In spite of these issues, this population is often not prioritized during disaster planning and

preparedness, response, and recovery. Inclusion of people experiencing homelessness and homelessness services providers in disaster planning is vital to ensuring all community members are accounted for and included in disaster response.[46]

Related to housing insecurity, HUD's Office of Policy Development and Research (PD&R) periodically reports on the severity of worst case needs for affordable rental housing, using data collected in the biennial American Housing Survey (AHS). Households with worst case housing needs are very low-income renters—households with incomes at or below 50% of area median income—who do not receive government housing assistance and who pay more than one-half of their income toward rent, live in severely inadequate conditions, or both. Worst case households are at greater risk of homelessness and poor health outcomes, which can be exacerbated during a prolonged crisis due to natural disaster, threat to national security, or public health emergency.[47] Examples of the relationship to each of these crises to health and housing are provided below.

Natural disaster

There have been 64 weather-related disasters declared in Illinois since 1957, mostly due to severe storms, tornadoes, and flooding.[45] Floods are by far the most common natural disaster in Illinois, accounting for more than 90% of the declared disasters.[47] As described further in the literature review, a natural disaster can contribute to housing instability and homelessness in various ways, including destroying or damaging homes and infrastructure; leaving people without shelter or access to basic services; increasing risk of eviction, foreclosure, or rent increases; and reducing affordable housing options. A report by the Mortgage Brokers Association warns that changes in precipitation, rising sea levels, and the frequency and intensity of flooding associated with climate change pose threats to housing insecurity, such as increased housing costs (e.g., insurance premiums, utilities), mortgage default and prepayment risk, adverse selection, house price risk, and climate migration. Further, the associated risks may exceed the capacity of insurance and government assistance to sustain some areas.[44]

Threats to national security

Threats to national security can increase transmission of disease, affect mental health, and impact access to care. In treating the migrant crisis as a threat to national security, Texas has transported more than 45,000 migrating persons to self-declared sanctuary cities like New York, Chicago, Philadelphia, Denver, Los Angeles, and Washington, D.C. since August 2022. As of September 2023, more than 10,700 migrating persons have been transported to Chicago since August 2022. Overall, 2,196 asylum seekers were counted in Chicago's 2023 PIT count, accounting for 42% of the sheltered population.[48]

Public health emergency

We've seen firsthand how a public health emergency can disrupt access to housing. The 2023 Worst Case Needs report finds that during the COVID-19 pandemic, 8.53 million U.S. renters had worst case housing needs, an increase of 760,000 cases (or 9.8%) from 2019. Illinois saw historic rises in unemployment. In January 2020 when

the state's unemployment rate stood at 3.7%, 239,400 Illinoisans were unemployed. By April 2020, the number rose to 1,108,200, and most of that growth occurred within a month of the public health emergency announcement.[35] By swiftly implementing assistance programs, sealing eviction records, and protecting vulnerable households, Illinois was able to prevent a housing crisis during the pandemic. The federal eviction moratorium was a lifeline for millions of families, the last remaining federal protection keeping them safely and stably housed throughout the pandemic. In 2022, landlords filed nearly 970,000 eviction cases across the sites tracked in The Eviction Lab's ETS, an increase of 78.6% compared to 2021.[28] From October 2019 through March 2020, prior to Illinois' pandemic-related eviction moratorium which began on March 20, 2020, there were 13,250 eviction cases filed in Cook County courts with a total of 3,301 (nearly 25%) enforced by the sheriff's office. Experts and advocates feared a sharp increase in evictions would follow when the ban ended on October 3, 2021. Although Cook County saw a reduction in eviction enforcements compared to pre-pandemic years from October 2021 through March 2022, with 12,358 eviction cases initiated and 1,181 (9.5%) enforced, by May 2023 the Cook County Sheriff's Office saw the highest number of evictions enforced in a single month in the last four years.[34,36]

Recommendations

Recognizing that the core contributors to the problems of housing instability and homelessness are availability, affordability, and accessibility of housing, the HiAP Workgroup strongly endorses existing and planned state-level efforts that increase the supply of affordable housing, stabilize costs of living, and ensure equitable access to permanent housing for Illinoisans. Most relevant to its immediate charge to identify opportunities to improve health through policy, the HiAP Workgroup offers the following recommendations:

1. **Appropriate funds to the expansion of permanent supportive housing models, particularly those guided by Housing First philosophy.**

   Housing First policies rest on one assumption: homelessness is a problem, permanent housing is the solution, and the solution should not be withheld based on whether someone adheres to the rules of a program, meets milestones to recovery or sobriety, has a criminal record, or has a history of evictions or homelessness. Housing First models offer permanent housing as quickly as possible to individuals and families experiencing homelessness, especially people with long histories of homelessness and co-occurring health challenges. Once the individual(s) are housed, they are offered opt-in supportive services and connections to the community-based support needed to maintain housing and avoid returning to homelessness. Evidence shows that Housing First program outcomes include faster housing placements, increased rates of housing stability and housing retention (including among individuals with co-occurring substance dependence and mental disorders), and decreases in costly shelter use, annual costs, monthly hospital visits, and jail stays.[4,50,51]

2. **Provide support to demonstration projects that maximize use of Medicaid funds for housing.**

   Section 1115 of the Social Security Act gives the U.S. Secretary of Health and Human Services (HHS) authority to approve experimental, pilot, or demonstration projects that are likely to promote Medicaid and Children's Health Insurance Program (CHIP) objectives. Under this authority, the secretary may waive certain provisions of the Medicaid law to give states additional flexibility to design, to evaluate, and to improve their programs to better serve Medicaid populations.

   In June 2023, the Illinois Department of Healthcare and Family Services (HFS), the state's Medicaid authority, submitted a request to the federal Center for Medicaid Services (CMS) for Section 1115 authority. HFS' proposal targets the root causes of health disparities by addressing social determinants of health, particularly housing insecurity, in practical ways that will enhance health outcomes. If granted, federal matching funds for eligible state investments will support groundbreaking projects already underway to prevent and alleviate homelessness and housing insecurity and seed additional innovations.

   HFS' proposal includes two housing benefits for individuals experiencing or at risk of homelessness. The first is a housing support benefit that includes both tenancy support and tenancy-sustaining services, offering up to six months of temporary rental assistance for eligible individuals. The second is a medical respite benefit, providing shelter and

recuperative care for individuals transitioning from acute or institutional care or seeking to avoid placement in such settings.

While the Section 1115 request is under review and negotiation with federal CMS, HFS and its affiliated health and human service agencies have initiated processes for stakeholder engagement and operational planning. The final operational protocols and business processes will align with the scope of authority ultimately approved by the federal government, which is anticipated by July 2024.

Additional detail about HFS' 1115 request can be found here: https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/1115demonstrationproposedbenefits05082023.pdf.

In November 2023, HHS announced its *new Medicaid and Children's Health Insurance Program (CHIP) Health-Related Social Needs (HRSN) Framework* that will help states support clinically appropriate and evidence-based interventions to support housing and nutrition needs for certain Medicaid enrollees. As of August 2023, 3,837,155 Illinoisans are enrolled in Medicaid/CHIP. Federal match rates for expenses tied to medical and administrative activities for Medicaid/CHIP recipients can be 50-90%. Creating benefits for people who are Medicaid eligible helps ensure broader service coverage for low-income populations most at risk for homelessness and housing insecurity.

Similar investments are encouraged for demonstration projects related to in-home and community-based services (HCBS), particularly those under Section 1915(c) of the Social Security Act, to respond to the rising trend of individual preference toward stay home/receive care at home (vs. in an institutional setting) during and since the public health emergency.

3. Improve collection, quality and dissemination of data that connects housing insecurity, homelessness, and evictions to morbidity and mortality.

One of the cross-cutting process strategies of the Home Illinois Plan to Prevent and End Homelessness is to build the data infrastructure to track housing status within mainstream service programs and create a statewide homeless dashboard to understand population needs and trends. We endorse continued progress on this strategy and recommend incorporating health impacts of homelessness in the proposed dashboard as well. Here we offer recommendations to develop a more comprehensive approach to data collection and reporting that incorporates the health status of the homeless and those most at risk of homelessness:

- o Incorporate housing stability inquiries into intake health screenings.
- o Encourage clinician use of ICD-10-CM Z59 codes in medical records for persons lacking permanent or reliable shelter. ICD-10 codes Z00-Z99 describe factors influencing health status and contact with health services. Specifically, codes under Z59 note problems related to housing and economic circumstances, including homelessness and inadequate housing.
- o Add a housing status designation on part II of the state of Illinois certificates of death. This is the area on the form where significant conditions contributing to death but not resulting in the underlying cause of death are reported.

- Develop key performance indicators for health and housing that can be monitored in tandem with indicators tied to achieving functional zero.
- Increase data collection on metrics other than the HUD PIT data, such as doubled up homelessness, formerly incarcerated persons, and persons with disabilities. The need for this increases as rent continues to rise.
- Push for legislative reforms to standardize statewide eviction data collection and reporting. Data should be collected and recorded in ways that do not compromise efforts to seal eviction records for individual residents, as eviction filings create lasting consequences for tenants in their efforts to secure housing.
- Incorporate evictions data into IOPEH's proposed dashboard. Overall, the dashboard should provide timely data at the local and, preferably, hyperlocal level. An online data tool would increase transparency and accessibility to eviction data that would allow decision makers to visualize the eviction problem and understand where hotspots are. Eviction data would also allow assessment of laws and programs meant to provide rights to counsel to low-income renters facing possible eviction, institute moratoriums on evictions, provide rental assistance, and improve equity related to evictions.

Other Considerations

The following recommendations were generated from workgroup breakout discussions used to brainstorm ideas to advance health and housing relevant to SHIP priority areas, improve cross-sector collaboration, and other opportunities for policy intervention.

Recommendations to improve housing safety and affordability while also supporting the SHIP priorities.	Actions to ensure communication and collaboration across existing initiatives	Critical opportunities for policy intervention
Increase efforts in rural communities, especially in providing supportive services to go along with shelter.	Identify partners and best trusted messengers to communicate.	Evaluate rapid housing initiative effectiveness to support decisions for future funding allocation.
Institute statewide zoning legislation to require housing to be available in all communities specific to homelessness. Consider dedicated state funding to develop resources.	Create opportunities for sister agency collaboration - programs, services, funding streams, cross-collaborating "Chiefs."	Evaluate which flexibilities were most impactful and beneficial during the COVID-19 public health emergency and be intentional about making policy shifts permanent.
Respect and promote opportunities to enhance individual choice in housing and integrated neighborhoods to create a sense of community, culture, and inclusion.	Pull from existing reports regarding affordable housing and highlight what is working in new related reports.	Continue immediate response to the migrant crisis and refer to it as a test case for what works when government is flexible.
Focus on stability, especially for maternity and children. Housing impacts behavioral health.	Establish shared goals and shared responsibility for shared customers to help break down barriers and agency silos; keep focus on customers.	
Define mechanisms to incentivize diversity and culture shift in housing models -- address "not in my back yard" mentality.	Provide cross-agency funding for joint programs/services/ initiatives - new or established.	

Conclusion

As we conclude this report of the Health In all Policies workgroup, we want to thank the workgroup partners for all their hard work and dedication. It is through this and other collective efforts that we will improve the health and well-being of the residents of Illinois and strive toward making Illinois the healthiest state in the nation. In the new year we will examine the theme of safe and affordable housing with a focus on matters related to neighborhood and built environment, including matters of safety, quality, and environmental justice. We will continue our work across sectors to improve residents' health and well-being, which includes addressing health inequities, implementing a health in all policies framework, and addressing the social determinants of health through the lens of social justice and equity. To this end we will cooperatively examine some of the manifestations of historic, systemic, and structural injustices as they relate to the disproportionate impacts on health, well-being, and mortality. Participation in this timely work presents an opportunity to explore innovative ways to use our collective voices to a foster system-wide culture of health.

