

The Illinois State Budget, Homelessness, and COVID-19 Part 2: Interview & Observational Data

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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 2 reports on interview and observational data. 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 case study examines the impact of 2015 Illinois State Budget Impasse and the COVID-19 pandemic on Illinois state community planners, and examines the solutions and strategies utilized to survive both the impasse and the pandemic. Exploring the impact of the Illinois State Budget crisis provides valuable information on a problem that community planners were struggling with. To speak to the significance of this event, the 2015 Illinois State Budget Impasse revealed a staggering impact on those who utilize services. For example, a study surveyed a sample of 50

organizations from a population of over 1,600. Data revealed that over 86,000 of the most vulnerable people were denied access to critical services (PR News, 2015).

Discussing the impact of COVID-19 is also telling. COVID-19 has disproportionately impacted some of our most vulnerable populations worldwide. Globally, there are nearly 250 million confirmed cases of individuals that have tested positive for COVID-19. Unfortunately, positive cases likely far exceed this number, as these data only speaks to confirmed cases of those, over 5 million deaths have been attributed to the pandemic (World Health Organization, 2021). In Illinois alone, there have been nearly 1.7 million confirmed positive COVID-19 cases. Local data suggests that in Illinois over 25,000 deaths can be attributed to the pandemic (Illinois Department of Public Health, 2021). Globally, and in Illinois, the pandemic undoubtedly had a devastating impact on those experiencing homelessness. Having few places to turn to, and scant resources to rely on, shelter seekers are often forced to make tough choices regarding whether to live in a congregate setting, or face harsh elements on the streets. Because there are some peer reviewed articles that explore the impact of this nascent problem on individuals experiencing homelessness, what is certain is that shelter seekers have experienced elevated COVID-19 mortality rates (Baral et al., 2021; Leifheit et al., 2021).

2. Methodology

The approach that was most appropriate for understanding the impasse and the subsequent pandemic was the longitudinal Case Study. Case studies are great for studying subject matter in depth. The Case study uses dialogue from various perspectives, but can also rely on multiple sources of data that surface during the study to triangulate results (Padgett, 2017, p. 33). Because this longitudinal case study sought to acquire data from varied sources and perspectives, there were several types of data from several sources that were analyzed, all of which were collected over both quadrennial periods, ranging from FY 2015 to FY 2022. In total, there are three sources of data that were disseminated across two publications. data from the proceeding review of relevant literature, were reported on in *The Illinois State Budget, Homelessness, and COVID-19, Part 1: Review of Relevant Literature*, and provided a rich source of information from agencies, governmental reports, peer reviewed literature, and quality journalist printings.

This methodology section concerns itself with the final two data sources, the interview and observational data that follow. First, using purposive sampling, interview data were retrieved from experts and informed participants that were in a number of leadership positions who offer varied perspectives within the first quadrennial period. By interviewing experts with varied backgrounds, fresh ideas from different perspectives surfaced. In addition, by conducting the interviews during the impasse, this study achieved a cross-section of valuable data from the perspectives of those still within the crisis. Second, this study briefly examined agency level observational data from other leaders that were facing the pandemic. These new data were examined during the second quadrennial period. Combined, these three sources of data (review of relevant literature, interviews, observations) offer an opportunity for a deep and rich analysis of the case under investigation.

2.1 Research Question 1

How does the precarious nature of the Illinois State Budget effect agencies, community planners, and social workers during the 2015 Budget Impasse and COVID-19 pandemic?

2.2 Research Question 2

What solutions, strategies, or plans should be considered for mitigating crises precipitated by the 2015 Budget Impasse and COVID-19 pandemic?

3. Interview Findings

3.1 Perspectives

Dr. Jason, Michelle, and David all have unique backgrounds and experiences serving the homeless. For this reason, they all provide unique perspectives on the impasse, and their own distinctive solutions to the problem. Dr. Jason who has PhD in Human Development and Social Policy commented on his background by saying:

I teach social policy and sociology. My work with prior homeless populations comes in two ways. Prior to getting my Ph.D. I was working as a policy director in teen pregnancy, so there is that experience. I really didn't have any other first-hand experience other than citizenship experience. Up until I got involved in

leading a series of collaborative research projects that have to deal with service to homeless issues and policies. For that I was on boards and advisories for homelessness. I have done a number of research projects that look at the impact that provide social services to homeless. Then I did a project on homelessness and aging. Then I did a project in our city on ending homelessness. Then I did stuff on women and homelessness. I have been working with homeless populations for 15 years. I also developed a class for sociology on homelessness and social policy

Here it is important to note that Dr. Jason spent most of his career serving homelessness in policy, macro, and mezzo practice. Having become a professor, his emphasis is on promoting change through academia. Overall, he serves in leadership positions where he uses research and policy to address issues around homelessness. When asked why this was important to him, he said:

The mission of my program and the mission of my school informs policy on social justice. It is my professional obligation. Ideologically, all my life's work is around inequality.

