

The Illinois State Budget, Homelessness, and COVID-19 Part 1: A Review of Relevant Literature

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Abstract

The purpose of this paper was to address the impact of the Illinois state budget on homelessness service providers as they navigate budgetary problems associated with COVID-19, which were compounded by budgetary issues brought on by the 2015 Illinois State Budget Impasse. A longitudinal case study was conducted to examine problems, solutions, and strategies over two quadrennial periods, ranging from fiscal year 2015 to fiscal year 2022. Data sources included a review of relevant literature, interview data, and observational data. Findings from these data are shared across two articles. Part I is the review of relevant literature. Findings suggest that service providers and community leaders need to be more involved in political advocacy work, while also collaborating with other organizations in the community to quickly resolve budgetary issues that impede equitable access to vaccinations, and as means to help shelter seekers navigate congregate infrastructures so that they can safely isolate.

Keywords: Budget, COVID-19, Homelessness, Housing First

1. Introduction

This longitudinal case study examines the solutions and strategies garnered from service providers who were impacted by the 2015 Illinois State Budget Impasse, and the COVID-19 pandemic. Data were gathered over two quadrennial periods, spanning Illinois State fiscal years (FY) 2015 to 2022. To ascertain a deep and rich understanding of the problems and solutions, three primary sources of data were sampled during this case study. These data included a review of relevant literature, interviews, and observations. Given the extensive amount of

time that researchers spent on the project, and the amount of data that were yielded, findings from the case study were published across two papers; *The Illinois State Budget, Homelessness, and COVID-19, Part 1: A Review of Relevant Literature*, and *The Illinois State Budget, Homelessness, and COVID-19, Part 2: Interview & Observational Data*. Findings from part 1, the review of relevant literature were reported on in this paper.

Because the aims of this study were to examine the impact of 2015 Illinois State Budget Impasse and the COVID-19 pandemic on Illinois state community planners, and to examine the solutions and strategies utilized to survive both the impasse and the pandemic, some background information needs to be provided on competing service provision models, political ideologies, and the significance of the problem. To ascertain this background information, a review of relevant literature was done, which included a review of relevant peer-reviewed literature, governmental reports, agency outcomes, and quality journalist printings. After looking at these data sources, this section ends with a findings section, which discusses insightful ideas that contribute to solutions and strategies for service providers.

The first half of the review of relevant literature is briefer, and examines data from the first quadrennial period, which spans from FY 2015 to FY 2018. This review focuses on homelessness and Housing First, and the budget crisis within this time frame. It serves as a cross-section of data that offers a snapshot of perceptions held during the Illinois State Budget Impasse.

The second half of the review is current, and while it includes data from FY 2019 to FY 2022, it also focuses on events across both time frames to offer a complete picture of how these quadrennial periods contributed to the overall precarious nature of Illinois' budget. The guiding paradigmatic assumptions for this study are twofold and bifurcated. Service provision models and political party ideologies are important concepts to the study. This study focuses on homelessness as one of the vulnerable groups that are most impacted, the first paradigmatic assumptions explored are the Housing First and Treatment First models. Background literature on these models will provide a framework for understanding the importance of services for those experiencing homelessness. Second, the paradigmatic assumptions will be reviewed on political ideology. Representative conservative and liberal postures on both the 2015 Illinois State budget and the COVID-19 pandemic based on lobbied constituency pressures will be examined to offer a bipartisan conceptualization for their endeavors over both periods of time.

2. Review of Relevant Literature

2.1 FY 2015 to FY 2018

This briefer literature review focuses on the 2015 Illinois State Budget impasse within the first quadrennial period. Unlike in the second quadrennial period of this study, this literature review also focuses even more on another topic, which is the discourse around homelessness through the Housing First model. Due to the longitudinal nature of this study, the literature review process was conducted in FY 2015, and offers some insight on the historical context through which interviewees would respond shortly thereafter. While the first part of this literature review focuses on a specific time frame, by examining the impasse and homelessness literature within the first quadrennial time frame (2015-2018), readers are left with a snapshot, which offers some context through which to better understand responses from service providers within that time frame. By observing these preserved problems and solutions within this time frame, we get a better understanding of the innovative ways service providers responded in an effort to survive the impasse.

The more current review of relevant literature was conducted in FY 2022 and included literature on the pandemic. It spans across the second quadrennial period (2019-2022). The second literature review is comprehensive, ending with a search on literature where these three topics converge (homelessness, impasses, pandemic).