References

1. Social Determinants of Health at CDC | CDC.gov. Published December 8, 2022. Accessed December 2023. https://www.cdc.gov/about/sdoh/index.html.
2. Social Determinants of Health - Healthy People 2030 | Health.gov. https://health.gov/healthypeople/priority-areas/social-determinants-health. n.d. Accessed December 3, 2023.
3. Association of State and Territorial Health Officials. Health in All Policies Introduction - ASTHO. n.d. Accessed December 8, 2023. https://www.astho.org/globalassets/pdf/hiap/hiap-intro.pdf
4. Housing and Homelessness as a Public Health Issue. American Public Health Association. https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2018/01/18/housing-and-homelessness-as-a-public-health-issue. Published January 18, 2018. Accessed December 3, 2023
5. Rudolph L, Caplan J, Ben-Moshe K, Dillon L. Health in all policies: A guide for state and local governments. American Public Health Association and Public Health Institute, 2013. n.d. Accessed November 14, 2023. https://www.apha.org/topics-and-issues/health-in-all-policies.
6. Office of the United Nations High Commissioner for Human Rights. Fact Sheet No. 21: The Right to Adequate Housing. Published November 1, 2009. Accessed October 17, 2023. http://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf
7. Taylor L. *Housing and Health: An Overview of the Literature*.; 2018. https://doi.org/10.1377/hpb20180313.396577
8. Healthy Illinois 2028 | dph.illinois.gov. https://dph.illinois.gov/topics-services/provider-partner-resources/healthy-illinois.html. n.d. Accessed November 12, 2023.
9. Executive Order 2022-09: Amendment to Executive Order 21 to Fight Homelessness in Illinois | Illinois.gov. Published March 30, 2022. Accessed December 17, 2023. https://www.illinois.gov/government/executive-orders/executive-order.executive-order-number-09.2022.html
10. Illinois Department of Human Services. *Home Illinois: Illinois' Plan to Prevent and End Homelessness, 2022*. Published June 2022. Accessed October 27, 2023. https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Homelessness/HomeIllinoisPlantoPreventandEndHomelessnesA11Y.pdf
11. Illinois Housing Development Authority. *Annual Comprehensive Housing Plan, 2023*. n.d. Accessed October 12, 2023, https://www.ihda.org/wp-content/uploads/2023/02/2023-Annual-Comprehensive-Housing-Plan.pdf
12. Illinois Housing Development Authority. *Illinois Housing Blueprint, 2022*. Published Summer 2022. n.d. Accessed October 12, 2023. https://ilhousingblueprint.org/wp-content/uploads/2022/11/Housing-Blueprint-2022_Final.pdf
13. Housing and Homelessness Legislation Database. National Conference of State Legislatures. https://www.ncsl.org/human-services/housing-and-homelessness-legislation-database. n.d. Accessed October 24, 2023.
14. U.S. Intragency Council on Homelessness. Homelessness data and trends. Accessed December 2023, https://www.usich.gov/guidance-reports-data/data-trends.
15. U.S. Department of Housing and Urban Development. Four categories of the homeless definition. Accessed October 2023, https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/
16. U.S. Department of Housing and Urban Development. HUD continuum of care (CoC) homeless assistance programs homeless populations and subpopulations reports. Accessed October 2023, https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/
17. McCoppin R. Homeless population count shows numbers dropping in Illinois, but advocates warn we may be in a COVID bubble. 'We know they're out there'. *Chicago Tribune*. February 28, 2022. Accessed December 2023. https://www.chicagotribune.com/news/ct-homeless-count-20220228-fcnnjyzwtrholkqirel777bcji-story.html
18. Leifheit KM., Schwartz GL, Pollack CE, Linton SL Building health equity through housing policies: Critical reflections and future directions for research. *J Epidemiol Community Health*. 2022; 76(8), 759-763. https://doi.org/10.1136/jech-2021-216439
19. U.S. Census Bureau. 2017-2021 American community survey 5-year estimates. Accessed December 2023. https://data.census.gov.
20. U.S. Department of Labor. Disability employment statistics, 2023. Accessed December 2023. https://www.dol.gov/agencies/odep/research-evaluation/statistics
21. National Low-income Housing Coalition. Illinois housing profile, 2023. Accessed November 2023. https://nlihc.org/sites/default/files/SHP_IL.pdf
22. National Low-income Housing Coalition. Out of reach report, 2023. https://nlihc.org/sites/default/files/oor/Illinois_2023_OOR.pdf
23. Housing Action Illinois. Making rent affordable. n.d. Accessed December 2023. https://housingactionil.org/what-we-do/advocacy/rental-affordability/
24. Urban Institute. Forecasting state and national trends in household formation and homeownership. . https://www.urban.org/policy-centers/housing-finance-policy-center/projects/forecasting-state-and-national-trends-household-formation-and-homeownership/illinois
25. U.S. Federal Housing Finance Agency, All-Transactions House Price Index for Illinois. Federal Reserve Bank of St. Louis. n.d. Accessed December 21, 2023. https://fred.stlouisfed.org/series/ILSTHPI,.
26. U.S. Census Bureau. Current population survey/housing vacancy survey (CPS/HVS), Q2 2023. Published August 2, 2023. Accessed December 2023. https://www.census.gov/housing/hvs/current/index.html.
27. The Eviction Lab. National Eviction Map. n.d. December 2023, https://evictionlab.org/map.

28. The Eviction Lab. Eviction Tracking System. Accessed December 2023, https://evictionlab.org/eviction-tracking/
29. Anti-Eviction Mapping Project. COVID-19 Global Housing Protection Legislation & Housing Justice Action. https://antievictionmappingproject.github.io/covid-19-map/
30. Himmelstein G, Desmond M. Eviction and health: A vicious cycle exacerbated by a pandemic. *Health Aff* 10. Published April 2021. Accessed December 2023 https://www.rwjf.org/en/insights/our-research/2021/04/eviction-and-health-a-vicious-cycle-exacerbated-by-a-pandemic.html
31. Hoke MK, Boen CE. 2021. The health impacts of eviction: Evidence from the national longitudinal study of adolescent to adult health. Social Science & Medicine, 273, 113742. https://doi.org/10.1016/j.socscimed.2021.113742.
32. American Public Health Association. Creating The Healthiest Nation: Health and Housing Equity. 2020. https://www.apha.org/-/media/files/pdf/topics/equity/health_and_housing_equity.ashx.
33. Housing Action Illinois. Addressing Evictions. December 2023, https://housingactionil.org/what-we-do/advocacy/eviction/
34. State of Illinois Circuit Court of Cook County. Press Release: Cook County sees reduction in eviction enforcements compared to pre-pandemic years. April 2022, https://www.cookcountycourt.org/MEDIA/View-Press-Release/ArticleId/2926/Cook-County-sees-reduction-in-eviction-enforcements-compared-to-pre-pandemic-years-County-officials-highlight-legal-aid-and-rental-assistance-efforts
35. Illinois Department of Employment Security. 2022 Illinois Economic Report. https://ides.illinois.gov/content/dam/soi/en/web/ides/labor_market_information/annual_report/Economic_Report_2022.pdf
36. Quin A. Cook County evictions reach their highest monthly total in more than four years. *WBEZ.org.* Published June 26, 2023. Accessed December 2023. https://www.wbez.org/stories/cook-county-evictions-back-to-pre-pandemic-levels/3e34bc0c-10b9-4e77-93be-4811ff6e541d?utm_medium=url_copy
37. Joint Center for Housing Studies of Harvard University. Renter Cost Burdens by Race and Ethnicity. Accessed December 2023, https://www.jchs.harvard.edu/ARH_2017_cost_burdens_by_race
38. Christensen P, Sarmiento-Barbieri I, Timmins C. Racial discrimination and housing outcomes in the United States rental market. National Bureau of Economic Research Cambridge, MA. https:// w29516.pdf (nber.org)
39. The Brookings Institute. Home Ownership, Racial Segregation, and Policy Solutions to Racial Wealth Equity. September 2021, https://www.brookings.edu/articles/homeownership-racial-segregation-and-policies-for-racial-wealth-equity
40. U.S. Department of Health and Human Services. Healthy People 2030: Social Determinants of Health Literature Summaries. December 2023, https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries
41. Vera Institute. Illinois bill makes history highlights criminalization to homelessness pipeline. https://www.vera.org/news/illinois-bill-makes-history-highlights-criminalization-to-homelessness-pipeline
42. Social Impact Research Center. Never fully free: The scale and impact of permanent punishments on people with criminal records in Illinois. 2020. Heartland Alliance. https://socialimpactresearchcenter.issuelab.org/resource/never-fully-free-the-scale-and-impact-of-permanent-punishments-on-people-with-criminal-records-in-illinois.html
43. The Williams Institute. Evidence of housing discrimination based on sexual orientation and gender identity: An analysis of complaints filed with state enforcement agencies, 2008-2014. UCLA. Published February 2016, https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Housing-Discrimination-US-Feb-2016.pdf
44. Research Institute For Housing America. Special Report: The Impact of Climate Change on Housing and Housing Finance. September 2021. Mortgage Brokers Association. https://www.mba.org/docs/default-source/research---riha-reports/22847-research-riha-september-2021-report-wb.pdf?sfvrsn=cd87eb81_0
45. FEMA.gov. Declared Disasters, Region V, Illinois. Accessed December 2023. Accessed December 2023. https://www.fema.gov/locations/illinois#declared-disasters
46. U.S. Substance Abuse and Mental Health Administration. Planning for Individuals Experiencing Homelessness. Accessed December 2023 https://www.samhsa.gov/dtac/disaster-planners/homelessness
47. U.S. Department of Housing and Urban Development. Worst Case Housing Needs 2023 Report to Congress https://www.huduser.gov/portal//portal/sites/default/files/pdf/Worst-Case-Housing-Needs-2023.pdf
48. Illinois Department of Natural Resources. The National Flood Insurance Program. December 2023, https://dnr.illinois.gov/waterresources/nfip.html
49. Chicago Department of Public Health. 2023 Snapshot of Homelessness in Chicago. https://www.chicago.gov/city/en/depts/fss/provdrs/emerg/svcs/PITcount.html
50. UI Health. Better Health Through Housing: Improving the Health of Our Community Through Housing and Support. https://hospital.uillinois.edu/about-ui-health/community-relations/better-health-through-housing
51. National Alliance to End Homelessness. Housing First. https://endhomelessness.org/resource/housing-first/ March 20, 2022,
52. Medicaid.gov. About Section 1115 Demonstration Waivers. https://www.medicaid.gov/medicaid/section-1115-demonstrations/about-section-1115-demonstrations/index.html. n.d. Accessed December 2023.
53. National Healthcare for the Homeless Council. Homeless Mortality Toolkit. January 2021, https://nhchc.org/wp-content/uploads/2020/12/Homeless-Mortality-Toolkit-FULL-FINAL.pdf

Appendices

Health in All Policies Workgroup
Confirmed Members

Sec.	Agency	Designee
10.a.	University of Illinois Chicago School of Public Health	Wayne H. Giles, Professor & Dean Antoniah Lewis-Reese, Senior Director of Strategic Initiatives
10.d.1.	Illinois Department of Human Services	Priya Khatkhate, Deputy Chief of Staff
10.d.2.	Illinois Department of Transportation	Elizabeth Irvin, Deputy Director of the Office of Planning and Programming
10.d.3.	Illinois Environmental Protection Agency	Teschlyn Woods, Environmental Toxicologist/Environmental Health Specialist II
10.d.4.	Illinois Department of Agriculture	Jeremy Flynn, Chief of Staff
10.d.5.	Illinois Department of Labor	Jane Flanagan, Acting Director
10.d.6.	Illinois Department of Public Health	Sameer Vohra, Director Janice Phillips, Assistant Director
10.d.7.	Illinois Public Health Association (Statewide Public Health Association)	Thomas Hughes, Executive Director
10.d.8.	Will County Community Health Center	Mary Maragos, Chief Executive Director
10.d.9.	Chicago Department of Public Health (Health Department local to UIC)	Kate McMahon, Director, Health Equity in All Policies
10.d.10.	Illinois Health and Hospital Association (Hospital and Health Systems Association)	Lisa Harries, Assistant Vice President, Health Equity and Policy
10.d.11	Illinois Department of Healthcare and Family Services	Theresa Eagleson, Director
10.d.12.	Illinois State Board of Education	Rebecca Doran, Principal Consultant Nurse
10.d.13.	Illinois Department of Corrections	Steven H. Bowman, Agency Medical Director
10.d.14	Illinois Criminal Justice Information Authority	Delrice Adams, Director
10.d.15.	Illinois Department of Commerce and Economic Opportunity	Brandy Evans, Deputy Director Human Resources
10.d.16.	Illinois Department on Aging	Elizabeth Vogt, Senior Policy Analyst
10.d.17.	Office of the Governor	Isabella Hurtado, Deputy First Assistant to the Deputy Governor, Health & Human Services
10.d.18.	Jackson County Health Department (Local Health Department (serving pop of <3M)	Bart Hagston, Director
10.d.19.	Illinois Public Health Institute (Statewide Public Health Institute representing multisector public health system stakeholders)	Meher Singh, Senior Program Manager, Health Equity in All Policies Alliance for Health Equity
10.d.20.	Esperanza Health Centers (Organizations representing minority populations in public health 1 of 2)	Heidi Ortolaza-Alvear, Vice President of Strategy and Business Development
10.d.20.	Springfield Urban League, Inc. (Organizations representing minority populations in public health – 2 of 2)	Marcus E. Johnson, President & CEO
10.d.21.	Illinois State Medical Society (Statewide agency representing physicians licensed to practice medicine in all its branches)	Rashmi Chugh, Medical Officer, DuPage County Health Department

Health in All Policies (HiAP) Workgroup Agenda
March 30, 2023
12-2pm CST
Zoom
https://uic.zoom.us/j/3692048596
Meeting ID: 369 204 8596
Find your local number: https://uic.zoom.us/u/kbqjhH7J3G

Meeting Objectives
- Debrief on Annual Report
- Decide Annual Focus
- Identify Indicators for HiAP Success

12:00-12:20pm	Opening Remarks & Introductions *Name, Title, Organization* *Share one thing your org is doing to prioritize health/health equity. (Rose, Bud, Thorn)*	Wayne H. Giles, Professor & Dean University of Illinois Chicago School of Public Health (UIC SPH) Sameer Vohra, Director Illinois Department of Public Health (IDPH)
12:20-12:45pm	Reflection: 2022 Annual Report	Antoniah Lewis-Reese, Senior Director of Strategic Initiatives, UIC SPH
12:45-12:50pm	**Break**	
12:50-1:45pm	Discussion: 2023 Priorities & Indicators for Success	Amaal Tokars, Assistant Director Illinois Department of Public Health (IDPH)
1:45-2:00pm	Wrap-up & Future Meetings	Wayne H. Giles, Professor & Dean University of Illinois Chicago School of Public Health (UIC SPH)

The Health in All Policies Alliance works to facilitate cross-sector communication and work with policy makers and stakeholders to foster a culture of health equity and support efforts to make Illinois the healthiest state in the nation. We do this by examining the health of the residents of the state of Illinois and making recommendations to the Illinois General Assembly to improve and prevent threats to health through policy, practice, and partnership.