What's important about this statement is that Dr. Jason is committed to his work and sees it as his duty, or obligation.

As a supervisor over homeless services, Michelle, whom holds both a Bachelor's and Master's in Social Work (BSW & MSW), also provided some detailed insight on what shapes her unique perspectives. When asked about her background she stated:

"I mainly work at a faith base organization that serves homeless individuals. I've been doing it for 17 years. When I was getting my internship I did work for another organization that serves the homeless, this is really the only place that I worked."

Again, although much of Michelle's work seems to be on the micro level, with much less emphasis on policy or research, she has spent the vast majority of her career serving those experiencing homelessness. In a very similar fashion, despite her work being different, she has devoted much of her career to addressing this problem. When asked why this was important to her she stated:

It's important to me because I feel like it is living out the gospel to become a servant to the least of these. It's helping people who are struggling with the very basics; food, shelter, and dignity.

Again, Michelle seems to believe that it is her duty to work with this population, and she suggests this by saying she feels as if she is "living out the gospel." In both Michelle and Jason's case, they both serve out of a calling or duty to those in need.

David is a Juris Doctorate (JD) whom is licensed to practice law in Illinois. He is a non-profit lawyer who acts as executive director of a shelter. When asked about his experience with homeless populations he stated the following: I started volunteering at this shelter when I was 14, I started working here when I was 20, I became Executive Director when I was 25, so I've been working here since 1999. I have also been a board member for organizations that serve the homeless.

Like the others, David has plenty of experience working with those that are less fortunate. He has served those experiencing homelessness in a number of capacities over the years, and seems committed to the job. When asked why his work with homeless populations is important to him, he responded by saying: I have always been drawn to people in extreme vulnerability and extreme pain, and in this area homelessness is about as extreme as it gets.

Although all three are professionals serve the homeless, they all bring different backgrounds, experiences, and perspectives to the study. Most of Dr. Jason's experience is in the domain of policy and research. His motivations are policy driven. On the other hand, Michelle seems to have spent most of her time in direct practice. She put a strong emphasis on direct service experiences and spoke about how her faith is the foundation for serving "the least of these". Her 17 years of commitment to serving homeless people is grounded in faith and spirituality. Finally, David seems to have intrinsically been drawn to individuals that he describes as "extremely vulnerable". David seems to have been pre-disposed to serving the homeless, becoming involved at a very early age, advancing in his career quickly, and staying involved with vulnerable populations throughout his career. His perspective is unique and important, as he is known in the area for demonstrating enduring sensibility, commitment, with sound judgment, which is all ideal for leadership.

3.2 Detriments

3.2.1 Greatest Threats

Now that the various perspectives of the respondents have been established, their various views on the impasse's threats are explored. When Dr. Jason was asked what he thought the greatest threats were that this impasse posed, he responded:

I think there are two, the most immediate threat is that there are particular programs and particular line items that directly have been impacted and have weakened the agencies that are serving the homeless, so that's number one. In almost all of the funding packages there is not only a federal and municipal, but also state generated line items, so that's number one. Reducing the amount of money to those agencies, not keeping up with inflation, but also in not paying their bills, it destabilizes them so people get less services, and then the agencies that provide services to them are destabilized, and so the services for the homeless rely on partnerships, and so you are destabilizing them. So you are destabilizing their infrastructure. It also destabilizes the infrastructure of the philanthropic community, which gives some money as part of a partnership, and makes them less able too. Homelessness within itself is harmful, it's an issue by itself, but it's also an indication of the institution of poverty, and so it also destabilized all these other programs, like educational programs, affordable housing programs, it also is directly destabilizing other programs.