2.1.1 Homelessness and Housing First

Reducing homelessness through permanent supportive housing is a sound budgetary decision, helps prevent the transmission of COVID-19, and is humane. Because Housing First has proven to be an efficacious approach to housing stability, it stands to reason that it is a vital key to addressing the aforementioned problems.

Nearly 35 years from its inception, Housing First continues to be an efficacious means to housing stability among the chronically homeless. A number of studies indicated that Housing First programs with intentional fidelity to the model demonstrate favorable outcomes. One randomized controlled trial that was carried out in Toronto examined the effects of the Housing First model on mentally ill substance abusing (MISA) populations. This longitudinal

study demonstrated that over time housing stability improved and alcohol problems diminished (Kirst, et al., 2015, p. 26). Most notably, these outcomes were demonstrated with a “hardcore homeless” population that would normally not be considered for the “housing ready” pool. Speaking to the importance of fidelity, another pan-Canadian Housing First mixed methods study was carried out to measure what factors are facilitators and detriments to the model. Consistent with the Housing First model, results from this study revealed that when housing and services are treated as separate entities, there was strong fidelity to the model, and thus more favorable outcomes (Macnaughton, et al., 2015, p. 283). This study needed more data to understand how Housing First impacts substance abuse.

A study that was later published within this time frame took on that challenge. This study compared a Housing First supportive housing model to a Treatment First supportive housing model. While there was no difference in effect on substance abuse outcomes, the study indicated improved housing stability, reduced criminal convictions, and reduced usage of crisis and emergency services for Housing First participants (Somers & Julian, 2015, p. 1610). The outcomes of this study indicate that the continued loss of Housing First and other harm reduction services would see increased criminal and emergency medical related costs. Although the exact effects and outcomes of budget cuts are unclear, data would suggest that continued cuts to these programs will see other serious detriments to human and economic capital coming to fruition.

The literature at that time also pointed to other stakeholders in Housing First. Landlords that are motivated to work within the parameters of the Housing First model are an essential part of the program. Most landlords have positive perceptions of chronically homeless MISA tenants (Aubry, et al., 2015). Because landlords are in the business of renting proprietary housing for the homeless, profit is often related to reduction in vacancy and resident turn over. If Housing First and other permanent supportive housing programs do not have consistent payment arrangements, these essential high perception ratings will be negatively impacted. Alternative Housing First and other permanent supportive housing programs are seeing success in terms of acquired and sustained economic capital.

Within the first quadrennial period, veterans had also acquired additional funding as a result of bipartisan support. During the Obama administration, federal funds were directed toward improving housing stability among this subset of the chronically homeless. With these funds, the United States Department of Veteran’s Affairs (VA) began an aggressive campaign to eradicate homelessness among veterans. Just as mentioned above, one issue that impeded progress was an inadequate housing market where relationships had not been cultivated with landlords (Austin et al., 2014, p. 643).

The impasse posed a serious threat to the health and lives of the most vulnerable. A study on Housing First and health outcomes demonstrates that interventions and wrap around services are not enough. This is because structural barriers such as policies impede carrying out critical and emergency medical interventions (Hwang & Burns, 2014). It is clear that Housing First and harm reduction programs of that time were essential to the well-being of our most vulnerable and oppressed populations. It is also clear that many of these programs had cost savings benefits that make the investment a viable option. The empirically tested benefits were so great that it was hard to conceive of a reason why Illinois State legislatures could not come to an agreement on this line item. This next section deals more directly with the 2015 Illinois State budget within the same timeframe.

2.1.2 Budget Crisis

Illinois legislatures were stuck at an impasse from July of 2015, which marks the beginning the first fiscal year with Rauner in office, and which lasted part way through 2018. In 2015, it was clear that Governor Rauner and Speaker of the House Michael Madigan were making very little progress on passing a budget. At that time, Rauner, whose political party was in the minority, had to negotiate with Democrats, who controlled the House and Senate with supermajorities. Differences in policy agendas resulted in a multi-year stalemate, which resulted in indecision among policy makers, thus, adversely impacting agencies and vulnerable populations (Craver, 2015). Some constituents and Republicans were even calling for a truce. Republican Comptroller Munger urged conservatives and liberals to negotiate a budget as soon as possible. However, with Democrats seeking to generate revenue for deficit reduction via tax levies, and Rauner wanting to suspend certain taxes, a solution seemed far off (Burnett, 2015). The marginalized and vulnerable aren’t the only ones that were effected by the budget. Programs for law enforcement, state assisted universities, and others were feeling the impact as well. Many law enforcement programs

were limiting trainings for those on the front line. In some cases, universities were forced to eliminate positions, a decision that has undoubtedly left students with diminished perceptions of these universities' stability (Bowean, 2015).