*The Health in All Policies Act (410 ILCS 155/10) identifies the following **areas of focus** for our work:*
- *(A) Access to safe and affordable housing.*
- *(B) Educational attainment.*
- *(C) Opportunities for employment.*
- *(D) Economic stability.*
- *(E) Inclusion, diversity, and equity in the workplace.*
- *(F) Barriers to career success and promotion in the workplace.*
- *(G) Access to transportation and mobility.*
- *(H) Social justice.*
- *(I) Environmental factors.*
- *(J) Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison.*

<div align="center">

Health in All Policies (HiAP) Workgroup Meeting
March 30, 2023
12-2pm CST
Zoom
MINUTES

</div>

Attendance: Rashmi Chugh, Rebecca Doran, Theresa Eagleson, Jennifer Epstein, Brandy Evans, Jane Flanagan, Wayne Giles, Lisa Harries, Elizabeth Irvin, Marcus E Johnson, Mary Maragos, Amaal Tokars, Sameer Vohra, Lizzy Whitehorn, Teschlyn Woods

Guests: Sydney Edmond, Kristin Hartsaw, Jackie Silva

Facilitator: Antoniah Lewis-Reese

I. **Attendees Introduction**
II. **Debrief on 2022 Annual Report - Slide 5**
    A. Review our charge – Slide 6
        1. Facilitating communication and work across policymakers and stakeholders to foster a culture of health and advance state health priorities.
    B. 2022 Annual Report Review – Slide 8
        1. Submitted to the Illinois General Assembly on December 31, 2022
        2. Review 2022 recommendation, HiAP framework, and HiAP principles.
        3. Reviewed report outline.
        4. 2023 annual report due to the Illinois General Assembly on December 31, 2023
        5. Opened up the floor for questions, feedback, and comments about the report.
    C. 2022 Annual Report Feedback
        1. Questions emerged regarding models for recommendation 2 - what do tools or products can that measure health impact look like?
        2. One example of a tool is a health equity checklist used by IDPH on grant applications or project charters to assess the impact of an intervention or project on health/health equity.
        3. Having these tools will also help operationalize tracking of outcomes and provide more tangible indicators and metrics for agencies and partners to implement, as well as some narrative around what is happening or has been learned.
        4. We ideally want to create a framework for establishing health equity. Minnesota has done some great work around developing health equity measures. The aim is to develop health equity measures to indicate success in areas.
        5. The National Urban League is attempting to translate data across the country into a bigger collective movement of data to measure progress. There are 90 Urban Leagues across the country that share their impact by submitting a census document to the National Urban League that covers the program model, title of

the program, who has been reached, and the impact. Antoniah will reach out to
Marcus Johnson for more details.

III.   **2023 Priorities and Indicators for Success – Slide 11**
    A. Illinois State Health Improvement Plan (SHIP) – Slide 12
        1. Illinois regularly produces a State Health Improvement Plan (SHIP) that outlines priorities and strategies for health status and public health systems improvement with a focus on prevention. SHIP also addresses reducing racial, ethnic, geographic, age and socioeconomic health disparities.
    B. Review of the SHIP priority areas – Slide 13
        1. In the process of writing the 2027 SHIP
        2. Priorities
            a) Maternal and infant health
            b) Behavioral health
            c) Chronic disease
            d) Emerging diseases
            e) Racism as a public health crisis
    C. Specified HiAP responsibilities – Slide 7
        1. Examine health
        2. Review legislation
        3. Define a public health framework
        4. Make new recommendations
        5. Submit a report of findings and recommendations
    D. HiAP & SHIP alignment – Slide 14
        1. HiAP and SHIP align at the core of our work: facilitating communication and work across policymakers and stakeholders to foster a culture of health and advance state health priorities.

IV.   **Discussion: 2023 Priorities – Slide 15**
    A.   Survey results – slide 16
        1. Survey Responses: 8
        2. Purpose of the survey: Initiate discussion on the 2023 annual report focus, indicators for success, feedback on HiAP website and HiAP toolkit content.
        3. Health in All Policies Focus Areas:
            a) Access to safe & affordable housing
            b) Access to transportation & mobility (tied)
            c) Educational Attainment (Tied)
            d) Economic Stability (Tied)
            e) Environmental Factors (Tied)
            f) Other areas entered into the survey:
                (1) Elder wellbeing
                (2) Access to care

V.   Poll for 2023 HiAP Focus Areas – Slide 17
    A. Top areas selected:
        Access to safe & affordable housing
    B. Economic stability

VI.   Discussion Breakout Rooms
    A.   Discussed how the 5 SHIP priorities are impacting or being impacted by the areas of focus/social determinants of health.

VII. Re-Poll for 2023 HiAP Focus Areas – Slide 19
    A.   Access to safe and affordable housing
    B.   Economic stability (tied)
    C.   Environmental factors (tied)

VIII. Survey Results Indicators for Success - Slide 21
    A.   Short-term
        1.   Improved cross-sectoral relationships
        2.   Integration of health and equity into discrete projects/policies of other sectors
        3.   Increased understanding of the social and environmental determinants of health and health equity considerations by all sectors and the general public (TIED)
        4.   Creation of defined common goals with partner agencies (TIED)
    B.   Intermediary
        1.   Strong public/community capacity to use data to promote healthy and equitable policies
        2.   Implementation of policies that address common goals across sectors
        3.   Considerations of health-based recommendations in decision-making process
    C.   Long-term
        1.   Policy implementation leads to improvements in the social and environmental determinants of health and/or health outcomes
        2.   Governments create sustainable structures and mechanisms that ensure health and equity considerations in all policy making
        3.   HiAP implementation activities target improvements in health metrics (TIED)
        4.   Established mechanisms for ongoing monitoring and evaluation of initiatives (TIED)

IX.   Next Steps
    A.   Report to the General Assembly due by December 31st, 2023
        1.   HiAP report area of focus selected from meeting: safe & affordable housing
        2.   Members will complete survey to select indicators for success
        3.   Next meeting will provide state data for safe & affordable housing

Health in All Policies (HiAP) Workgroup Agenda
June 27, 2023
11am-1pm CST
1603 W. Taylor St, Suite 1136
Chicago, IL 60612
Zoom Meeting ID: 875 0288 2255
Passcode: 8fWMKZEQ
Find your local number: https://uic.zoom.us/u/kbqjhH7J3G
Phone Passcode: 57637335

Meeting Objectives
- Review State Priorities & Initiatives
- Review Data on Homelessness / Safe and Affordable Housing

11:00-11:20am	Opening Remarks, Introductions, & Attendance *Name, Title, Organization* *Share your definition of "safe and affordable housing".*	Wayne H. Giles, Professor & Dean University of Illinois Chicago School of Public Health (UIC SPH) Sameer Vohra, Director Illinois Department of Public Health (IDPH)
11:20-11:25am	Approval of March 30, 2023 Minutes	Wayne H. Giles, Professor & Dean UIC SPH
11:25-11:35am	Open Meetings Act Overview	Amaal Tokars, Deputy Director, IDPH
11:35-11:45am	Open Comment Period	Facilitated by Wayne H. Giles, Professor and Dean UIC SPH
11:45am-12:10pm	Illinois Office to Prevent & End Homelessness, and Home Illinois: Interagency Task Force on Homelessness	Christine Haley State Homelessness Chief Illinois Office to Prevent & End Homelessness Office of the Governor
12:10-12:15pm	**Break**	
12:15-12:35pm	Illinois Housing Development Authority (IDHA), Illinois Housing Taskforce, and Healthy Housing Healthy Communities (H3C)	Erik Turner, Policy and Research Specialist & Sarah Robinson Torres, Planner, Research & Policy Illinois Housing Development Authority
12:35-12:50pm	Indicators for Success, Website, HiAP Toolkit, and Literature Review Draft	Antoniah Lewis-Reese, Senior Director of Strategic Initiatives, UIC SPH Jackie Silva, Student Intern
12:50-1:00pm	Next Steps & Future Meetings	Wayne H. Giles, Professor & Dean, UIC SPH Sameer Vohra, Director, IDPH

The Health in All Policies Alliance works to facilitate cross-sector communication and work with policy makers and stakeholders to foster a culture of health equity and support efforts to make Illinois the healthiest state in the nation. We do this by examining the health of the residents of the state of Illinois and making recommendations to the Illinois General Assembly to improve and prevent threats to health through policy, practice, and partnership.

*The Health in All Policies Act (410 ILCS 155/10) identifies the following **areas of focus** for our work:*

    (A)   Access to safe and affordable housing.
    (B)   Educational attainment.
    (C)   Opportunities for employment.
    (D)   Economic stability.
    (E)   Inclusion, diversity, and equity in the workplace.
    (F)   Barriers to career success and promotion in the workplace.
    (G)   Access to transportation and mobility.
    (H)   Social justice.
    (I)   Environmental factors.
    (J)   Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison.

Health in All Policies (HiAP) Workgroup Meeting
June 27, 2023
11am-1pm CST
1603 W. Taylor St, Suite 1136
Chicago, IL 60612

MINUTES

Member Attendance: Rashmi Chugh, Rebecca Doran, Brandy Evans, Jane Flanagan, Jeremy Flynn, Wayne Giles, Bart Hagston, Lisa Harries, Elizabeth Irvin, Hina Mahmood, Mary Maragos, Heidi Ortolaza-Alvear, Amaal Tokars, Sameer Vohra, Teschlyn Woods

Guests: Laurie Call, Christine Haley, Patrick Harper, Kristin Hartsaw, Liz Kersjes, Emily Mueller, Jackie Silva, Srijana Sapkota, Sarah Torres, Erik Turner

Facilitator: Antoniah Lewis-Reese

I.   **Attendees Introduction**
II.   **Approval of March 2023 Minutes**
      The results of the poll to approve the minutes are as follows:
      Yes: 52%; No: 0%; Abstain: 5%; Ineligible: 43%
III. **Review of Open Meetings Act**
      The HiAP workgroup is considered a "public Board or Commission" under the State Open Meetings Act, 5 ILCS 120/1 *et seq*, and is subject to the following requirements:

      A. Members must take three trainings.
          1. Ethics Training Program for State Employees and Appointees ;
          2. Harassment & Discrimination Prevention Training;, and
          3. Open Meetings Act Training
          *required under the State Officials and Employees Ethics Act, 5 ILCS 430/1 *et seq*.
      B. Approvals and votes will be displayed in the minutes.
      C. Public comment period is provided during the meeting for members and non-members.
      D. Meeting agenda, date, time, and location must be posted publicly on both the UIC and IDPH websites at least 48 hours before the meeting.
IV.   **Open Comment Period**
      A. No comments.
V.   **Home Illinois: A Strategic Plan to Prevent and End Homelessness by Christine Haley, Chief Homelessness Officer**
      A. Homelessness by the numbers
          1. 120,857 people experience homelessness in Illinois annually
          2. 44,063 people in 27,733 households are served in Illinois literal homeless system, of whom an estimated:
              a) 18% are people living with a serious mental illness
              b) 12% are people living with a substance abuse disorder

   c) 5% are veterans

   d) 8% are victims of domestic violence

   e) 6% are young adults ages 18-24

   f) 5% are parenting youth or children of parenting youth

  3. 76,794 children, from infants through 12th grade, experienced doubled-up homelessness in 2020-2021 school year

B. Chronic homelessness rising

  1. Focusing on chronic homeless

  2. Increasing homeless prevention resources

   a) For example, emergency rental assistance is prevention resource.

C. Racial disparities in homelessness

  1. Black individuals are disproportionately impacted by homelessness

D. Executive Order 2021-21 signed by the Governor to create a homelessness infrastructure within the state government structure.

  1. Infrastructure consists of the Interagency Taskforce on Homelessness, a Community Advisory Council on Homelessness, and a State Homelessness Chief and Illinois Office to Prevent and End Homelessness.

  2. Charged to develop a state plan for the Governor and IGA annually.

  3. Goals are to:

   a) Address homelessness and achieve "functional zero" of homelessness

   b) Address unnecessary institutionalization

   c) Improve health and human services outcomes for those experiencing homelessness

   d) Strengthen safety nets that contribute to housing stability

   e) Coordinate homeless prevention resources

E. Functional Zero

  1. A community has measurable solved homelessness by having a clear path to access housing

  2. Look at the month to month – people entering HUD and exiting HUD

   a) A point where the outflow is greater than inflow.

   b) For chronic homelessness, the reduction in the inflow.

  3. Counties having achieved functional zero:

   a) Rockford, IL

    (1) Focusing on eviction prevention

    (2) Partnership with public housing authorities

    (3) Street outreach

    (4) Strong data systems

F. Comments/questions

  1. Need a dashboard of work and the impact of this work

   a) Tracking the health outcomes of all these programs is not where we are at

   b) Population health report for Illinois experiencing homelessness

   c) Incorporating health measures in the functional zero measures and outcomes

      d) How HiAP can help inform a metric related to health outcomes to create a dashboard?

      e) Thinking about health information exchanges

      f) Expanding the homeless healthcare providers

         (1) Receive specialized trainings

      g) How do hospitals and providers invest

         (1) Where resources are being located and assuring the community is buying in

VI. IHDA & The Illinois Housing Task Force Presentation by Erik Turner, Policy & Research Specialist

  A. Brief overview of Illinois Housing Development Authority (IHDA)

    1. IHDA's mission is to finance the creatin and preservation of affordable housing in Illinois, primary for low-and-moderate-income persons and households.