From Dr. Jason's perspective, destabilized infrastructures that have been established through policy, legislation, and relationships are most at risk. This destabilization has far reaching effects such as destroying philanthropic endeavors, and harming programs designed to alleviate the effects of poverty. I think it is important to note that Dr. Jason is most concerned with infrastructures necessary for efficaciously serving those experiencing homelessness. He understands the value of legislation and relationships, and desires to preserve those vital macro and mezzo level partnerships. When Michelle was asked about the greatest threats were, she responded in the following way:

Being able to pay for salaries for staff to be able to serve the homeless. We are seeing no funds for homeless prevention, no funds for permanent supportive housing case management, and we actually have no funds for the overnight emergency shelter staff, so the greatest threat is not being able to pay salaries for staff that provide the essential services.

In contrast to Dr. Jason, Michelle's focus immediately veers toward salaries as opposed to the infrastructure and relationships. She is more concerned with the immediate (micro level) impact on services to those experiencing homelessness. In short, no funding for salaries means that vital resources that employees rely on will eventually dry up, and some of our most vulnerable will be turned away. David provides yet another perspective on what he feels is the most pressing threat:

"The biggest threat, I think system wide is that it is destroying capacity within the field. There are non-profits that are disappearing, programs that are disappearing, there are professionals that have been on their jobs for a long time that are moving out of the state. It's a particularly bad time because HUD is radically altering their strategy. They send money now where there are results. Illinois is not in a position to produce results. I suspect that Illinois is missing out on massive federal dollars because the capacity to do what HUD requires is crippled right now. Those are dollars that roll over year, after year, after year. It will have a trailing effect for 5, 10, 15, 20 years of funding, because of a couple of bad years. So, there is real damage being done to the system. But I can't emphasize enough that the timing between the state doing this and HUD changing the way it's operating is not coming together quite well at all."

With the results from The Illinois State Budget, Homelessness, and COVID-19, Part 1: Review of Relevant Literature study in mind, we can see that David was able to accurately predict that there would be a trailing effect. David also talks about the importance of HUD's outcome driven approach to funding, and how the budget crisis impacts outcomes. With David's background being in academia, he is focusing on multiple entities and how they are coming together. David, is looking at long term effects, interactions between state and federal government,

and the timing of these changes. In comparison, Jason's focus was more on the infrastructure, while Michelle's focus was on those who serve the homeless.

3.2.2 Intermediate Threats

This study also probed to understand threats to the homeless and those that serve the homeless. When asked about how the impasse directly effected people (as opposed to infrastructures), Dr. Jason went on to say: It decreases pay flow, creates layoffs, and moves people into other professions, again it weakens the whole homelessness infrastructure. It weakens the whole ability of people. It gives them less chances, less services, and pushes them further to the margins. The other thing it does is create more people at the margins. I often have the metaphor that homeless people are people that fell off the cliff. They were poor people on the cliff, and then they fell off and became homeless. We are creating more homelessness, because the cliff is changing.

Dr. Jason, gives concrete examples of how people are directly effected, but again he points out that this is happening through the weakened infrastructure. Although at the time we did not know the extent of the impact on those experiencing homelessness, in later years studies bore out the fact that many from this vulnerable group were turned away, and many agencies lost funding for services, and eventually collapsed through attrition. In contrast, Michelle stayed focused on how services have been diminished. Michelle stated that:

“It puts them all in limbo. One example is that we have had a grant through our housing authority for a case manager, but because of the state budget they were only willing to start with a 6 month budget, and we have asked for another budget to finish off the year, and we haven't heard from them. They said they will wait for a state budget to be passed before they refund the position. It's causing agencies and community planners to really have to plan for lean times. Now when they look at next year's budget they have to try to fill that hole. It's putting people in a tough situation where they have to figure out how to raise more revenue or reduce services. It makes the homeless' road back to self-sufficiency that much harder, less resources means zero housing prevention dollars.

So if there is someone precariously housed that we could have helped prevent becoming homeless, they have to come here now. Then when they get here we have to deal with the idea that we don't have any funding from the state for the emergency shelter. We haven't yet, but we may have to figure out how to make the emergency staff leaner. And leaner staff everywhere means more stressed out staff and less quality service provided to the homeless.”

Again, Michelle accurately describes then, what eventually bore out in the data. Funding for emergency services dried up, and as agencies struggled to adequately staff the position during the impasse, many of the most vulnerable were turned away. David gave a more encompassing response on the impact towards agencies, case workers, the near homeless, and the homeless. He also offered concrete examples in homeless prevention and talked about how security is threatened:

“It creates insecurity for everybody, so everyone feels like they are on the verge of losing their job. That job insecurity damages the quality of service. For agencies, it's forcing a lot of hard decisions. It's creating massive insecurity, and in times of insecurity, creativity goes out the window, innovation goes out the window, the best staff go out the window. The agency capacity is shrinking, and it's shrinking. All the advocacy energy is going into trying to get a budget. In terms of the homeless, I don't know if the homeless feels the effect of the impasse. If you are marginalized, you feel marginalized all the time so, what's the difference between being beat up 98% of the time and 99% of the time? Perfect example is homeless prevention is almost non-existent. This time last year we could help you prevent your eviction, this year we ask those same people when are you going to be evicted? Then we say, okay we will see you then, and I don't think they realize that.”