While Senate President Cullerton and Speaker Madigan remained gridlocked with Rauner on critical line items, promising legislation was in the works. House Bill 4165 (HB4165) was filed in March of 2015 by Madigan in an effort to move legislation forward. This was promising because if the bill could make it through the House and the Senate, it would mean the restoration of critical supportive housing funding for vulnerable populations (SHPA, 2015; Illinois General Assembly [99IGA], 2015). In May of 2015, the bill passed the House and went on to the Senate. After three readings, in June of 2015, the bill was passed and sent to Governor Rauner to be signed into law (99IGA, 2015). Governor Rauner's response was swift and deliberate. Despite receiving support from both the House and the Senate, Rauner vetoed the bill. As of November 2015, which was just prior to the interviews that took place in 2016, no action had been taken on HB4165 (99IGA, 2015). With policy makers gridlocked in what seemed to be a long standing stalemate over appropriations for FY-2016, non-profit organizations (NPOs), community planners, and social workers sought out innovative ways to survive and continue to serve those in need.

2.2 FY 2019 to FY 2022

The first half of this case study's literature review is seated within FY 2015 to FY 2018 timeframe in order to offer a snapshot of the innovative ways in which social workers responded. Additionally, the first half of this literature review demonstrates a gap in the literature, leaving the research questions for this study unanswered. The second half of this review of relevant literature will include current literature that spans both quadrennial time periods.

2.2.1 Current Review of the 2015 Illinois State Budget Impasse

Social workers play a key role in helping to improve housing stability among the chronically homeless. As researchers continue to examine how social workers, service providers, and housing programs impact chronic homelessness and housing instability, it has become evident that there is a cost-savings benefit associated with improved housing and health outcomes, which are often negatively correlated with costs associated with the utilization of emergency services (Baxter et al., 2019; Byrne et al., 2014; Culhane & Bryne, 2010). Despite empirical evidence demonstrating the ability to recapture not only financial capital spent on chronic homelessness, but to also realize a surplus through cost savings benefits, in 2015 the state of Illinois reached an impasse on this and many other critical budgetary decisions. In 2015 republican Governor Bruce Rauner took office in Illinois, and in February he pushed an agenda that called for reducing the Illinois State deficit by imposing a \$6.7 billion dollar cut in funding for services for some of Illinois' most vulnerable citizens (The Economist, 2015). As many social work agencies were forced into attrition via the impasse, community planners and organizers operated off diminished net returns that threatened to never be realized, all while continuing to cover vital operating expenses.

It was not until later years that the real extent of the harm brought on by the stalemate was realized. For example, by March of 2018, in late fees and interest penalties alone, the impasse created \$1.14 billion in additional debt. For a point of reference, this was \$100 million dollars more than what would have been owed on fees and interest over nearly a 20-year period. In short, when taking into account the full extent of financial harm on the state's financial health, the impact was staggering. Further, in 2017 at least two global credit agencies, Moody's Investor Services and the Standard & Poor (S&P) Global Ratings, reflected Illinois state credits scores as not only being the lowest among the confederacy, but as also being the lowest possible score before being declared "junk" (Mendoza, 2018). With 7,800 shelter seekers, most of which were children, recently turned to the streets, with many vital social service agencies no longer in operation, and with a less than desirable Illinois state credit rating, the stage was set for Governor Elect J.B. Pritzker to deal with the lasting effects of poor budgetary decisions, while addressing the onset of an unprecedented modern day global pandemic.

2.2.2 2019 Coronavirus Pandemic

In December of 2019, the first cases of COVID-19 began to surface. Just one month later, in January of 2020, the first cases of COVID-19 were being detected in Chicago, Illinois. Concurrently, for FY 19 and FY 20, the newly elected Illinois Governor J.B. Pritzker was preparing to enact a bold new 5-year budgetary plan, aimed at paying off the insurmountable debt that his administration inherited from years of poor budgetary decision making. While the 5-year plan was more complex, the primary strategy involved slowly replacing pension systems that were, and

continue to be unsustainable, with systems that are more in line with those in the for-profit private sectors (Ghinai, 2020; Schuster, 2021).

With the first case in Illinois being detected in January, it took only until March for the number of confirmed cases to reach nearly six thousand, with just under 100 Illinoisans confirmed dead as a result of COVID-19. In the aftermath of the stalemate, Pritzker's frustration grew with the federal government, now led by Republican President Donald Trump, with what he described as an inadequate and slow funding response for testing kits. With the number of positive cases and deaths on the rise, Pritzker announced in a press conference that Illinois was in a state of emergency (Arnold, 2020; Hornig & Pathieu, 2020).