    2. IHDA provided over $20 billion to finance more than a quarter million affordable homes across Illinois

    3. IHDA's programming can be organized into three main areas

      a) Homeownership

      b) Multifamily rental housing

      c) Community building

    4. Key takeaway

      a) IHDA is primarily a funding organization, akin to a bank, but one with a public purpose to guide its activities.

  B. Illinois Housing Task Force (HTF)

    1. Background:

      a) Established in 2003 by executive order and later codified in 2006 by the IL Comprehensive Housing Planning Act

    2. Purpose:

      a) Provide a structural framework from which Illinois can coordinate affordable housing funding across public activities and partnerships

      b) Present opportunities to guide policy, funding, and planning to meet the housing needs of some of the most vulnerable Illinois, the statutory identified either priority populations

    3. Membership:

      a) 44 current members, including a mix of state agency representatives, appointed housing experts, ILGA members, select IHDA staff, and invited guests.

    4. Priority populations

      a) Low-income households (with particular emphasis on those earning below 30% AMI)

      b) Low-income seniors

      c) Low-income persons with disabilities

      d) Homeless persons and persons at risk of homelessness

      e) Low-and moderate-income persons unable to afford housing near work or transportation (live near work)

        f)   Low-income persons residing in existing affordable housing that is in danger of being lost o becoming unaffordable (preservation)

        g)   Low-income people residing in communities with ongoing community revitalization efforts

        h)   Other special needs populations, including people with criminal records and veterans experiencing or at risk of homelessness

5.   Meetings

     a)   Meet five times per year

6.   Plans and reports

     a)   Annual Comprehensive Housing Plan (ACHP)

     b)   Annual Comprehensive Housing Plan Progress Report (ACHP-APR)

     c)   Documents can be found on IHDA's website https://www.ihda.org/about-ihda/state-housing-planning-reports/#toggle-id-5

C. Healthy Housing, Healthy Communities Partnership Grant by Sarah Torres, Planning and Research Specialist, IDHA

1.   Overview

     a)   Mission

         (1) Leverage the state's HFA's role to attract significant health system involvement and elevate community level leadership in addressing the housing affordability crisis in America.

     b)   Goals/objectives

         (1) Allocate $15 million to encourage partnerships

         (2) Secure investment from hospital systems /managed care organization in affordable housing projects

         (3) Improve health outcomes for Illinois most vulnerable populations

         (4) Address community level health disparities

2.   Example of HFA Partnership

     a)   New Jersey Housing Mortgage Finance Agency (HMFA)

         (1) HMFA provided 4% low-income housing tax credits (LIHTC), $12 million in grants, and additional loans to assist four to five hospitals build new affordable housing on or near their campuses

         (2) Partner hospitals provided matching contribution to the subsidy awarded by HMFA

         (3) St. Joseph's Hospital also donated land one block from the medical center for new housing

3.   Outreach

     a)   Building Bridges

         (1) 2023 healthcare/developer "speed dating" event brought together experienced affordable housing developers and members of the healthcare industry to discuss possible partnerships.

4.   Request for applications (RFA)

<ol type="a">
RFA will offer a menu of options as to how the healthcare system can participate
Seeking to fund projects addressing a demonstrated community health need
Priority to healthcare components that are also accessible to the neighborhood
RFA timeline

(1) RFA release: July 2023
(2) Concept meetings: Aug – Oct. 2023
(3) Applications Due: Dec 15, 2023
(4) Approvals: March 2024

VII.   **Next Steps**

    A. Next meeting in September / October - Email with more details to follow

Health in All Policies (HiAP) Workgroup Agenda
November 17, 2023
12-2pm CST
1603 W. Taylor St, Suite 1136
Chicago, IL 60612
Zoom Meeting ID: 813 0332 4891
Passcode: C1Va3iGG
Find your local number: https://uic.zoom.us/u/kbqjhH7J3G
Phone Passcode: 71083265

Meeting Objectives
- Review Annual Report Outline
- Propose Recommendations for Annual Report

12:00-12:20pm	Opening Remarks, Introductions, & Attendance *Name, Title, Organization* *What's the 1 thing you'd like to see readers to take away from this year's report?*	Wayne H. Giles, Professor & Dean University of Illinois Chicago School of Public Health (UIC SPH) Sameer Vohra, Director Illinois Department of Public Health (IDPH)
12:20-12:25pm	Approval of June 27, 2023 Minutes	Wayne H. Giles, Professor & Dean UIC SPH
12:25-12:35pm	Open Comment Period	Facilitated by Janice Phillips, Assistant Director, IDPH
12:35-12:45pm	Annual Report Outline and Updates	Antoniah Lewis-Reese, Senior Director of Strategic Initiatives, UIC SPH
12:45-1:00pm	Feedback & Discussion	HiAP Membership
1:00-1:05pm	**Break**	
1:05-1:25pm	Legislative Actions on Homelessness & Housing	Bob Palmer, Policy Director Housing Action Illinois
1:25-1:55pm	Breakout Sessions *What recommendations could we make to improve the health of individuals facing challenges with housing safety and affordability while also supporting the SHIP priorities? What specific actions can we take to ensure communication and collaboration across existing initiatives?* *Are there opportunities for policy intervention at the agency or state level?*	HiAP Membership
1:55-2:00pm	Next Steps & Future Meetings	Wayne H. Giles, Professor & Dean, UIC SPH Sameer Vohra, Director, IDPH

The Health in All Policies Alliance works to facilitate cross-sector communication and work with policy makers and stakeholders to foster a culture of health equity and support efforts to make Illinois the healthiest state in the nation. We do this by examining the health of the residents of the state of Illinois and making recommendations to the Illinois General Assembly to improve and prevent threats to health through policy, practice, and partnership.

The Health in All Policies Act (410 ILCS 155/10) identifies the following **areas of focus** *for our work:*

- *(A) Access to safe and affordable housing.*
- *(B) Educational attainment.*
- *(C) Opportunities for employment.*
- *(D) Economic stability.*
- *(E) Inclusion, diversity, and equity in the workplace.*
- *(F) Barriers to career success and promotion in the workplace.*
- *(G) Access to transportation and mobility.*
- *(H) Social justice.*
- *(I) Environmental factors.*
- *(J) Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals who are in prison or released from prison.*

Health in All Policies (HiAP) Workgroup Meeting Minutes
November 17, 2023
12-2pm CST
1603 W. Taylor St, Suite 1136
Chicago, IL 60612

Members Present: Rebecca Doran, Brandy Evans, Jeremy Flynn, Wayne Giles, Bart Hagston, Isabella Hurtado, Marcus Johnson, Priya Khatkhate, Heidi Ortolaza-Alvear, Janice Phillips, Elizabeth Vogt, Sameer Vohra, Teschlyn Woods

Guests: Melissa Black, Kylen Hooks, Conny Moody, Bob Palmer, Jacqueline Silva

Facilitator: Antoniah Lewis-Reese

I. **Opening Remarks, Introductions, & Attendance**
II. **Approval of June 2023 Minutes**
   o Motion to approve June 27, 2023 minutes: Marcus E. Johnson
   o Second: Brandy Evans
   o Vote: 67% yes; 0% no; 13% abstain; 20% ineligible
III. **Open Comment Period**
   o No comments
IV. **Review of Annual Report Outline and Updates**
   o Report Subcommittee
      ▪ Rashmi Chugh, Medical Officer, DuPage County Health Department
      ▪ Wayne Giles, Dean, UIC SPH
      ▪ Christine Haley, Chief Homelessness Officer, Office of the Governor
      ▪ Antoniah Lewis-Reese, Senior Director of Strategic Initiatives, UIC SPH
      ▪ Janice Phillips, Assistant Director, IDPH
   o Projects
      ▪ Literature Review – Draft expected by December 1st
      ▪ Inventory of legislation on housing across country
      ▪ Inventory of existing, expanded, and new processess, programs, and polices owned by HiAP Member Organizations in Home Illinois Plan
      ▪ Data identification and preparation
   o Annual Report Outline
      ▪ Members reviewed the report outline and had no additions or revisions.
   o Data collection
      ▪ Homelessness
      ▪ Rent affordability
      ▪ Homeownership
      ▪ Eviction
      ▪ Fair Housing – *would like more sources on housing for formerly incarcerated and disabled persons*
      ▪ Home Risk Remediation & Repair
      ▪ Emergency Preparedness & Response
   o Literature Review Outline

- - Members reviewed the literature review outline and had no additions or revisions.
  - A. Lewis-Reese cites the complexities of housing and homelessness and recommends the workgroup consider limiting this year's report to matters of housing acces and affordability. Items related to neighborhood and built environment (including matters of safety, quality, and environmental justice) could be futher elaborated with data in another HiAP report.
  - Anchor points for this year's recommendations
    - Prioritizing SHIP areas
    - Recommendations from national public health agencies
    - Existing state-level work
      - Home Illinois Plan to Prevent and End Homelessness (IOPEH)
      - Illinois Comprehensive Houisng plan (IDHA)
    - Legislation enacted or in progress in U.S. related to homeless and those at imminent risk of homelessness
    - HiAP member recommendations
    - Needs expressed by housing stakeholders (e.g. medical respite expansion, eviction record sealing, housing benefits for Medicaid enrollees)

V.   Questions and recommnedations
  - Members recommend including data on the following: different age groups, rural populations, racial/ethnic subgroups, vulnerable populations (aging populations, functional needs, foster youth), chronic homeless, Medicaid eligible populations, rent affordability, homeowership, and evictions.

VI.   Legislative Landscape on Housing Policy Related to Health presented by Bob Palmer, Policy Director, Housing Action Illinois
  - Overview
    - Housing Action Illinois is a statewide coalition formed to protect and expand the availability of quality, affordable housing.
    - Housing influeences health in terms of stability, quality, and the effect on physical and metnal health
    - COVID-19 pandemic has taught us now more than ever that housing is health care
    - Non-elderly people experiencing homelessness have 3.5 times higher mortality than those who are housed; homeless individuals' mortality rose by 33% during the COVID-19 pandemic
  - High-level presentation of state laws and investments that :
    - help prevent and end homelessness
    - increase supply of affordable housing
    - improve fair housing, racial equity and tenant protections
    - address other health related issues
  - Sample federal level issue
    - Current proposed House budget for HUD proposes a $6.4 billion (or roughly 10%) increase to HUD programs over previously enacted levels while also calling for deep cuts to – and even the elimination of – several HUD programs.

- While the bill would provide an increase in funding for renewing vital housing vouchers, new research from the Center onBudget and Policy Priorities estimates that, at the funding levels proposed in the House bill, approximately 40,000 vouchers currently being used by households would expire upon turnover.
- Nationally, more than 5 million people in 2.3 million low-income families use vouchers.
  - In Illinois, about 227,200 people in 94,200 Illinois households use avoucher to afford decent, privately owned housing. 62% are seniors,children, or people with disabilities. (Data from 2017)
- Rising rents make it difficult to fund housing vouchers for the many people that need them – theres is more need and demand for them than is being met because current funding levels at the federal government do not meet the need/demand.
  - Questions and comments
    - Recommendation to build on good policy being enacted across the U.S. in other states.
    - Looking into how zoning and land use impacts housing affordability (such as the placement of homeless shelters, day homes, groups homes, and supportive housing).
    - 1997 Rent Control Preemption Act limits municipalities ability to put any measures meant to exercise control over the amount of rent charged to tenants. Is there any work to call on the Illinois General Assembly to lift this ban?
      - While there is no work to push this forward, talking about these sorts of issues helps move the needle towards solutions that consider at possible alternatives.

VII. **Breakout Discussions**
  - Members entered breakout sessions to discuss ideas to advance health and housing relevant to SHIP priority areas, improve cross-sector collaboration, and other opportunities for policy intervention. Outcomes were entered in Padlet.

VIII. **Closing remarks**

Summary of Legislation Found in Other States on Housing and Homelessness

We reviewed the legislation enacted on housing and homelessness in the U.S. from 2019 to 2023 based on a search of the National Conference of State Legislatures' (NCSL) Housing and Homelessness Database.

We generated tallies for the total number of legislative acts enacted in each state on housing and homelessness to assess the degree of prioritization and necessity of housing policy in each state over time. Table 1 summarizes the total legislation enacted from 2019-2023 by state.