David also does a good job of describing what he calls a general insecurity. When he states that the agencies are shrinking in their capacity to serve, he is talking about not only their ability to serve, but survive. What is also interesting is his description of those experiencing homeless not being aware of being marginalized. We now know that large pockets of people experiencing chronic homelessness probably couldn't feel the difference. However,

looking back on the events that took place, we are now aware that people experiencing homelessness sometimes joined advocacy groups such as the Chicago Coalition for the Homeless, in an effort to advocate for putting an end to the impasse.

3.2.3 Unforeseen Threats

Respondents were also probed to find out if there were long term or unforeseen effects. Additionally, they were asked if other sources of data might be helpful in understanding the impact of this crisis. Dr. Jason provided more insight on the infrastructure and how it has been destabilized. Dr. Jason stated that:

“I think the media reports mainly the political themes, it doesn’t report the whole destabilization, which goes unseen. It’s making our economy go bad, we have the highest unemployment rate in the country. Less revenue is coming in, so it’s a spiral down process, it’s a multiplier effect in a negative direction. It creates less opportunities, more people are falling through holes, more health care problems exist, and there is a higher mortality rate. If all these things fall apart, you have a less healthy, less stable state.”

Dr. Jason returned to the infrastructure as a source of discontent. His concern seems to be centered around the systems. Dr. Jason makes some great points in that many of the smaller sacrifices, which harmed some of the most vulnerable citizens, were lost to time. In fact, many smaller agencies that died through attrition, did so quietly, without media coverage. Michelle on the other hand stays focused on employees and services. She expresses concern over chronicity of homelessness as a long-term threat by stating that:

“I think in the media, big agencies and big cuts are marking the press, but when agencies are having to trim staff and programs, none of those things are making the media or the press. We had to let an employee for homeless services go, it was for employment, now those people can’t get training for a job. The long terms effects are that people will have a longer period of time they are homeless.”

Michelle does a great job of talking about cuts that make the press, but also gets at the fact that there were many smaller sacrifices that acted as a detriment to homelessness and housing stability. Michelle turns attention back to the importance of micro level services and the impact it has on those in need of those services. David wasn’t sure what had been reported in the media, but he offered a response based on what he feels might not be in the media, then brings it to life with a great analogy on what happens to systems that are strained:

I don’t know that there has been a lot of reporting on the economic impacts. When social service sectors shrink, hospitals get killed, jails get killed, police get killed. I don’t know if the impact on primary responders is being reported in the media. In some cases the impact is literally death. We have had 9 funerals in the past 4 months, we normally don’t have that in a year. I don’t know that I can say that it’s caused by the budget, but it does seem a little fishy. Also, damage doesn’t go away when the budget gets resolved, there is lingering damage. If you suffocate someone for 2 minutes they don’t immediately go back to normal, not if they have brain damage, and we are suffocating the system right now and it won’t just snap back.

David accurately predicts some of the issues that come about from surviving an unresolved budget. Much of the loss accrued from the impasse contributed to long term effects. For example, the case manager for employment services that Michelle mentioned at the time of the interview (2016) was never re-hired. Respondents were also asked directly if this was a fiscally responsible approach. All three respondents agreed that it was a fiscally irresponsible approach. Dr. Jason responded by saying:

This is totally irresponsible. The issues that the governor wants to address has nothing to do with the budget. So he is trying to push his agenda, his anti-union, anti-public services agenda, so he is trying to push that by talking about the budget. If there are problems with the budget, we don’t have to put this on the backs of vulnerable people.

There should be people paying taxes, that aren’t paying taxes. We made some bad deals with the bonds that we have. Finally, but also importantly, the legislature on both sides have been irresponsible about paying their bills, so they have been borrowing for a long time by not putting in the state portion. So for the last 40 years the state

hasn't been putting its portion in. They have just been increasing taxes. The impasse and cuts effect all of us, but it especially effects the poor and vulnerable.