In time, it became clear to service providers that some of the most vulnerable members of society were being disproportionately impacted by COVID-19. As of December 2020, statistics showed that out of every 100,000 people in Illinois, 186.4 African Americans would die as a result of COVID-19. When comparing this number to Whites, only 78.7 would die as a result of COVID-19. This means that in Illinois, African Americans are nearly two and half times more likely to die from COVID-19. In Chicago alone, although African Americans only make up 30% of the population, 72% of all COVID-19 related deaths were African American. This is consistent with disparities experienced by shelter seekers as well. For example, African Americans are more likely to experience homelessness, and it stands to reason that African American shelter seekers have no doubt experienced elevated mortality rates brought on by COVID-19 (Baral et al., 2021; Diaz, 2020; Leifheit et al., 2021; Saini et al., 2021).

2.2.3 Service Provision Models

This study concerns itself with homelessness literature because it concerns itself with helping service providers better understand solutions and strategies around problems associated with the impasse and the pandemic, both of which impacts some of our most vulnerable citizens. With that being said, before looking at the current peer reviewed literature, it is important to know some background information and history on homelessness, and in particular Housing First, which is a permanent supportive housing program that not only houses some of our most vulnerable and chronic shelter seekers whom are likely to be impacted by COVID, but has demonstrated cost savings benefits in the wake of budgetary issues, such as those brought on by the impasse. To further illuminate the differences between Housing First and the other prevalent treatment models, we will explore the paradigmatic assumptions of each.

The guiding paradigmatic assumptions for inquiry are derived from the Housing First theoretical model. Tsemberis (2016), CEO of Pathways to Housing, founded and developed the Housing First model out of a need to address chronic homelessness. At that time, the model that dominated the landscape was called treatment first. Suggestive of its name, the treatment first model requires compliance with programmatic rules and policies before housing can be realized. Often times this treatment is a gateway to housing, and is largely dependent on forced compliance. Additionally, in order for linkage to housing to be maintained, clients must continue to successfully engage with service providers and follow programmatic rules (Tsemberis et al., 2012). The treatment first model's paradigmatic assumption is that those who cannot comply are not capable of remaining housed, and they are often accused of not obtaining the status of "housing readiness."

Conversely, the Housing First model, which is typically applied to permanent supportive housing programs, does not require compliance before housing or treatments are accessed. Different programs may operate along a continuum between Housing First and Treatment First, but those showing high fidelity to Housing First do not require participants to meet "housing readiness" standards to access or remain housed. This typically means that participants are given a great deal of latitude in choosing the types and levels of services they wish to opt into (Gilmer, et al., 2013). Although Housing First may be difficult for many agencies to fully implement, most programs would minimally need to offer permanent supportive housing with access and continued stay that is not contingent upon compliance with any programmatic rules to be considered a program with high fidelity to the Housing First model (Tsemberis, 1999). While both are capable of realizing economic gains through cost-savings benefits, in light of the evidence, eliminating funding allocated for Housing First programming is a greater detriment to the economy (Byrne et al., 2014).

Finally, because those experiencing chronic homelessness are also chronic shelter seekers with elevated mortality rates as a result of COVID-19, it stands to reason that both types of permanent supportive housing programs, so

long as they increase housing stability, will decrease COVID-19 related mortality rates. This inverse relationship between housing stability and COVID-19 related mortality rates is likely stronger within the Housing First model, which has been shown to demonstrate improved rates of housing stability and overall health outcomes over the treatment first model (Baral et al., 2021; Baxter et al., 2019; Byrne et al., 2014; Culhane & Bryne, 2010; Diaz, 2020; Leifheit et al., 2021; Saini et al., 2021).

2.2.4 Political Ideologies Around the Impasse

Both the impasse and the pandemic are policy issues. For this reason, political ideologies are a part of this case study. The effects of the 2015 Illinois State budget impasse on agencies, community planners, and social workers in the field are examined. To understand the reason for the standoff among political parties, it is important to know the history behind the ideologies (conservative & liberal) that halted action and created the divide that forced agencies into attrition.

The first major piece of homeless legislation to be signed into law was the *McKinney Homeless Assistance Act*. It was signed into law in response to the recession in the early 80's during the Reagan administration. Conservatives did not actually support the law, but Reagan was swayed into signing the bill as a result of tremendous political coercion (Foscarinis, 1991). With Republicans typically running from a platform of reduced taxes and diminished government involvement, it was hard for conservatives to justify homeless assistance, even in the wake of this chronic homelessness related crisis.

