2025 Heartland Continuum of Care Needs Assessment & Solutions





Key Identified Needs

01

Street Outreach

02

Community Case Management

03

Supportive Housing Opportunities 04

Behavioral Health Support

05

Low-Barrier Services

2025 Needs Improvement Goals

01

Goal One: Improve street outreach engagement to reduce the number of people experiencing unsheltered homelessness through connection to available resources and increase responsiveness to community concerns.

02

Goal Two: Reduce the number of people experiencing homelessness and length of time they are homeless.



03

Goal Three: Increase behavioral health support and flexible, low-barrier services to better address complex challenges that prolong the length of time people experience homelessness. Goal One: Improve street outreach engagement to reduce the number of people experiencing unsheltered homelessness through connection to available resources and increase responsiveness to community concerns.

Resources Needed: \$275,000 Create 5 Full-Time Street
Outreach positions in
HCoC Partner Agencies
(\$275,000)

As of 1/1,
62
individuals
on Street
Outreach
By-Names-List

- Deep Collaboration through the HCoC Street
 Outreach Task Group in accordance with HCoC
 Street Outreach Community Standards
- Heartland HOUSED adding Street Outreach Coordinator in Q1 of 2025
- Quality data in HMIS is essential for collaboration
- Heartland Connect Mobile App launching Q1 of 2025
- All collaborative efforts are housing focused and seek to connect people to available services
- Annual Cost for 4 Street Outreach Staff: \$220,000



HCOC STREET OUTREACH **TASK GROUP**



BI WEEKLY MEETING

BY-NAMES LIST

MBH **HEARTLAND HOUSED** FIFTH STREET **SALVATION ARMY SPD HOT PHOENIX CENTER HELPING HANDS SEED WASHINGTON STREET MISSION**

COORDINATED **ENTRY/HMIS**

CASE CONFERENCING

OF CLIENTS

TRAINING/ COMMUNITY **STANDARDS**

RESOURCE SHARING

AGENCY COLLABORATION





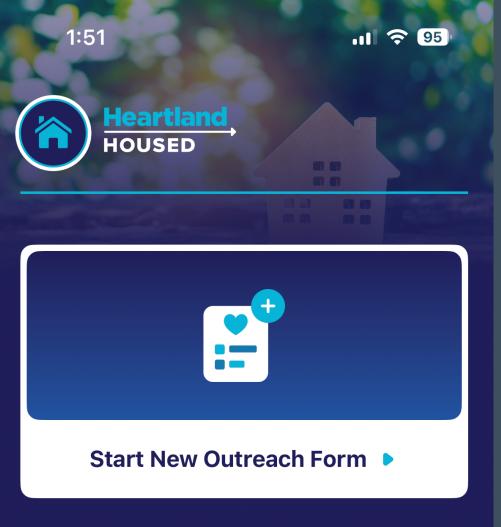




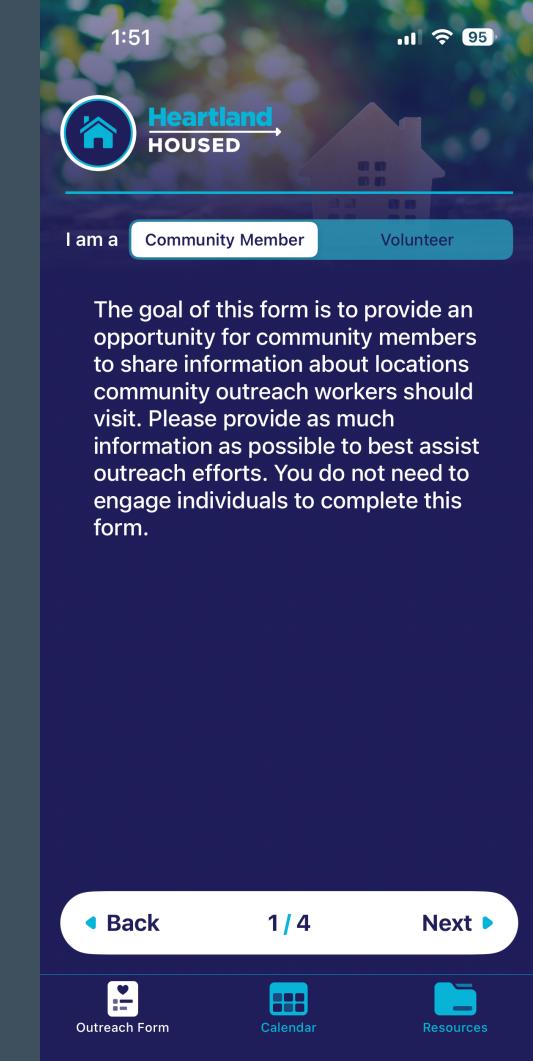


phoenix

center



Heartland HOUSED's new Heartland **Connect Outreach** App will be a key tool to increase street outreach data collection and allow for easier communication of concerns from community members.









Goal Two: Reduce the number of people experiencing homelessness and length of time they are homeless.

Resources Needed:

\$2,480,000

Create 8 Community based Case Manager positions (\$480,000)

Create 130 new
Supportive Housing
Opportunities (PSH & RRH) (\$2,000,000)

As of 1/1/25, 341 Households are on HCoC CE LIST

Community Based Case Managers

 An increase in case managers located within day-service and shelter providers who work collaboratively to divert households from the homeless system and focus on making the experience of homelessness as brief as possible for those that enter the system is a crucial system improvement component. The housing focused services provided by these case managers will focus on vital documents, benefit eligibility, increasing household income, and housing navigation. The design of these positions will encourage the case managers to not be locked to any one physical site but rather to work in partnership with Street Outreach staff to meet people where they are in the community and support them as they take next steps toward ending their homelessness. (Cost \$480,000)

Increasing Community Supportive Housing Opportunities

- Data analysis through the strategic planning process calls for the development of 765 permanent housing opportunities to be created and sustained in Springfield and Sangamon County by 2028 in order to reach the goals we have set to functionally end homelessness. As of 1/1/25, 341 households on our Coordinated Entry list were still waiting for support necessary to exit homelessness. Projecting the cost for rental subsidy and case management support, \$5.2 million annually is needed to increase supportive housing opportunities to move Springfield and Sangamon County closer to reaching functional zero homelessness. Our current Supportive Housing Funding Gap is **\$3,622,158.**
- An annual investment of \$2,000,000 would create 120 new supportive housing opportunities for single households and 10 new opportunities for family households.