Dr. Jason rightly believes that the governor's approach to addressing budgetary issues were totally irresponsible. He doesn't put all of the blame on current events though. He also points to the fact that there have been budget issues for 40 years. Most importantly, he pointed to the fact that some of our most vulnerable citizens were paying the cost. Michelle's take on fiscal responsibility hinged on the cost-savings benefits of having safety nets. She commented on the approach by saying:

It's definitely not [responsible], but what it's definitely doing is forcing more people into expensive systems. So, the idea being, more people in emergency rooms, more people in psych hospitals, more people in jail, more people in prisons. So now we don't have resources to fund service in a safety net, so we are going to pay for it down the line when there is no safety net and the person ends up in a much more expensive situation. I feel like there is compromise that needs to happen with the 2015 & 2016 budget to restore services.

Although she doesn't overly say it, Michelle describes a similar situation were our most vulnerable citizens end up paying the cost. One theme that certainly emerged is that all respondents agreed that this is not a fiscally responsible approach to resolving the budget. David also had similar sentiments regarding whether or not it's fiscally responsible:

No! It's not a human centered approach, but it's not fiscally responsible either. We are driving up costs elsewhere, so the state shirks its duty in one area, and the costs just get shifted elsewhere. Also, no one thought it would go on this long, the longer it goes on it gets exponentially worse. A lot of agencies can't hold out for multiple years. The agencies that were mismanaged will go out of business immediately, those marginally run will go out of business in a few years, four years of this and those that were run really, really, well will start to go out of business.

David describes this approach as being fiscally irresponsible as well, but he also states that it's not a human centered approach. Similar to what Michelle states, he accurately believes that the costs are shifted elsewhere, which we now know is true. Much of the costs were shift onto the backs of the most vulnerable citizens in a number of ways. Sometimes that meant a loss of services to them, such as in the case of them losing employment services, other times it meant that agencies shut down, and in many cases it meant more of a dependence on crises services.

3.3 Solutions

This section focuses on solutions and strategies to help agencies and service providers that are in similar situations. Here we focus the participants responses on the current solutions and future solutions. Later we will examine other sources of data.

3.3.1 Current Solutions. When Dr. Jason was asked about current solutions and strategies, he stated the following: They really must become more political and advocate. They could be more efficient, but they are not the problem. There has to be increased advocacy, increased political education, increased mobilization, increased testimony, and they have to frame the debate. They have to do that kind of aggressive work. Number one there are policy options, not just renegotiating the debt. Number two they could restructure the pension payments, and third a tax increase and tax restructure would help.

Dr. Jason states some themes that we are beginning to here all over again. First, he makes it clear that we, as social workers, need to be more politically active. He calls for an increase in political advocacy in several areas, while also pointing to restructuring the pension plans. Finally, he states that it's important to push a fair tax restructuring that leans away from the flat tax system. When Michelle was asked the same question she responded by saying:

The main thing that they can do to mitigate the effects is to call their state reps, call their state senators, call the governor's office, and just put a lot of pressure on them to pass the budget, and a responsible budget at that.

Again, Michelle is calling for political advocacy. At the time of these interviews, she the state was trapped in the impasse, but it is reasonable to assume that this would be sound advice beyond this quadrennial period. David replied with direct advice for agencies in need of immediate solutions:

There are reduced expenses, staff reductions, freezing salaries, and fund raising harder. We are fund raising harder, but that's not really true. Boards would like for you to fund raise harder hoping everything will be

okay. Let's say I'm a marathoner that can run it in 2 1/2 hours, just because you tell me that I should run it in 2 hours that doesn't mean that I can, even if I really, really, want to. So we were already at running full speed, we left nothing at the table. Just because we are told to, that doesn't mean that we can. We were already running at full speed, so hopefully that motivates the board. We are thinking about opening a thrift store. Some agencies are doing CEU classes for cost. If this goes on for 2-3 more years we will have to cripple the organization. We are trying to figure out how to tap into Medicaid, which is a long term strategy. The idea is to never need the state money, but right now we are still figuring out what we can cut. We just cut partnership with our local community college. It's a lot of right sizing. Figure out how you prioritize, is it food and shelter, job training, health, or substance abuse? The human body, when it gets cold uses frost bite as a very intentional strategy, it is better to lose some fingers and toes than to die. So you have to figure out where to intentionally give yourself frost bite so that you can live, because the alternative is to have this perfectly persevered body that dies."