On the other hand, in response to the homelessness problem brought on by unaffordable housing and the recession, Democrats, whom often run from a platform of government for the commonwealth, saw an opportunity to expose the seemingly conservative inattentiveness to the homelessness issue, which provided an opportunity for them to push their agenda (Jones, 2015). There are some commonalities among both political parties. One such commonality is the bipartisan mentality regarding fiscal responsibility. At the turn of the century, Housing First was gaining momentum. With Housing First permanent supportive housing demonstrating cost savings benefits, the Bush administration concentrated its limited resources on chronic homelessness while proposing over \$1 billion in cuts. By concentrating their efforts on Housing First strategies, the hope was to ameliorate the problem enough to re-moralize other programs, while gaining additional support from empirical evidence demonstrating cost savings benefits (McGray, 2004). This prior bipartisan support demonstrates some important concepts. Conservatives and liberals are willing to reach across the table when evidence-based practices demonstrate a reduction in costs. Because addressing homelessness using the Housing First approach is a humane and fiscally responsible approach, bipartisan support is sometimes a viable option.

2.2.5 Political Ideologies Around COVID-19

Within these two quadrennial periods of time, which range from FY 2015 to 2018, and from FY 2019 to 2022, the political pendulum has swung hard. President-elect Barack Obama took office in 2008, and won his reelection again in 2012. Both were decided victories, which were won in over access of 100 electoral votes. Although Obama had a liberal agenda, he was often reaching across the table to work with conservatives on policy issues. But Obama was not just a moderately liberal candidate reaching for the middle, he broke the status quo by becoming the first African American President of The United States of America (POTUS). With his second quadrennial term ending in 2015, American's seemed poised to push back to the right in a significant way. This set the stage for President Donald Trump, who's policy approach and presidential demeanor were in stark contrast to Obama's. In fact, race relations in America aside, it is the opinion of some that the first black POTUS's policy approaches and subdued presidential demeanor set the stage for Trump's marginal electoral win over Hillary Clinton in 2016 (Jindal, 2016; National Archives, 2021).

With President Donald Trump in office, political tensions rose between parties on many issues. When the pandemic became a public issue in the United States, and later in Illinois, bi-partisanship support on the best policy approaches toward COVID-19 remained somewhat fractured. What should have been a bi-partisan policy agenda for leading scientists and public health officials to address, quickly turned into yet another fractured political policy agenda. For example, with Illinois still reeling from the economic effects of the impasse, while the majority of Democrats were in favor of more aid for economic relief in the form of stimulus packages aimed at addressing COVID-19, Republicans attitudes were largely divided on the policy. Even political best practices, as indicated by nation and global public health authorities, and which were aimed at reducing the spread of COVID-19 to save lives, were

eventually politicized. Basic public health policies, which include wearing a mask, six feet of social distancing, and vaccinations, became partisan decisions that many Americans continue to remain divided on. Even with President-Elect Joe Biden taking office in January of 2021, deeply held partisanship driven attitudes toward COVID-19 remain (Centers for Disease Control and Prevention, 2021; National Archives, 2021; Pew Research Center, 2020; World Health Organization, 2021).

2.2.6 Significance of the Problem Statement

Here we briefly review the primary problems and issues that surfaced starting with the impasse. The 2015 Illinois State Budget impasse posed a severe threat to our most vulnerable populations. When legislation was at an impasse, critical services were withheld into fiscal year (FY) 2018. Unfortunately, many services providers were not in a position to wait, so nonprofit organizations were forced to minimize services to at risk families, or eliminate them altogether (Bosman, 2015). This alone was enough to speak to the staggering effects of the crisis, but there were other implicit consequences to consider. What many legislatures weren't aware of is that proposed cuts exponentiate through federal policy. For example, the FY 2016 budget proposed a 12.7 million dollar cut to help make up the deficit (SHPA, 2015). Many of the agencies that received state dollars were doing so on a requirement of matched federal funding. It was estimated that the 44 million dollars matched by the 12.7 million were cut as a result of the state's attempt at deficit reduction (SHPA, 2015).

Even if funds were restored, some of the agencies tasked with providing services to some of the most marginalized and oppressed groups have folded by attrition. Simply forcing agencies to survive threatens the existence of social work non-profits, some of which have adopted Housing First principles (SHPA, 2015). While these smaller agencies were having an impact on social injustices, they had little chance of surviving without funds. For example, studies suggested that with psychiatric and housing services for well over 10,000 vulnerable people on the line, lack of investment in Housing First permanent supportive housing, with accompanying services for FY 2016, saw additional costs shifted to lower and middle income tax payers for crisis and emergency services (Poulin et al., 2010; SHPA, 2015).