Table 1: Housing and Homelessness Legislation Enacted by U.S. State 2019-2023

State	# Enacted 2019	# Enacted 2020	# Enacted 2021	# Enacted 2022	# Enacted 2023	Total Housing Legislation Passed
California	23	21	26	41	84	195
Oregon	14	4	20	5	27	70
Washington, D.C.	1	6	5	32	23	67
Washington	13	15	6	6	25	65
New York	6	6	15	18	12	57
Colorado	7	7	8	17	17	56
Maine	10	1	15	7	22	55
Virginia	2	11	17	12	13	55
Maryland	5	8	4	7	27	51
Illinois	4	0	7	7	19	37
Rhode Island	0	0	0	19	17	36
Utah	7	5	5	6	11	34
Nevada	13	0	6	0	13	32
New Jersey	4	6	10	3	9	32
Texas	9	0	4	0	9	22
Michigan	2	2	0	4	10	18
Montana	3	0	1	0	14	18
Florida	1	2	1	3	8	15
Massachusetts	0	5	0	6	3	14
Arizona	2	1	3	2	5	13
Connecticut	2	0	3	0	7	12
Indiana	2	1	1	0	6	10
Louisiana	1	0	0	3	6	10
Minnesota	0	3	2	1	4	10
Tennessee	1	1	1	3	3	9
Vermont	0	4	0	2	3	9
Arkansas	1	0	3	0	4	8
Mississippi	0	3	1	2	2	8
Nebraska	2	1	1	1	3	8
New Hampshire	1	0	2	2	2	7
North Dakota	0	0	3	0	4	7
South Carolina	0	2	1	0	4	7
New Mexico	1	0	1	2	2	6
West Virginia	1	0	1	2	2	6
Wisconsin	2	0	0	0	4	6
Oklahoma	1	0	0	1	3	5
South Dakota	1	0	1	2	1	5
Delaware	0	0	0	0	4	4
Georgia	1	0	0	0	3	4
Iowa	1	0	0	2	1	4
Kansas	0	0	1	1	2	4
Idaho	0	1	0	2	0	3
Kentucky	1	0	0	1	1	3
North Carolina	0	2	1	0	0	3
Pennsylvania	0	1	0	2	0	3
Alabama	0	0	0	2	0	2
Alaska	0	2	0	0	0	2
Missouri	0	1	0	0	1	2
Ohio	0	0	0	0	1	1
Hawaii	0	0	0	0	0	0
Wyoming	0	0	0	0	0	0
TOTAL	**145**	**122**	**176**	**226**	**441**	**1110**

Source: National Conference of State Legislatures' (NCSL) Housing and Homelessness Database

Figure 1: Housing and Homelessness Legislation Enacted in all U.S. States Trend Data 2019-2023

Total Housing Legislation Enacted in All U.S. States
2019-2023 (N=1,110)
(excludes U.S. Territories and U.S. Virgin Islands)
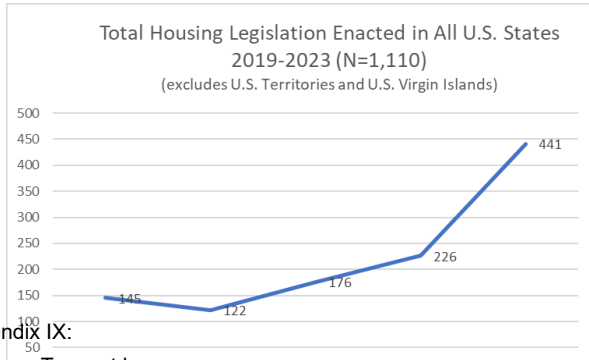
There were 1,110 pieces of legislation related to housing and homelessness passed in the U.S. from 2019-2023. Significant increases in legislation related to housing and homelessness coincide with the announcement of the COVID-19 public health emergency in 2020. California passed the most legislation of all states with 195 pieces enacted. Illinois passed the most legislation related to housing and homelessness of any Region V state in the last five years (n=37), and ranks #9 among all states that passed legislation. Region V states are Illinois, Indiana, Ohio, Wisconsin, Minnesota, and Michigan as defined by the U.S. Department of Health and Human Services. Figures 1-3 show both summary and trend data for legislation enacted in all states as well as those enacted in Region V states.

Appendix IX:

Typeext here

Figure 2: Housing and Homelessness Legislation Enacted in Region V States 2019-2023

Total Housing Legislation Enacted in Region V
States 2019-2023 (n=82)
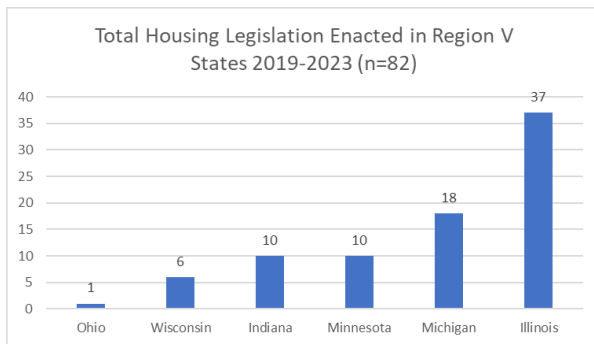
Figure 3: Housing and Homelessness Legislation Enacted in Region V States Trend Data 2019-2023

Total Housing Legislation Enactment Trends in Region V
States 2019-2023 (n=82)

Source: National Conference of State Legislatures' (NCSL) Housing and Homelessness Database
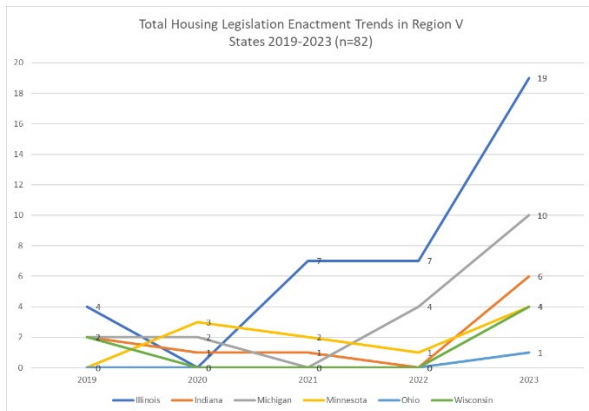
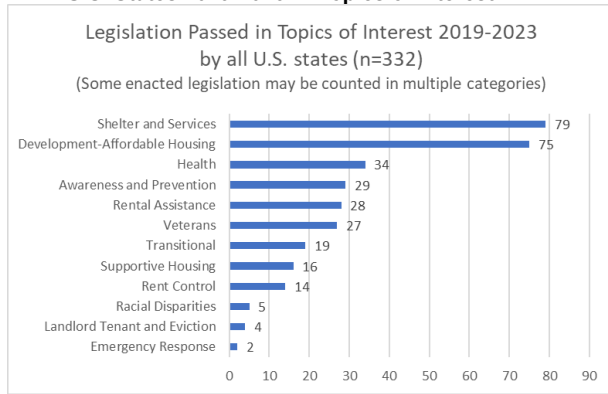We selected 10 states most similar to Illinois based on demographics, culture, government, infrastructure, and geography, which included all Region V states, Connecticut, Maryland, New Jersey, New York, and Pennsylvania. We conducted a review of legislation passed in Illinois and similar states in topics of interest to the HiAP workgroup using the following database filters (12 of 46): health, racial disparities, rental assistance, rent control, supportive housing, transitional, veterans, landlord tenant and eviction, emergency response, development affordable housing, awareness and prevention, and shelter and services, to examine opportunities for policy implementation in Illinois. Table 2 summarizes total legislation enacted 2019-2023 in topics of interest by state. States similar to Illinois are highlighted in yellow.

Table 2: Housing and Homelessness Legislation Enacted in All U.S. States 2019-2023 in Topics of Interest

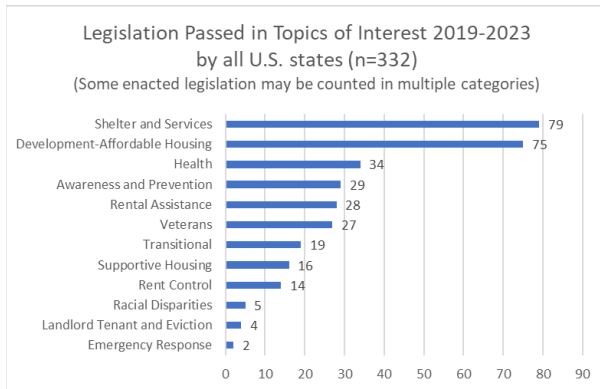| State	Health	Racial Disparities	Rental Assistance	Rent Control	Supportive Housing	Transitional	Veterans	Landlord Tenant and Eviction	Emergency Response	Affordable Housing	Prevention	Shelter and Services	Total Legislation Passed in Topics of Interest
Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0
Alaska	0	0	0	0	0	0	0	0	0	0	1	0	1
Arizona	0	0	0	1	0	2	0	0	0	0	0	0	3
Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0
California	4	0	4	3	4	6	4	0	1	16	7	15	64
Colorado	3	0	0	0	0	0	0	0	0	6	2	1	12
Connecticut	0	0	0	0	0	0	0	0	0	2	0	0	2
Delaware	1	0	0	0	0	0	0	0	0	0	0	0	1
Florida	1	0	0	1	0	0	0	0	0	4	0	1	7
Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0
Hawaii	1	0	1	0	4	0	0	1	0	6	2	5	20
Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0
Illinois	2	1	0	0	1	2	6	0	0	2	3	3	20
Indiana	1	0	0	0	0	0	0	0	0	0	0	1	2
Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0
Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0
Kentucky	1	0	0	0	0	0	0	0	0	0	0	1	2
Louisiana	0	0	0	0	0	0	0	0	0	0	0	0	0
Maine	5	0	2	0	0	2	2	0	0	2	3	8	24
Maryland	1	0	1	1	0	0	2	0	0	3	0	3	11
Massachusetts	0	0	0	0	0	0	0	0	0	5	0	0	5
Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0
Minnesota	1	0	0	0	0	0	0	0	0	0	2	0	3
Mississippi	0	0	2	0	0	0	2	0	0	0	0	0	4
Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0
Montana	1	0	1	0	0	1	1	0	0	0	0	1	5
Nebraska	0	0	0	0	0	0	0	0	0	2	0	0	2
Nevada	1	0	0	0	1	0	0	0	0	2	0	3	7
New Hampshire	0	0	0	0	0	0	0	1	0	1	0	1	3
New Jersey	1	0	1	0	0	0	0	0	0	0	3	6	11
New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0
New York	1	0	2	2	0	1	5	0	0	0	3	2	16
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0
North Dakota	0	0	1	0	0	0	1	0	0	0	0	2	4
Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0
Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0
Oregon	3	4	2	1	0	3	2	0	0	4	0	4	23
Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0	0	0	0	2	0	0	2
South Carolina	0	0	1	0	0	0	1	0	0	0	0	0	2
South Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0	0	0	0	1	1
Texas	0	0	0	0	0	0	0	0	0	1	0	0	1
Utah	3	0	2	0	1	0	0	0	1	4	0	6	17
Vermont	1	0	0	0	0	0	0	0	0	2	0	1	4
Virginia	0	0	3	0	1	0	0	0	0	7	0	0	11
Washington	2	0	2	0	4	0	0	2	0	4	1	5	20
Washington, D.C.	0	0	3	5	0	0	0	0	0	0	2	7	17
West Virginia	0	0	0	0	0	1	1	0	0	0	0	0	2
Wisconsin	0	0	0	0	0	1	0	0	0	0	0	2	3
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	34	5	28	14	16	19	27	4	2	75	29	79	332
Similar State Total	7	1	4	3	1	4	13	0	0	7	11	17	68

Source: National Conference of State Legislatures' (NCSL) Housing and Homelessness Database

Figure 4: Housing and Homelessness Legislation Enacted in All U.S. States 2019-2023 in Topics of Interest

Legislation Passed in Topics of Interest 2019-2023
by all U.S. states (n=332)
(Some enacted legislation may be counted in multiple categories)

Topic	Count
Shelter and Services	79
Development-Affordable Housing	75
Health	34
Awareness and Prevention	29
Rental Assistance	28
Veterans	27
Transitional	19
Supportive Housing	16
Rent Control	14
Racial Disparities	5
Landlord Tenant and Eviction	4
Emergency Response	2

Figure 5: Housing and Homelessness Legislation Enacted in States Similar to Illinois 2019-2023 in Topics of Interest

Legislation Passed in Topics of Interest 2019-2023
by all U.S. states (n=332)
(Some enacted legislation may be counted in multiple categories)

Topic	Count
Shelter and Services	79
Development-Affordable Housing	75
Health	34
Awareness and Prevention	29
Rental Assistance	28
Veterans	27
Transitional	19
Supportive Housing	16
Rent Control	14
Racial Disparities	5
Landlord Tenant and Eviction	4
Emergency Response	2

Figure 6: Housing and Homelessness Legislation Enacted in Topics of Interest by Illinois 2019-2023

Legislation Passed in Topics of Interest 2019-2023 by
Illinois (n=20)
(Some enacted legislation may be counted in multiple categories)

Topic	Count
Veterans	6
Shelter and Services	3
Awareness and Prevention	3
Development-Affordable Housing	2
Transitional	2
Health	2
Supportive Housing	1
Racial Disparities	1
Emergency Response	0
Landlord Tenant and Eviction	0
Rent Control	0
Rental Assistance	0

There were 332 pieces of legislation passed in topics of interest in the U.S. between 2019-2023, and 68 of those pieces were enacted in Illinois and select similar states. Of all states, California had the highest number of legislation passed in the topics of interest followed by Maine and Oregon. Illinois enacted 20 pieces of legislation in the topics of interest between 2019-2023, making it among the top five states in the U.S. that prioritized these issues and number one among states similar to Illinois. Figures 4-6 show both summary data for legislation enacted in topics of interest in the U.S., states similar to Illinois, and Illinois only from 2019-2023.