Essentially, David's strategies are around cuts and diversifying streams of income on an agency level. Dr. Jason and Michelle both agreed that some political advocacy is necessary to resolve the impasse. They gave strategies that involved interacting with politicians an attempt to coerce them into passing a responsible budget. David, on the other hand, spoke more about budgetary strategies that agencies could employ to survive the impasse.

3.3.2 Future Solutions. When asked about plans for the future that can be utilized, Dr. Jason stated that there were several plans to consider. He stated the following:

There are a lot, for example the center for budget priorities, an Illinois group. There is also ways of restructuring the electoral system so that money has less of an influence. The solutions are all there, it's just getting the political will in place. A temporary agreement was reached last night, it doesn't solve any problems but it allows for a budget to be in place for schools and criminal justice for the year. About 85 to 95 percent of the state is functioning, but under these legal mandates and as a result of lawsuits. We must do a better job of electing public officials. Agencies can no longer operate in a passive way, they cannot be the nice social workers anymore, they have to be politically active, they have to be informed with policy. There has to be an organized voice that talks about those concerns. They need associations that can take on that role for them and act as a vehicle for that organized voice. Increase federal and municipal money will also help."

Dr Jason makes a number of very important point here. He spends time talking about the importance of macro level social work in the policy arena. He is accurate in stating the importance of social workers being politically active, and as mentioned previously, he actually talks about the importance of electing public officials that will prevent us from entering into stalemates. Michelle provided some very detailed responses and was able offer some specific solutions at the state level. She was even able to quote a website that she believed carried many possible solutions: Some ideas of solutions that are out there, I went to the responsible budget coalition, a website, and that took me to a one-page possible solutions for raising revenue. One idea was restoring the income tax rate, which would raise one billion dollars for every .25 percent. Reduce personal exemptions for higher incomes, which would save 69 million dollars. In the state of Illinois, we have what's called flat tax, so if it's 3 percent it's 3 percent for everyone. So, a fair or progressive tax would be a solution like many states have. Restoring corporate income tax rate is a 330 million to 770 million dollar solution. Broaden the sales taxes to tax service which would raise 4.6 billion dollars a year. Not all of these need to be enacted, just do a couple of these to close the hole. Just people power, reach out to your network, have your network contact state reps, state senators, and the governor. Raise funds through mailings, fund raisers, and special events. Figure out how to leverage Medicaid while raising other funds.

Michelle offers many solutions to the problem, many of which seem aimed at raising revenue. She critiques the flat tax system, a problem that existed in 2016, and continues to persist into 2021. In 2020, this bill came to the table to be voted on, but Illinoisans remain skeptical or uninformed, so bills of this nature remain unapproved. Other ideas around raising funds remain suitable solutions, but on an agency level. Jason response gave more leadership strategies for future solutions to surviving an impasse. He also talked about having a financial theory that shapes your agencies paradigmatic assumptions:

Have a financial theory around how decisions are made. Know how you will decide what will be cut. There should be a clear outline for downsizing. One financial theory is to say food and shelter is the most important thing because

it sustains a person, everything else is a bonus. Another financial theory is to preserve a full spectrum of service but we are willing to serve less people. It's better to have a paradigmatic view in advance. This organizations default is that we are going to serve everyone the best we can. Your financial theory must be clear. Be willing to lop off an arm to save the body.

Again, Jason makes some great analogies. The biggest take away from Jason's talk is that agencies that are thrust into attrition via a stalemate need to create a clear outline for downsizing and so that the agency can outlive the impasse. In short, forcing yourself to act swiftly and deliberately can give you an advantage in that you can save and potentially preserve minimal services much longer.

In summary, the solutions and strategies that came out of these interviews include: 1.) Having a plan for agency level budgetary cuts. 2.) Being politically active. 3.) Raising funds and diversifying streams of revenue on an agency level.

4. Observational Findings

Observational data were focused on the research question. These data came from agency level leadership who were in a position to speak with journalist on behalf of the agency or organization. All of the interviewees represent agencies or entities that work with individuals experiencing homelessness. These data are also focused on the impact of the pandemic, as well as solutions and strategies for addressing COVID-19. Finally, these observational data come from interviews that took place during the second quadrennial period, and offer some insight on how agencies are dealing with the COVID-19 and the budgetary impact on an agency level. Observational data come from six interviews (N=6), and three participants. The interviewees that were observed also come from varied backgrounds and include; Doug Schenkelberg, the Executive Director of The Chicago Coalition for the Homeless, Neli Vazquez-Rowland, the President and Founder of Safe Haven in Chicago, and Dr. Allison Arwady, Commissioner of the Chicago Department of Public Health. Within these data, agency level problems and solutions were identified.