With a poor credit, reduced budget, and many vulnerable populations further marginalized, Illinois trudged into the next quadrennial period with less-than-ideal resources for dealing with the pandemic. As if trying to address these issues were not enough, Governor Pritzker was now forced to deal with the current political divide, which was causing citizens to doubt precautionary advice published to the public by public health entities. Still reeling from the impasse, once again some of our most vulnerable citizens were disproportionately impacted by the virus. Conservatives in particular value individual freedom over the collective benefits of following best practices to reduce COVID-19. Ironically, despite many White conservatives being the heaviest violators of best practices that contribute to the spread of COVID-19, statistics show that vulnerable populations are paying the costs. For example, regardless of political affiliations, African Americans and individuals experiencing homelessness have elevated COVID-19 related mortality rates (Baral et al., 2021; Diaz, 2020; Leifheit et al., 2021; Saini et al., 2021).

Because this is a relatively new issue with few, if any peer reviewed articles on the how the impasse compounded the pandemic in Illinois, and because there is much to be gained from mitigating the impact of the stalemate and pandemic, this case study is exploratory in nature. It is important to explore this topic for a solution to the problems brought on by the Illinois State Budget crisis because of its impact on vulnerable populations during the COVID-19 pandemic. This study makes an effort at restorative justice for the vulnerable and oppressed.

3. Relevant Literature Findings

Here we briefly go over some problems, solutions, and strategies that surfaced in the review section. Four problems arose as a result of the impasse: First, vulnerable populations were turned away from vital social services. Second, agencies died by attrition leading to less capacity to serve vulnerable citizens. Third, Illinois state debts and budgets spiraled out of control leading to nearly "junk" credit ratings. Fourth, exorbitant costs were accrued, not only through unpaid interests, but through shifting costs paid out to emergency and crisis services. The primary problem was the election of public servants that were unwilling to compromise to the point of creating a stalemate.

Some solutions that agencies were forced to use were less than ideal. Examples of solutions follow: First, relying on available savings and agency "emergency funds" to continue operations. Second, borrowing money or opening

lines of credit to continue paying for operating expenses. Third, making moderate to extreme budget cuts in an effort to sustain the agency as long as possible. Fourth, diversify agency funding to mitigate risks associated with losing in one stream of funding (Kirkner, 2019). The primary solution is preventative, and is to educate constituents on the importance of sound decision making around electing public servants that are willing to reach across partisanship lines to work toward responsibly resolving budgetary issues through compromise. Regardless of political affiliations, this solution will help to prevent stalemates altogether.

With Illinois still carrying problems caused by the impasse into the second quadrennial period, problems brought on by the pandemic continued to worsen. Because the pandemic is the problem, the scope of problems covered in this paper are around what worsens the pandemic. In summary, the primary problems included: 1. Politicizing public health issues around the pandemic created a shift in attitudes away from best practices aimed at reducing the spread of COVID-19. 2. A federal administration that is slow to respond to financial and budgetary issues brought on by the pandemic, which was needed to slow it's spread. 1. The solution is for all policy makers and their constituents to pivot away from using the pandemic as a partisan policy platform, allowing the national and global leading public health entities, scientists, and doctors to make recommendations, which would be better followed as a result of being unfettered by misinformation coming from those with political agendas. In short, depoliticize the pandemic, and subsequently public health issues.

Using public health literature, peer-reviewed articles, quality journal printing, and public data, this review or relevant literature offered some insight on solutions and strategies for dealing with the pandemic and the impasse. Part 2 of this study is titled, *The Illinois State Budget, Homelessness, and COVID-19, Part 2: Interviews & Observational Data* uses data from the same longitudinal case study, and focuses on the qualitative interviews that were done in the earlier years of the impasse, to better understand solutions and strategies for dealing with lack of funding. It also focuses on observational data taken from quality journalist interviews and printings. While this paper doesn't go into depth on the findings from Part 2, findings from both Parts 1 and 2 are briefly compared in the discussion section of this paper.

4. Review of Relevant Literature Data Discussion

In the first quadrennial period, the problems and solutions that surfaced in the review of relevant literature supported the findings across both quadrennial periods. To briefly review the problems, vulnerable populations were being turned away, agencies were dying as a result of budgetary issues, the state's credit was in poor condition, and costs were accrued leaving agencies in budgetary crisis. The primary problem was lack of compromise among public servants. Solutions included agencies relying on emergency funds, borrowing money, making cuts, and diversify income portfolios. Again, the primary solution was around electing officials that were willing to collaborate. The data from the review of relevant literature match up with the interview data from *The Illinois State Budget, Homelessness, and COVID-19*

Part 2: Interview & Observational Data within the first quadrennial period in that they both pertained to agencies being more involved on a political level to help the community make better decisions around electing officials that will collaborate and work together.