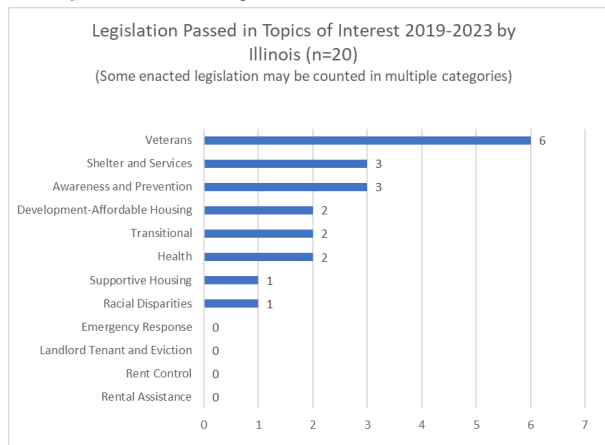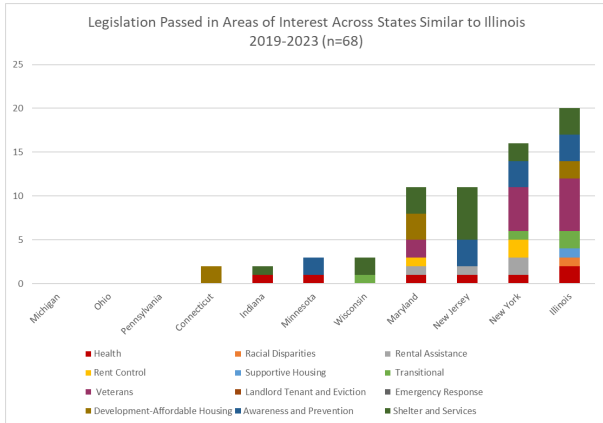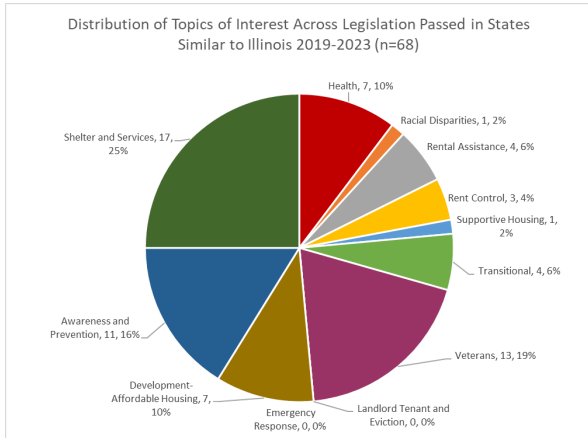Source: National Conference of State Legislatures' (NCSL) Housing and Homelessness Database

Figure 7: Legislation Enacted in Topics of Interest Across States Similar to Illinois 2019-2023

Across the U.S., legislation related to shelter and services, development specific to affordable housing, and health were the topics most often passed among the topics of interest. In states similar to Illinois legislation was most often passed related to shelter and services (25%), veterans (19%), and awareness and prevention (16%). Eighty-three percent of legislation passed across states similar to Illinois were dedicated to the topical areas of interest compared to only 30% across all states. Figures 7 and 8 illustrate the distribution of topics of interest across legislation passed in states similar to Illinois from 2019-2023.

Figure 8: Distribution of Topics of Interest Across Legislation Passed in States Similar to Illinois 2019-2023

Source: National Conference of State Legislatures' (NCSL) Housing and Homelessness Database

Between 2019 and 2023 Illinois allocated General Revenue Funds (GRF) and/or initiated or enacted several pieces of legislation regarding housing and homelessness. Here, we highlight a few examples that are most aligned with the topics of interest selected.

Ending and Preventing Homelessness

- FY24 state budget includes new $200.3 million Home Illinois line item, which makes historic increased investments in preventing and ending homelessness. Within the Home Illinois line item, $85 million is new General Revenue Fund resources.
- 2023: House Bill 2831 codified Governor Pritzker's executive order creating the Office to Prevent and End Homelessness within the Department of Human Services.
- FY23 state budget includes $15M in new General Revenue Fund (GRF) funding for homeless prevention and to support the new plan to prevent and end homelessness.

Fair Housing

- 2023: Senate Bill 1817 added fair housing protections based on immigration status to the Illinois Human Rights Act.

- 2023: Senate Bill 1367 clarified and strengthened a state law originally passed in 2021, which created standards for Illinois' Public Housing Authorities to use in the criminal background screening process, improving equity and access to affordable housing.
- 2023: House Bill 4410 establishes the Real Estate Valuation Task Force to address harmful consequences of discrimination related to real estate appraisals.
- 2022: House Bill 2775 added "source of income" fair housing protections to the Illinois Human Right Act.
- 2021: Senate Bill 1561 amends the Illinois Human Rights Act, declaring it is a civil rights violation for a third-party loan modification service provider, because of unlawful discrimination, familial status, or an arrest record, to (1) refuse to engage in loan modification services, (2) alter the terms, conditions, or privileges of such services, or (3) discriminate in making such services available.
- 2020 : FY21 State Budget Includes $396 Million in Rent & Mortgage Assistance. The funding comes from the State of Illinois' portion of the federal Coronavirus Relief Fund and will benefit those impacted by the COVID-19 public health emergency. Subordinate "gap" financing to complete affordable housing development projects is also an allowable use of the funds.

Affordable Housing

- 2023: Improvements to the Affordable Housing Planning and Appeal Act (AHPAA)
- 2023: Senate Bill 1675 reforms Illinois' delinquent tax sale system and unleashed development in communities with high rates of vacant properties
- FY24 state budget commits nearly $139 million in additional funding from the State of Illinois' federal fiscal recovery funds, provided through the American Rescue Plan Act (ARPA), for gap financing for Low Income Housing Tax Credit (LIHTC) projects.
- 2022: House Bill 3878 increased the fee on the recordation of real estate documents from $10 to $20 to double Rental Housing Support Program funding, which has historically assisted about 2,400 households annually to afford a home.
- 2022: The FY23 final budget included $150 million in ARPA funding for affordable housing from the State of Illinois' remaining federal fiscal recovery funds. The funds were appropriated to the Illinois Housing Development Authority (IHDA). In combination with the $114 million in APRA funds appropriated the previous year, this brought the total State of Illinois investment of ARPA funds in affordable housing to $264 million.
- 2021: HB 2621 included many provisions to creates new resources to finance the development of affordable rental housing, including establishing a property tax assessment incentive to encourage owners of multifamily buildings with 7 or more units to invest in their properties and keep rents affordable.
- 2021: House Bill 2614 - establishes a Delinquent Tax Repayment Loan Fund to provide low-interest emergency loans to eligible homeowners to help them pay their property taxes. This can happen if the fund is authorized by a referendum approved by a majority of the voters, or by resolution of the governing commission upon approval by two-thirds of the commissioners.

Special Populations

Veterans

- 2022: House Bill 4998 - requires the Department of Human Services' Bureau of Homeless Services and Supportive Housing to annually review and collect data on the number of military veterans receiving services or benefits under the Emergency and Transitional Housing Program, the

Emergency Food Program, the Homeless Prevention Program, the Supporting Housing Program, and the Prince Home at Manteno administered by the Department of Veterans' Affairs.

Senior Citizens and Persons with Disabilities

- 2022: Senate Bill 1975 - makes various change to Property Tax Extension Limitation Law in the Property Tax Code. It made certain increases to the general homestead exemption and senior citizens homestead exemption, provides that the interest rate under the Senior Citizens Real Estate Tax Deferral Act is reduced from 6% to 3% (starting with tax year 2023), and allows for automatic renewal of the homestead exemption for qualified people with disabilities.

Youth Under 25

- 2021: House Bill 374 - permits community colleges and housing authorities to develop affordable housing for community college students. It also permits non-exempt local governments to develop affordable housing for community college students in coordination with nonprofit affordable housing developers and housing authorities.
- 2021: Senate Bill 190 - creates a homeless liaison on college and university campuses, gives students experiencing homelessness priority in applying for on-campus housing, and makes housing available to students experiencing homelessness during breaks if housing is provided to certain others (e.g., athletes or international students). Universities and colleges will also be required to track data on the number of students experiencing homelessness on campus and their completion rates

Persons with Serious Mental Illness

- 2021: House Bill 449 – Creates the Housing is Recovery Pilot Program within the Department of Human Services, Division of Mental Health. Provides bridge rental subsidies for individuals at high risk of unnecessary institutionalization and individuals at high risk of overdose for purposes of stabilizing their mental illness or substance abuse disorder. Will provide a bridge rental subsidy paired with services, aligning with Medicaid where possible to maximize federal dollars. The program will also assist people in transitioning to federal housing assistance when it's available. The state budget committed $10 million for the program.

Emergency Preparation

2022: House Bill 3949 - requires the Illinois Department of Public Health to consider homeless service providers to be essential critical infrastructure workers who qualify for the same priority benefits (such as personal protective equipment and vaccinations) afforded to frontline workers during a federally-designated public health emergency or disaster.

Current and Planned HiAP Workgroup Member Agency Efforts in Housing and Homelessness

Based on existing, expanded, and new policies, processes, and programs cited in the 2023 annual report of the *Home Illinois - Plan to Prevent and End Homelessness.*

IOPEH Cross-Cutting Strategies				
Partner Agency	Type	Activity	Status	Progress as of December 1, 2023
UIC	Policy	Create Homelessness & Racial Equity Roundtable; Commission a study on the root causes of racial disparities of homelessness in Illinois; Create a concrete plan with strategies to end the disparity.	In Process	The Racial Equity Roundtable on Black Homelessness convened in February 2023. The University of Illinois at Chicago, Institute for Research on Race & Public Policy completed a qualitative and quantitative analysis on the Black-White disparities in homelessness. IRRPP anticipates the report release in February 2024.
IDHS	Policy	Together with the Illinois Commission on Poverty Elimination and Economic Security, complete study of the impact of Child Tax Credit on family homelessness; Implement guaranteed income pilot with families experiencing homelessness and/or at-risk of homelessness.	In Process	The University of Chicago, Inclusive Economy Lab implemented the first year of the Guaranteed Income Pilot, which provided one-time cash transfer payments to families living in shelters in Cook, Peoria, Kane, St. Clair, and Will Counties. The pilot is in its second year of operation supporting families in shelter. OPEH, IDHS and ISBE are planning for an FY25 pilot, which will support doubled-up homeless families identified by McKinney-Vento Homeless Liaisons.
IDCFS, IDHS, IDOC	Policy	Convene Homeless Youth Subcommittee to support young adults aging out of care from DCFS, being discharged from IDJJ, IDHS-Division of Mental Health and IDOC to ensure discharge planning and procedures support housing stability for young adults leaving State systems of care.	In Process	The Youth Homelessness Prevention Subcommittee was established and met five times during this reporting period. The subcommittee heard presentations from DCFS, IDJJ, IDHS and IDOC on their discharge plans. One mandate for the subcommittee is that agencies must report on discharge data one year post release from the State institutions. The agencies are not currently collecting that information and will build the capacity for data collection. The subcommittee identified a scope for an evaluator to support the data collection infrastructure.

IDOT, IDPH, IDHS, IBSE	Policy	Convene a Transit System and Homelessness Work Group, tasked with identifying effective and compassionate models for supporting and linking to housing persons seeking shelter on public transportation.	In Process	OPEH created an Interagency Encampment Work Group to support State processes in support of persons in encampments with a focus on the Illinois Department of Transportation (IDOT). State agencies participating in the work group included: IDOT, IDPH, IDHS, the Governor's Office and ISBE. Facilitation support was provided by CSH. The work group completed an analysis of national encampment responses and conducted individual meetings with each State agency about its role and capacity within homelessness response systems. A detailed policies and procedures guidebook on responding to unsheltered homelessness is in the final draft process and should be completed in the first quarter of the next reporting period.

Strategy #1: Build Affordable and Permanent Supportive Housing

Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
DCFS	Program	Partner with two public housing authorities to administer the Fostering Youth to Independence (FYI) Initiative providing housing subsidies to youth aging out of care; Conduct outreach to additional housing authorities to administer the program.	Existing	In Process	Between November 1, 2022, and October 31, 2023, HUD awarded the Chicago Housing Authority an additional 100 Fostering Youth to Independence (FYI) Housing Choice Vouchers. CHA currently has a total of 200 FYI vouchers. Between November 1, 2022 and October 31, 2023, the Housing Authority of Cook County was awarded 75 FYI vouchers and the Oak Park Housing Authority was awarded 15 FYI vouchers. Neither of these housing authorities had received FYI vouchers previously. An application has also been written by the Rockford Housing Authority to apply for up to 25 FYI vouchers. Between November 1, 2022, and October 31, 2023, DCFS referred 190 youth to 5 different housing authorities to obtain an FYI voucher.
DCFS	Program	Partner with public housing authorities across the state to administer Family Unification Program Vouchers, providing a voucher to families with child welfare involvement. Although no new vouchers were allocated in FY22, DCFS plans to refer 200+ families to the program due to voucher turnover.	Existing	In Process	In the spring of 2023, DCFS assisted the Housing Authority of Champaign County, the Chicago Housing Authority, the Peoria Housing Authority, the Springfield Housing Authority, and the Winnebago County Housing Authority in applying for new Family Unification Program (FUP) vouchers. Between November 1, 2022, and October 31, 2023, DCFS referred 371 DCFS involved families to 15 different housing authorities to obtain an FUP voucher. Between November 1, 2022, and October 31, 2023, DCFS referred 23 youth to 10 different housing authorities for an FUP voucher.

Strategy #1: Build Affordable and Permanent Supportive Housing					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
HFS	Program	Implement a housing support services pilot program with federal approval.	Existing	In Process	In June 2023, HFS submitted a formal request to federal CMS to amend and extend the Medicaid Section 1115 Transformation Waiver. This request aimed to include expenditure authority for covering a range of benefits addressing health-related social needs, including housing support services. While awaiting a formal response and the commencement of negotiations with federal CMS, HFS and its consultants actively planned for the implementation of the housing supports benefit. This included activities such as presenting details of the 1115 waiver application to sister State agencies and external stakeholders, continuing to gather information from subject matter experts and providers of housing support services, and ongoing research on payment models utilized by other states to fund housing support services under Medicaid 1115 authority.
IDHS	Program	Through the Supportive Housing Services Program, fund services for persons living in Permanent Supportive Housing; service delivery includes case management, advocacy, counseling, job training and transportation.	Existing	In Process	An additional funding of $1,736,844 for program expansion was provided. Funding was awarded through competitive NOFO for FY23 (every three years).
IDOC	Program	Continue to support the housing transition of 75 persons leaving correctional facilities by facilitating access to the IHDA Rental Housing Support Program.	Existing	In Process	IDOC referred 121 individuals to IHDA for housing, and 54 of those individuals were placed in housing. The IHDA pilot expanded to add more available units. IDOC continued to screen and refer people for placement through the Local Administering Agency (LAA). Unit availability through the LAAs remained a barrier. The funding for this program was awarded to and managed by IHDA.
IDOC	Process	Explore financial, housing and services models for permanent supportive housing for persons at risk of correctional system recidivism.	New	In Process	IDOC partnered with the City of Chicago Department of Family and Support Services Spring Forward housing program and made referrals. As of October 31, 2023, seven individuals were referred, and five individuals were accepted into the program. IDOC also partnered with the Justice Advisory Council and Cook County Housing Authority to refer individuals to stable, long term housing options. Five individuals were referred to this program in September 2023. Due to high program demand a lottery process is being implemented, and IDOC will be notified when referrals open back up.