4.1 Agency Identified Problems

When asked about problems associated with the COVID-19 pandemic, leadership expressed budgetary concerns around how to deal with the pandemic within the confines of current their current agency level infrastructures. For example, Doug Schenkelberg, the Executive Director of The Chicago Coalition for the Homeless, stated the following when asked about agency level problems.

What happens if we're in the midst of a pandemic and a polar vortex happens? We're trying to keep the contagion from spreading and keep people from dealing with hypothermia. Is there an infrastructure in place that can handle that type of dual crisis? (Bruce, 2020)

Mr. Schenkelber rightfully points out the fact that shelters are responding to changes that require the infrastructure to be modified. The numbers in homelessness haven't necessarily shifted, but the way in which shelters use space must change. These changes in infrastructure can be improved through innovative approaches to sheltering, but to fully achieve safe sheltering capacities, funding often necessary. Because the pandemic has changed the circumstances around how sheltering happens, the budget must also change to meet demands brought on by COVID-19.

In the same article, Neli Vazquez-Rowland, the founder of Safe Haven in Chicago was also interviewed and stated the following.

The homeless check off most boxes in terms of being the most susceptible and most vulnerable to the COVID-19 pandemic, and most likely to spread and most likely to die from it (Bruce, 2020).

Neli is expressing some concerns around how those experiencing homelessness are vulnerable, and will disproportionately bear the brunt of the pandemic. It is important to understand that more funding in this area is a matter of public health and public welfare. And while those that are experiencing homelessness are more likely to spread COVID-19 and die from it, given the mode of transmission, not addressing this issue will inevitably impact the community outside of the homeless population.

In a later interview, Neli Vazquez-Rowland also made it clear that the resources were not available to help those experiencing homelessness in Illinois.

We had the “shelter-in-place” rule, and overnight we had 400 people living here that we could no longer move through the system. We couldn’t get them housing, or even job interviews. We were clearly not at the top of the list in terms of prioritizing resources (Wojciechowski, 2021).

Again, Vazquez-Rowland points out that shelters are taking innovative steps to solving the problem (shelter-in-place), but that these interventions are not enough without funding to support changes in infrastructure that would allow for isolated sheltering and other beneficial services.

4.2 Agency Identified Solutions

Some solutions were also offered up by leadership in Illinois. Many of these solutions have to do with partnering with others in the community, and redirecting available resources to better serve those experiencing homelessness. The key to some of these suggestions is that they do not impact the agency budget in a way that jeopardizes its financial health and survival. In February of 2021, the first person that was interviewed was Dr. Allison Arwady, who is the Chicago Department of Public Health (CDPH) Commissioner. Dr. Arwady states the following about redirecting funding for vaccines into homeless shelters.

Long term care facilities or homeless shelters where we’re at, where we’ve disproportionately seen a lot of cases, we know it’s hard to always have all of the distancing and all of those things in place. It’s not just because it’s the right thing to do, but because getting a higher, and equitable amount of vaccine into our hardest hit areas in Chicago in turn helps protect everybody in Chicago. Our goal in those settings is to make sure we can continue to direct vaccine there until we see those communities at vaccination rates that are at or above the city average for vaccine (Fisher, 2021).

Dr. Arwady points out several solutions to very important things that surfaced in the agency identified problems. First, as mentioned above, those experiencing homelessness are often hit the hardest, and are more likely to die as a result of COVID-19. Give the lack of infrastructure at shelters to support people while dealing with COVID-19, there is typically a lack of space. Second, by helping those that are disproportionately impacted by COVID-19, not only are service providers doing the right thing for some of the more vulnerable members of our society, given the modes of transmission, they are inevitably helping to protect the community at larger. And finally, redirecting funding so that marginalized group gain access provides agencies with vital resources to manage shelters while dealing with COVID.

While this is a viable solution for vaccinations, it doesn’t speak to how shelters can deal with the limited infrastructures that they have to work within. Afterall, distancing continues to be a problem that goes unresolved without the funding to address it. One temporary solution that doesn’t require actual restructuring of shelters is to partner with hotels and hospitals in the area that can assist shelters that have limited capacity. For example, Vasquez-Rowland discussed how the city of Chicago partnered with Rush and Safe Haven to open up over 100 beds, which include medical services. Vasquez-Rowland stated that follow.