In the second quadrennial period, the problems and solutions also matched up with what surfaced in the interviews and observations from *The Illinois State Budget, Homelessness, and COVID-19, Part 2: Interview & Observational Data*. Problems included politicizing public health issues which shifted attitudes away from best practices, and a federal administration that was slow to respond to the budgetary needs of agencies. The solutions were for all policy makers to shift away from partisan ideologies that put public health entities in precarious positions when advising the public. While this doesn't match up perfectly with the findings from the interviews and the observations, findings from both do speak to the importance of agencies collaborating with public health officials to employ best practices and strategies for addressing the pandemic, while still dealing with the crippling effects of previous budgetary indiscretions.

References

- Arnold, M. (2020). Public Health Officials Announce 937 New Cases of Coronavirus Disease. *Illinois Department of Public Health (IDPH)*. Retrieved from: https://www2.illinois.gov/IISNews/21325_Public_Health_Officials_Announce_937_New_Cases_of_Coronavirus_Disease.pdf
- Aubry, T., Cherner, R., Ecker, J., Jetté, J., Rae, J., Yamin, S., . . . McWilliams, N. (2015). Perceptions of private market landlords who rent to tenants of a housing first program. *American Journal of Community Psychology*, 55(3), 292-303. doi:10.1007/s10464-015-9714-2
- Autin E., Keteszi, S., & Tsemberis, S. (2014). Timing and momentum in VA's path toward Housing First. *Psychiatric Serv.* 65: 836-837.
- Averting doomsday; the illinois budget. (2015, Feb 28, 2015). *The Economist*, 414, 25.
- Baral, S., Bond, A., Boozary, A., Bruketa, E., Elmi, N., Freiheit, D., Ghosh, S. M., Goyer, M. E., Orkin, A. M., Patel, J., Richter, T., Robertson, A., Sutherland, C., Svoboda, T., Turnbull, J., Wong, A., & Zhu, A. (2021). Seeking shelter: homelessness and COVID-19. *Facets (Ottawa)*, 6(1), 925-958. <https://doi.org/10.1139/facets-2021-0004>
- Baxter, A. J., Tweed, E. J., Katikireddi, S. V., & Thomson, H. (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *Journal of Epidemiology and Community Health (1979)*, 73(5), 379-387. <https://doi.org/10.1136/jech-2018-210981>
- Bosman, J. (2015, October 26, 2015). One state's struggle to make ends meet: Why illinois is without a budget. *New York Times*
- Bowean, L. (2015, August 7, 2015). State budget impasse leads to cost cutting at U. of I. *Chicago Tribune*
- Bryne T., Fargo, J., Montgomery, A., Munley, E., Culhane, D. (2014). The relationship Between Community Investment in Permanent Supportive Housing and Chronic Homelessness. *Social Service Review*. 88(2) <http://doi.org/10.1086/676142>.
- Burnett, S. (2015, October 19, 2015). Pressure mounts for illinois lawmakers to end budget impasse. *Chicago Sun Times*
- Catastrophic consequences to illinois families - and the state - if governor rauner's budget is enacted* (2015).
- Centers for Disease Control and Prevention. (2021). COVID-19: Guidance Documents. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Search=masks>
- Craver, K. (2015, October 26, 2015). How did illinois get to a four-month state budget impasse? *Northwest Herald*
- Culhane, D.P., Bryne, T. (2010). Ending chronic homelessness: Cost-effective opportunities for interagency collaboration. *Scholarly Commons*, (143)
- Diaz, A. (2020). African Americans comprise more than 70% of COVID-19 deaths in Chicago, officials say. CBS News. Retrieved from: <https://www.cbsnews.com/news/african-americans-comprise-more-than-70-percent-of-covid-19-deaths-in-chicago-mayor-says-2020-04-06/>
- Foscarinis, M. (1991). The politics of homelessness. A call to action. *The American Psychologist*, 46(11), 1232.
- Ghinai, I., McPherson, T. D., Hunter, J. C., Kirking, H. L., Christiansen, D., Joshi, K., Rubin, R., Morales-Estrada, S., Black, S. R., Pacilli, M., Fricchione, M. J., Chugh, R. K., Walblay, K. A., Ahmed, N. S., Stoecker, W. C., Hasan, N. F., Burdsall, D. P., Reese, H. E., Wallace, M., . . . Novosad, S. A. (2020). First known person-to-person transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the USA. *The Lancet (British Edition)*, 395(10230), 1137-1144. [https://doi.org/10.1016/S0140-6736\(20\)30607-3](https://doi.org/10.1016/S0140-6736(20)30607-3)
- Hornig, E. & Pathieu, D. (2020). 8 New Illinois Coronavirus Cases Announced in Kane, McHenry, Cook counties, Bringing State Total to 19; 4 Schools Closed. ABC 7 Eyewitness News: Health & Fitness. Retrieved from: <https://abc7chicago.com/5999228/>
- Hwang, S. W., & Burns, T. (2014). Health interventions for people who are homeless. *The Lancet*, 384(9953), 1541-1547. doi:[http://dx.doi.org/10.1016/S0140-6736\(14\)61133-8](http://dx.doi.org/10.1016/S0140-6736(14)61133-8) HB 4165, House Bill U.S.C. (2015).
- Jindal, B. (2016). Wall Street Journal. President Obama Created Donald Trump. Opinion, Commentary. Retrieved from: <https://www.archives.gov/electoral-college/2020>.
- Jones, M. M. (2015). Creating a science of homelessness during the reagan era.(report).93(1), 139.