Strategy #1: Build Affordable and Permanent Supportive Housing					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS (Point Agency: IHDA)	Process	Provide technical assistance and training to property managers on increasing accessibility to units through changes in project Tenant Selection Plans. Partnering with CSH and CoC Coordinated Entry Systems, strengthen referral processes for persons experiencing homelessness to access SRN units.	New	In Process	IHDA, along with IDHS/CSH, presented a training session on Reasonable Accommodation and the legal documents to be reviewed (i.e., Tenant Selection Plans, Affirmative Marketing Plans, and others). CSH has engaged with property management teams to improve leasing.
IDHS	Program	Through the Housing is Recovery Program, prevent institutionalization and overdose deaths, improve health outcomes and access to recovery support services, and reduce State Costs; Provide bridge rental subsidies for persons at high risk of unnecessary institutionalization and individuals at high risk of overdose by providing housing to stabilize mental illness symptoms and/or substance use.	New	In Process	Permanent Supportive Housing and Bridge Subsidy Rule (Title 59, Chapter I, Part 145) was adopted in May 2023. 8 Grantees were awarded after a NOFO process in August 2023. The Grantees will partner with hospitals, IDOC, and other community organizations to identify individuals who are at high risk of unnecessary institutionalization or high risk of overdose to provide housing and access to recovery services.
IDOC	Program	Partner with the Chicago & Cook County Flexible Housing Pool to pilot housing returning citizens with complex health needs in supportive housing.	New	In Process	As of October 27, 2023, 25 individuals had been referred and 14 individuals were placed with the Flexible Housing Pool. Referrals were made at a pace of four referrals/week, as requested by FHP. Monthly meetings continued to take place between IDOC, FHP, and North Lawndale Case Management, making this partnership successful.

Type text here

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDOC, IDHS	Process	Identify and find appropriate placements for mandated supervised release for persons with Serious Mental Illnesses (SMI), non- adherence to medication regiments, and histories of violence.	Existing	In Process	IDOC added 2 additional vendors who serve the SMI and sex offender populations, which total approximately 28 beds. IDOC partnered with IDHS and worked with the Housing is Recovery program grantees to place individuals with serious mental illness releasing from custody. IDOC referred and placed 2 individuals with 2 grantees of the Housing is Recovery Program. There is a barrier that still exists for individuals with sex offense convictions, violence, or arson in their background and in need of a more structured environment or a higher level of mental health care due to instability, self-harm, and medication/treatment non-compliance.
IDPH	Process	Explore policy change to waive medical cannabis registry card fee for unhoused persons with a qualifying condition.	Existing	In Process	The registration platform remains under development and an estimate has been sought from the vendor to include a registration path to allow for fees to be waived for individuals applying with a homelessness certification. If feasible, a corresponding rules change will be sought.
DCFS	Program	Support the Youth Cash Assistance program by providing assistance to youth aging or aged out of DCFS care, to stabilize housing situations; Funding supports rent, security deposits, utilities, landlord home repairs, beds, furniture, clothing, and household items.	Existing	In Process	Between November 1, 2022, and October 31, 2023, DCFS personnel authorized $293,888.75 for 212 youth who were aging out or aged out of DCFS care. DCFS personnel authorized $147,733.17 for rent, security deposits and move-in fees, $12,694.32 for assistance with utility bills, and $30,884 for housing subsidies for youth whose DCFS cases closed prior to their 21st birthday. The remaining cash assistance authorizations provided beds, clothing, and other stabilizing necessities.
DCEO	Program	Administer the Community Development Block Grant (CDBG), providing funding for capital for non-congregate shelter.	Existing	In Process	The Office of Community Development expanded its team and caught up with standard CDBG activities. DCEO plans to issue the shelter construction Notice of Funding Opportunity in December 2023. The CDBG funding is intended for capital improvements. The deadline to obligate these funds is September 1, 2028. DCEO has proposed to disburse funds by June 30, 2025.
DCEO	Program	Administer the Community Services Block Grant (CSBG), which provides rental and mortgage assistance, motel vouchers and shelter services.	Existing	In Process	In 2022, CSBG expended $10 million in providing 170,000 individuals with housing services. Of those 170,000, 5,609 were explicitly identified as services for the homeless population. As a result, DCEO approximated that nearly $333,000 was expended to provide 5,609 services to people experiencing homelessness across Illinois.

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
DCFS	Program	Norman Cash Assistance funds private agencies to purchase items for families at risk of having their children placed in foster care due to issues related to poverty, including homelessness; Funding supports rent, security deposits, utilities, landlord home repairs, beds, clothing, and household items.	Existing	In Process	Between November 1, 2022, and October 31, 2023, DCFS personnel authorized $5,574,701.46 to 4,438 DCFS involved families, $2,998,100.66 for rent, home repairs, security deposits and move-in fees, and $97,383.76 for assistance with utility bills. The remaining cash assistance provided beds, clothing, and other items needed to care for the children.
DCFS	Program	Support the Youth Housing Advocacy Program, helping youth aging out or aged out of DCFS care, locate adequate housing; Supportive service delivery continues until the youth reaches age 21, with an extension to age 23 if housed with a federal subsidy.	Existing	In Process	Between November 1, 2022, and October31, 2023, DCFS referred 336 youth to a Youth Housing Advocacy Program for assistance obtaining and/or maintaining adequate housing. Between November 1, 2022, and October 31, 2023, DCFS processed $1,064,787.49 in bills from DCFS contracted housing advocacy providers, who reported serving 735 youth (many youth receive services for up to three years).
DCFS	Program	Norman Services assist families in danger of having children placed in foster care, or unable to return home, due to issues related to poverty, including homelessness; Norman Housing Advocacy supports DCFS involved families with housing location and supportive services.	Existing	In Process	Between November 1, 2022, and October 31, 2023, DCFS referred 1,348 DCFS involved families to a DCFS contracted housing advocacy provider. Between November 1, 2022, and October 31, 2023, DCFS processed $2,587,602.52 in bills from DCFS contracted housing advocacy providers who reported serving 1,918 families (some families receive services for more than one year).
ICJIA, IDOC	Program	Continue funding of transitional housing program for persons leaving Illinois Correctional Facilities.	Existing	In Process	ICJIA is administering funds to support the Flexible Housing Pool Reentry Pilot, a joint effort with IDOC and the Center for Housing and Health. Funding is earmarked towards Reentry transitional housing for the following categories: Those in need of placements who are currently being held past their MSR and who have mental health needs – from moderate to severe, Individuals with Chronic Diseases, Murphy Class, and Parole diversions. Ongoing discussions between ICJIA and the IDOC are currently focused on the transitional housing portfolio. Given recent leadership changes, both organizations are exploring ways to align their respective objectives and strategies. We anticipate that the outcome of these discussions will be informed by a thorough and data-driven analysis of the current landscape, as well as a detailed assessment of the respective capacity of each organization.

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS	Program	Administer the federal Projects for Assistance in Transition from Homelessness (PATH) program, serving persons with a Serious Mental Illness (SMI) and experiencing homelessness through street outreach and referrals to housing, primary care, job training, and educational services.	Existing	In Process	Program continued with 12 PATH providers statewide; IDHS-Division of Mental Health (DMH) onboarded a new Program Administrator for PATH. Workforce stabilization with local providers remains key. Training is available through the Substance Abuse Mental Health Services Administration (SAMHSA) resources in addition to the PATH Data Exchange. Other trainings are provided during monthly meetings between DMH staff and local PATH staff. Planning for the statewide conference has commenced and is tentatively scheduled for May 2024.
IDHS	Program	The Home Visiting for Homeless Families (HVHF) Demonstration Program ensures home visiting is more responsive to the needs of homeless families, informs practice and policy change, increases integration and alignment across homeless services and home visiting systems.	Existing	In Process	Demonstration project continued. Program evaluation completed. Recommendations for State implementation are under development.
IDHS	Program	Support the Eviction Mitigation Legal Assistance Program that supports tenants at risk of eviction through central intake and needs assessment, eviction prevention tools and resources, virtual legal clinics, direct legal representation, and courtroom access to rental assistance.	Existing	In Process	Funding for the Illinois Equality Justice Foundation (IEJF) for the Access to Counsel Program increased to $5M in FY24. In August, IEJF released a report on the impact of the eviction help line. Since its launch in 2020, Eviction Help Illinois has provided legal information, advice, representation and mediation services to more than 430,000 Illinoisians.
ICJIA, IDOC	Program	Continue funding of transitional housing program for persons leaving Illinois Correctional Facilities.	Existing	In Process	ICJIA is administering funds to support the Flexible Housing Pool Reentry Pilot, a joint effort with IDOC and the Center for Housing and Health. Funding is earmarked towards Reentry transitional housing for the following categories: Those in need of placements who are currently being held past their MSR and who have mental health needs – from moderate to severe, Individuals with Chronic Diseases, Murphy Class, and Parole diversions. Ongoing discussions between ICJIA and the IDOC are currently focused on the transitional housing portfolio. Given recent leadership changes, both organizations are exploring ways to align their respective objectives and strategies. We anticipate that the outcome of these discussions will be informed by a thorough and data-driven analysis of the current landscape, as well as a detailed assessment of the respective capacity of each organization.

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS	Program	Administration of the Emergency Solutions Grant (ESG) that supports emergency shelter and homeless prevention activities, including street outreach, Rapid Rehousing programs, and administration of the Homeless Management Information System.	Existing	In Process	ESG has served 16,352 individuals; ESC-CV Grant has served 13,001 individuals.
IDOC	Process	Through contracted agencies, provide transitional housing upon Mandatory Supervised Release from a correctional facility, including persons with a sex offense on their record.	Existing	In Process	IDOC launched the Intensive Reintegration Community Program (IRCP) for individuals with sex offense convictions in need of transitional housing. This program is managed by IDOC's Sex Offender Services Unit. There are 11 contracted vendors and will be expanding to 13 vendors before the end of 2023. Currently there are 379 beds in this program and it will be expanding to 419 beds with the addition of the 2 vendors. As of October 3, 2023, IDOC has been able to place most individuals with sex offense convictions at the time of Mandatory Supervised Release. There is still a large barrier for placement of Individuals with sex offense convictions requiring nursing home placement or higher need medical or mental health care.
IHDA	Program	Funding for acquisition, new construction, or rehabilitation for transitional, service- intensive housing.	Existing	Completed	IHDA's board has approved a total of 25 projects with 332 beds under the Housing for Justice Involved Persons Program. As of October 2023, IHDA has closed on 13 of these projects with 167 beds. Future funding is anticipated for the program in FY25.
ISBE	Program	Administer the Federal McKinney-Vento Homeless Education Funding, supporting local school districts to address the needs of students experiencing homelessness and housing instability; Services provided include tutoring, supplemental instruction, professional development for educators on the needs of homeless students, and before and after school programs.	Existing	Completed	ISBE is continuing this work.
ISBE	Program	Lead Area McKinney-Vento Liaisons to facilitate access to homeless assistance trainings on a monthly basis to school districts, families and the larger community.	Existing	Completed	ISBE is continuing this work.

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
ISBE	Program	Award funding from the Elementary and Secondary School Emergency Relive Fund II & III Community Partnership Grants; Homeless students are prioritized for projects where schools work in partnership with local communities to assess and meet the immediate pandemic-related, or social emotional, and/or trauma needs identified.	Existing	In Process	ISBE will continue this work through September 30, 2024.
ISBE	Program	Administer the American Rescue Plan - Homeless Children and Youth Funds to support housing insecure students; Activities include increasing outreach and identification of students experiencing homelessness, hiring systems navigators to help families and youth access education, and offering early childhood education services for young children experiencing Homelessness.	Existing	In Process	This work is continued until September 30, 2024. Districts have conducted needs assessment to determine how to best use the funds for McKinney-Vento student needs. ISBE continued to work with the USDE on allowable uses, including, but not limited to system navigator programs.
IDHS	Program	Through the Emergency and Transitional Housing (ETH) Program, provide funding for community-based crisis housing for persons experiencing or at risk of homelessness, including emergency, overnight, motel/ hotel based and transitional housing programs.	Expansion	In Process	Through the investments in Home Illinois, funding for ETH program increased from $10.3M in FY23 to a $51M in FY24. IDHS successfully completed a NOFO for expansion of the ETH program to enter into contracts for all $51M in the first months of the FY24 fiscal year.
HFS	Policy	Create a pathway to cover medical respite services within Medicaid.	New	In Process	In June 2023, HFS submitted a formal request to federal CMS to amend and extend the State Medicaid Section 1115 Transformation Waiver. This request seeks expenditure authority for covering a range of benefits addressing health- related social needs, including Medical Respite. While awaiting a formal response and the commencement of negotiations with federal CMS, HFS and its consultants have been actively planning for the implementation of the medical respite benefit. This includes activities such as presenting details of the 1115 waiver application to sister State agencies and external stakeholders, gathering information from current providers of medical respite care, and continuing to research and track medical respite models in other states.