SUPPORTIVE HOUSING GAP

\$3,622,158

As of 1/1/25, 341
households
were experiencing
homelessness
and on the HCoC
Coordinated
Entry list a for
Supportive Housing
Opportunities. The
estimated total cost for
rental subsidy and case
management is
\$5,235,000 million
dollars a year.

Supportive Housing Funding Gap State of IL HOME IL Funding

HUD

Funding

\$488,136

HUD funding allocated by HCoC Supportive Housing Programs annually.

\$1,124,706

State of Illinois funding allocated through the HCoC for Supportive Housing Programs annually.

Goal Three: Increase behavioral health support and flexible, low-barrier services to better address complex challenges people face.

Resources Needed: \$1,482,000 Create an Assertive
Community Treatment
Pilot Program (\$500,000)

Support Helping Hands Shelter Operations (\$200,000)

Provide Resources for Organizations to Contract with Mental Health Service Providers (\$200,000)

Implement a Bridge Housing Program (\$582,000)

Create an Assertive Community Treatment Housing First Pilot

- On a given night, 388 people experience homelessness in Sangamon County. Data from the National Alliance to End Homelessness in 2021 found that 31% of people experiencing homeless have severe mental illness. Local street outreach efforts and emergency shelter staff report that on average they work with 60 individuals with severe mental illness.
- Assertive Community Treatment (ACT) model can work closely with the homeless crisis response system and assume ultimate accountability for a small, defined caseload of seriously mentally ill (SMI) adults and become the single point of responsibility for that caseload. While encompassing a full range of case management activities, ACT is a unique treatment model that could provide the majority of mental health services in the client's regular environment. (\$500,000)

Provide Resources for Organizations to Contract with Mental Health Service Providers

 Helping Hands and Washington Street Mission serve the highest quantity of people experiencing homelessness and housing insecurity in Springfield. Providing funding for these organizations to find Mental Health Service providers to be on site during house of high demand will provide better care for clients and additional support for staff. (\$200,000)

Support Helping Hands Shelter Operations

• Building on the community's investment in Helping Hands to help further support low-barrier, housing focused shelter services is a crucial component of system success.

Additional investment could:

- Increase Shelter Case-Management Capacity
- Increased Staff Shelter Specialists for Winter Season
- Provide Shelter Security and reduce police calls
- Create additional Training for Staff
- Allow for contracts with Mental Health Service Providers
- Ensure Food Provisions are covered

(\$200,000)

Implement a Bridge Housing Program

• A scattered-site Bridge Housing Program could utilize existing community infrastructure and alleviate the need for costly up front expenditures. A bridge housing site could accommodate 15 to 30 households. Staffing would include a designated case manager for each and a shift worker to provide support during case-manager's off hours. Funding to support the program would cover staffing costs, monthly hotel fees, food for clients, and administrative costs. The program could accommodate clients for up to 90 days while they work with case managers to pursue stable housing opportunities and other supportive services. (\$582,000)

Explore solutions for individuals who are unable to access shelter and other services in the community.

· Some individuals may be unable to access shelter due to being banned from services or ineligible be for services. As of December 20th, there were 14 individuals who were banned from services and shelter at Helping Hands for a variety of reasons. On the same date, Heartland HOUSED's Winter Voucher Program housed 12 individuals who were ineligible for shelter services. One community concern involves how to provide safe sleeping accommodations for people unable to enter these programs, particularly during inclement weather. Solutions implemented in some communities involve: bridge housing programs, church programs that provide night time shelter, non-congregant shelter programs, creating warm spaces available for night-time hours only, and a variety of other options.

Prioritized Solutions

1. Street Outreach Staff	\$275,000
2. Community Based Case Managers	\$480,000
3. Assertive Community Treatment Pilot	\$500,000
4. Create 130 New Supportive Housing Opportunities	\$2,000,000
5. Resources for On-Site Mental Health Services	\$200,000
6. Additional Helping Hands Shelter Support	\$200,000
7. Bridge Housing Program	\$582,000

IMPLEMENTATION TIMELINE

Quarter PARTNER SELECTION & NEW STAFF HIRES	Street Outreach, Community Case Manager Positions Staffed	RFP process for Mental Health Service Providers	Competitive RFP Process for Supportive Housing Programs	Training for New Staff	Shelter Support Scope and Expectations Created
Quarter PROJECTS INITIATED	Street Outreach, Case Manager programs fully operational	Mental Health Partners selected for services and ACT	Supportive Housing Programs selected & Begin staffing	RFP process for Bridge Housing Program & org selection	Enhanced Shelter Services begin
Quarter PROJECT EXECUTION	Mental Health Services begin on- site, ACT launch	Supportive Housing Programs begin providing housing	Bridge Housing program staffs and launches		
Quarter PROJECT MONITORING/EVALUATION	Street Outreach, Case Manager programs By-Name-	130 households enrolled in Supportive Housing	20 individuals with SMI housed through ACT	Bridge Housing filling role in shelter system	Fewer clients using shelter services, increase in positive
	List Evaluation				exits