- Kirkner, Anne Catherine (2019): Surviving Austerity: Rape Crisis Centers and the Illinois State Budget Impasse. University of Illinois at Chicago. Thesis. <https://doi.org/10.25417/uic.12481463.v1>
- Kirst M., Zerger S., Misir V., Hwang S., Stergiopoulos V., Kirst M., Hwang S., Stergiopoulos V.,. (2015). The impact of a housing first randomized controlled trial on substance use problems among homeless individuals with mental illness. *Drug Alcohol Dependence*, 146(1), 24-29.
- Leifheit, K. M., Chaisson, L. H., Medina, J. A., Wahbi, R. N., & Shover, C. L. (2021). Elevated mortality among people experiencing homelessness with COVID-19. *Open Forum Infectious Diseases*, 8(7), ofab301–ofab301. <https://doi.org/10.1093/ofid/ofab301>
- Mendoza, S.A., (2018) Consequences of Illinois' 2015-2017 Budget Impasse and Fiscal Outlook Office of the Illinois Comptroller, Susana A. Mendoza. Retrieved from: <https://illinoiscomptroller.gov/financial-data/find-a-report/special-fiscal/consequences-of-illinois-2015-2017-budget-impasse-and-fiscal-outlook/>
- McGray, D. (2004). The abolitionist: Bush's homelessness czar has some new ideas. will liberals listen?(brief lives)(philip mangano). *The Atlantic*, 293(5), 36.
- Macnaughton E., Stefanic A., Nelson, G., Caplan, R., Townley, G., Aubry, T., McCullough, S., Patterson, M., Stergiopoulos, V., Vallee, C., Tsemberis, S., Fleury, M., Piat, M., Goering, P. (2015). Implementing Housing First Across Sites and Over Time. *American Journal of Community Psychology*.
- National Archives (2021). The Electoral College Results. Retrieved from: <https://www.archives.gov/electoral-college>
- Poulin SR, Maguire M, Metraux S, Culhane DP,. (2010). Service use and costs for persons experiencing chronic homelessness in philadelphia: A population-based study. *Psychiatric Services (Washington, D.C.)*, 61(11), 1093-8.
- Saini, G., Swahn, M. H., & Aneja, R. (2021). Disentangling the Coronavirus Disease 2019 Health Disparities in African Americans: Biological, Environmental, and Social Factors. *Open Forum Infectious Diseases*, 8(3), ofab064–. <https://doi.org/10.1093/ofid/ofab064>
- Schuster, A. (2021). Budget Solutions 2020: A Five Year Plan to to Balance Illinois' Budget, Pay off Debt and Cut Taxes. Illinois Policy: Budget and Tax. Retrieved from: <https://www.illinoispolicy.org/reports/budget-solutions-2020-a-5-year-plan-to-balance-illinois-budget-pay-off-debt-and-cut-taxes/>
- Somers, J. M., Moniruzzaman, A., & Palepu, A. (2015). Changes in daily substance use among people experiencing homelessness and mental illness: 24-month outcomes following randomization to housing first or usual care. *Addiction*, 110(10), 1605-1614. doi:10.1111/add.13011
- Supportive Housing Providers Association. (2015). Budget impasse, big budget cuts, not enough revenue. Retrieved from <http://www.shpa-il.org>
- Tsemberis, S. (2016). Pathways to housing. Retrieved from <https://pathwaystohousing.org>