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS	Program	Funding short-term housing and services for survivors of domestic violence inclusive of shelter and transitional housing programs, landlord advocacy, case management and safety planning.	Expansion	In Process	Three Notices of Funding Opportunities (NOFO) supported by State general revenue funds as well as federal grants, were released for FY23 services. These NOFOs resulted in an expansion of services and supported community-based efforts addressing the comprehensive needs of domestic violence, including addressing counseling, advocacy, and shelter needs. Sheltering for victims includes emergency shelter stays at domestic violence facilities, hotel placement, temporary refuge, short term rental assistance, and relocation expenses. In addition to community-based efforts, IDHS funding has been directed toward building the capacity of the statewide victim service networks. Training and technical assistance geared toward building the capacity of local programs has been prioritized as the complexity of individual and agency needs has been exacerbated as a result of the pandemic. This entails working with local Domestic Violence agencies building a capacity in fiscal, administrative, and programmatic functions to better position victim services to meet the needs of survivors, including housing stability.
IDPH		Support the development of a Statewide 2-1-1 system, to ensure equitable access to homeless services and supports and strengthen the crisis safety net.	Expansion	In Process	A NOFO for the Statewide 211 Expansion was awarded to United Way Lake County totaling $1.8 million. Sub-grants have been disbursed to 211 Contact Centers across the state with 91% of the population and 65% of counties now covered by 211 services. Desired goal is 85% county coverage by the end of June 2024.
ICJIA	Policy	Explore ability to expand programming at contracted re-entry transitional housing agencies to include behavioral health liaisons to facilitate increased service access.	New	In Process	ICJIA is currently engaged in a series of discussions with key vital voices and stakeholders to gain a comprehensive and in-depth understanding of the complex interplay of factors that impact the housing needs of returning residents. These deliberations form part of a broader strategy aimed at creating funding opportunities that can enhance the availability of housing options. The following activities are ongoing: Community-Based Organizations site visits, Reentry Work Groups/Committees, and IDOC facility visits to meet with men and women to discuss reentry needs.
IDHS	Policy	The Division of Substance Use Prevention and Recovery will create a Chronic Care Stabilization and Transition billable service that responds to the needs of people with substance use disorder experiencing homelessness or Housing insecurity.	New	In Process	This service has been created and implemented within SUPR's Contractual Policy Manual. There are currently four providers offering this service, and SUPR continues to provide technical assistance and support for other providers who are interested in providing Stabilization and Transition services.

		Strategy #2: Bolster the Safety Net			
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
DoA	Process	Enhance data collection by adding "homeless" and "at risk of homelessness" to the Community Care Program (CCP) intake form, allowing Care Coordination Units to better respond to older adult housing stability.	New	In Process	Aging Cares is scheduled to launch on March 1, 2024. The Aging Cares system will serve as a comprehensive case management system which will include specific CCP data that will assist in the identification of individuals that are homeless or at-risk of homelessness. This information will be garnered through questions presented to individuals seeking CCP services with regards to housing needs.
IDHS	Process	The Division of Substance Use Prevention and Recovery will explore the current community intervention service/rate and support housing recovery specialists at treatment sites.	New	In Process	Providers are currently able to bill for Community Intervention services, including outreach and engagement activities. SUPR does not have grant- funded housing recovery specialists but continues to work with providers and partners to develop and coordinate housing-related SUD services.
IDHS	Process	Review reporting requirements within Division or Family Services Homeless Services Bureau to identify ability to implement reporting efficiencies with HUD homeless standardized reports.	New	In Process	Currently under review by IDHS.
IDOC	Process	Hire a Special Populations Statewide Coordinator to identify additional housing options for individuals with residency restrictions, and mental and physical health barriers.	New	Completed	Greg Runyan who filled the position since 10/1/22 left to accept a promotion on 8/1/23. This position is in the hiring process again. The SME Review was completed in October 2023 and is moving to the interview process.
IDHS	Program	Establish a housing navigator role within the seven independent service coordination (ISC) agencies for persons with intellectual/ developmental disabilities; Navigators support people matched to supportive housing to ensure a smooth transition to new homes, train ISC staff on housing alternatives, and engage with regional affordable housing providers and developers.	New	In Process	The Housing Navigation Services, part of the ICDD/DDD Supportive Housing Pilot and delivered by 7 Independent Service Coordination Agencies, continues to demonstrate a strong commitment to supporting individuals with developmental disabilities (DD) in finding suitable housing options. Ongoing technical assistance from High Ground refines service delivery, ensuring a systematic collection of insights, lessons learned, identification of barriers, and compilation of success stories. This effort significantly contributes to discerning best practices for effective Pilot implementation, with the goal of transitioning it into a permanent service sustained through Division of Developmental Disabilities (DDD) funding.

Currently, 30 individuals with DD have used the Transition Assistance Fund for essential items during their transition and Housing Navigator services have |

Strategy #2: Bolster the Safety Net					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
					played a crucial role in assisting over 300 individuals with DD on their housing journey. The University of Illinois at Chicago Institute on Disability and Human Development acts as the third-party evaluator, diligently collecting data to enhance insights. The Supportive Housing Pilot project is set to conclude on October 31, 2026.
IDPH	Program	Pilot test intensive case management for people experiencing homelessness initiated in hospital emergency departments to connect to housing and necessary social services.	New	In Process	The Housing Navigator Emergency Room Pilot program is a pilot test of intensive case management for people experiencing homelessness initiated within hospital emergency departments to connect them to housing and necessary social services. Renaissance Social Services is providing onsite support at Loretto Hospital on Chicago's west side to ensure that patients exiting the hospital without a home, or those who enter the emergency room in hopes of finding a warm, safe place to shelter can locate suitable housing. The goal of the Housing Navigator Emergency Room Pilot Program is to establish a model that will become part of the statewide effort to prevent and end homelessness in Illinois.

Strategy #3: Secure Financial Stability					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS	Program	Support training for homeless service providers in completion of the SSI/SSDI Outreach, Access, and Recovery (SOAR) program to support individuals completing disability applications and successfully receiving benefits.	Existing	In Process	The Bureau of Housing and Supportive Services contracts for TA with the Supportive Housing Providers Association (SHPA) as the SOAR State Lead to provide SOAR training to homeless service providers; the curriculum is on- going and is available and accessible online through SHPA's website. to date, the Statewide SOAR Coordinator has conduct four SOAR 101 info sessions and four new trainee co-hort's while fielding numerous TA inquiries from SOAR practitioners. In addition, a SOAR Steering Committee has been developed that includes representatives from SSA, DDS, State Agencies and SOAR practitioners to identify areas of opportunity to incorporate SOAR in state institutions. In FY24 the steering committee, trainings and TA sessions will continue and be expanded.
IDHS	Program	The Child Care Assistance Program provides subsidized childcare for parents who are working, in school or in a training program. Families experiencing homelessness are allowed a 12-month eligibility period without an activity. From program participation in previous years, the CCAP anticipates serving 628 children experiencing homelessness in	Existing	In Process	The Child Care Assistance Program accepted applications through local Childcare Resource and Referral Agencies. Service provision to these families experiencing homelessness will be recorded.

		Strategy #3: Secure Financial Stability			
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
		FY23.			
IDHS	Process	Create and deliver trainings on the Aid to the Aged, Blind and Disabled (AABD) Cash and Medicare Savings Program to increase access to these benefits.	Expansion	In Process	AABD Medical Resources Refresher training is currently in progress to all casework staff.
IDHS	Process	Information related to special processing, allowances and deductions for people experiencing homelessness is available to front line staff in the IDHS Policy Manual and Workers Action Guide.	Expansion	In Process	TANF Crisis Assistance and Emergency Shelter Refresher trainings have been completed.
IDHS	Process	Together with the Illinois Commission on Hunger, provide input to a study on access to SNAP benefits, focusing on access issues of older adults, mixed status families and families with young children.	New	In Process	In 2023, the Illinois Commission to End Hunger conducted a series of statewide focus groups with current and former SNAP participants to better understand local level barriers to SNAP access. Based on those findings, the Commission is developing a marketing and outreach strategy to better connect individuals to the program. The materials will be finalized and ready for distribution in 2024.
IDHS	Process	Revise the online application page to the AABD to ensure greater accessibility to the benefits.	New	In Process	Improvements were made to the online application page to promote the AABD cash program and the application page is available online for public access.
IDHS	Process	Develop and deliver training materials to all Family and Community Resource Center front line staff to ensure claimants are evaluated for all eligible benefits.	New	In Process	This service delivery has been included in the ongoing training for all staff and follows the system design in the Integrated Eligibility System (IES).

Strategy #3: Secure Financial Stability					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDHS	Program	Together with the Division of Family & Community Services and Illinois Commission to End Hunger, support the pilot of the SNAP Restaurant Meals Program by recruiting restaurants and persons experiencing homelessness to participate in the program; An anticipated 32,000 Illinoisans will be eligible to participate in the Program.	New	In Process	The SNAP Restaurant Meals Program pilot has been operational in two Illinois counties since last year. IDHS will soon undertake a review of the pilot to inform expansion to other counties in Illinois.
IDHS	Program	Through the Welcoming Center COVID Relief Project, provide cash assistance, similar to the Child Tax Credit, for families not eligible for the benefit due to documentation status.	New	In Process	The Immigrant Family Support Project (IFSP) is a program that provides cash transfers to Illinois residents and families who were not eligible for the COVID-19 Federal Economic Impact Payments and do not qualify for other public assistance programs. In the spring of 2020, during Fiscal Year 2020, the project received 2000 applications. Fiscal Year 2023 marked the third full fiscal year that IFSP has operated, and over the course of the program's history, it has served over 80,000 adults and children in Illinois. In Fiscal Year 2023, IFSP faced new challenges and opportunities. In response to the bussing of migrants from the southern border, the program balanced the needs of existing and emerging migrants who were not eligible for public assistance. During 2023, Illinois Welcoming Centers collected 5,000 applications for a similar cash assistance program.
IDHS	Program	The Division of Early Childhood will fund the development of an add-on marketing campaign which will intentionally engage families experiencing homelessness; The campaign will augment the Governor's Office of Early Childhood Development enrollment campaign to focus awareness of early childhood education services to Child Care Assistance Program eligible families.	New	In Process	DEC continued the Early Childhood Enrollment Campaign to engage families in the lowest quartile of CCAP eligibility. Work was added to focus on recruitment and awareness of the Early Childhood Workforce which will launch in January 2024. DEC and INCCRRA have engaged a marketing agency to assist in ongoing development.

		Strategy #4: Close the Mortality Gap			
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDPH	Process	Illinois Perinatal Quality Collaborative supports a quality improvement network for birthing equity; Hospitals screen for social determinants of health (SDOH) including housing insecurity.	Existing	In Process	For FY23, the Birth Equity initiative focused on engaging bedside clinical team members (providers, nurses, and staff) to actively participate and implement birth equity at the bedside. Teams have been prioritizing active implementation to document SDOH, consider how SDOH needs impact clinical care and provide follow-up. August of 2023, 83% of participating hospitals were documenting SDOH during delivery admission.
IDPH	Program	Provide funding to test, detect and mitigate COVID-19 in shelter settings.	Existing	Completed	Center for Minority Health Services has finalized the Unified Grant Agreement with three organizations on October 17, 2022. The total amount awarded was $188,000 from the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) funds. COVID home test kits were purchased by the CMHS in October to disseminate to grantees for the mobile units (WOW program), community partners, and the Homeless program.
IDPH	Program	Illinois Breast and Cervical Cancer Program provides free mammograms, breast exams, pelvic exams, and Pap test for eligible women; Community navigation funding used to address housing a barrier to screening.	Existing	In Process	During FY23, the IBCCP established local Community Resource Guides and added SDOH elements on the intact/eligibility form to build up resources/firm hands offs for referrals. In FY24, the plan is to report and track SDOH referrals using this guide.
ISBE, IDHS	Program	Provide training and resources to school districts on heroin and opioid prevention, intervention and Use.	Existing	Completed	In coordination with IDHS, ISBE is currently developing a database of resources related to Opioid prevention and intervention. These resources may be utilized by school districts to drive curriculum development. Training to school districts is forthcoming.
IDPH	Program	Implement the Substance Use, Prevention & Recovery Permanent Supportive Housing program, doubling the number of households served from 75 in FY23 to 150 in FY24.	Expansion	In Process	IDHS/SUPR completed the first full year of the permanent supportive housing program at the end of June 2023. There are 6 providers, expected to house 30 households per year, for a total of 180 households. At the end of the first year, 232 households were supported. Providers are expected to house an additional 30 households this year. IDHS/SUPR target for SFY24 is to support 288 households.

Strategy #4: Close the Mortality Gap					
Agency	Type	Activity	Existing/ Expansion/ New	Status	Progress as of December 1, 2023
IDPH, IDHS, UIC	Process	Create a statewide population health report on persons experiencing homelessness in Illinois, inclusive of an examination of the causes of death and life expectancy disparities for people experiencing homelessness.	New	In Process	IDPH finalized an IGA with DHS to receive the funding appropriation. The team is currently finalizing a Work Order with UIC School of Public Health to prepare the Homelessness Mortality and Morbidity Report. The document will include morbidity and mortality trends, causes of death, and healthcare utilization among people experiencing homelessness in Illinois, using available sources of data.