They can spread the disease faster than any other population and once that happens, it’s going to be very hard to contain. It’s truly going to save lives short and long term. Let’s get them healthy, keep them safe, and keep them from spreading it (Garcia, 2020).

Relying on support from public health officials to help with forming beneficial partnerships gives shelter leadership a chance to address issues with funding and infrastructure, while seeing to it that the budget doesn’t suffer beyond what is necessary.

Now that the findings for observational and interview data have been analyzed, corresponding discussions will follow. Interviews from the first quadrennial period, and observations from the second quadrennial period will both be discussed to determine how the literature supported the findings from these data.

5. Interview Data Discussion

A respectable cross-section of perspectives were offered by the respondents. Dr. Jason offered a policy oriented perspective that focused more on infrastructures. His perspective hinged on policies and legislation that effected multiple systems. Michelle provided front-line service provider perspective. Her focus was on how service providers were effected, and how in turn the most vulnerable were impacted. Her values spring from her faith, and she believes that funding salaries are key to the well-being of homeless people. David gives as leadership perspective. He focused on the many moving parts effected by the impasse, and his perspective speaks to the challenges faced by leaders making difficult decisions around agency level cuts.

In terms of Detriments, one theme that surfaced is that the capacity to serve homeless populations diminished. This was indicated as the greatest threat that the impasse posed. Each participant expressed this in their own way, but all agreed that agencies and service providers would be negatively impacted in their capacity to serve. A theme for the unforeseen effects of the impasse was that there are other costs associated with the impasse. The major theme was that it created insecurity, especially among agencies, funders, and service providers. This insecurity also diminished the efficacy of service systems in place to help the homeless. The last theme that surfaced is that everyone unanimously described the budget impasse as fiscally irresponsible. Most agreed that the costs, in one way or another, were just being shifted. In other words, the impasse wasn't resolving budgetary issues.

In terms of future solutions, both Dr. Jason and Michell provided websites that offered plenty of solutions and strategies (Chicago Coalition for the Homeless). Michelle was able to recite some of the statistics immediately. David provided immediate solutions for agency leaders that could potentially help leaders make decisions in poor financial conditions. Michael and Dr. Jason both felt that agencies needed to be more involved in the political arena, and they both suggested reaching out to state legislatures in an effort to shape policy and resolve financial issues that a state might face.

6. *Observational Data Discussion*

The problems that were identified on an agency level are connected to budgetary issues in that extra resources are required to make the changes. The first major problem that surfaced in the data was that agencies don't have funding to adapt their existing infrastructure to meet the demands brought on by COVID-19. This means that shelters are often forced to make the impossible choice between observing social distancing protocols, which places restrictions on capacity, or protecting people from the harsh elements. The second problem is that agencies are faced with helping a vulnerable population that is disproportionately impacted by COVID-19, with very few financial resources to at their disposal to appropriately address this problem. This problems surface as a detriment to the agencies, and as well as the community abroad.

The solutions that surfaced in the data were closely matched with the problems, and did not have an impact on agency budgets that had already been crippled by the 2015 Impasse. It should be noted that both of these strategies are community collaboration approaches. The first solution that surface had to do with addressing the lack of funding for vaccinations. Agencies were encouraged to work with public health officials to redirect funding for vaccinations to more vulnerable populations. This sort of collaborative approach not only preserves the already fragile budgets that agencies have, it strengthens relationships that benefit the community at large. The second solution was around addressing the lack of infrastructure necessary to house shelter seekers, while observing protocols for isolation and distancing. The solutions that surfaced around this problem had to do with partnering with hotels and hospitals that could offer beds and medical services when shelters are at peek capacity. With some advocacy, these are solutions and strategies that could work for other agencies in Illinois that are in similar circumstances.

7. *Limitations*

Perhaps this study's strongest attribute was that it relied on data from professionals with vast knowledge and experiences to draw from. Expert testimonials provided important information from their varied experiences. Unfortunately, this can also be a limitation. Because the scope of this portion of the case study is limited to an expert panel, the very people whom are impacted the most are not given a voice. It is possible that this case study could have sampled vulnerable populations in both the interviews and the observations as credible sources of information, but that data is beyond the scope of this study, as it would be more on the impact felt, and less on solutions and strategies used by professionals. Irrespective of this study, post factum study can be proposed that examines the

lived experiences of those actually impacted by the budget crisis and COVID-19, over both quadrennial periods of time.

8. Implications

The implication of this study is data reveal the adverse impact on service deliver to the chronically homeless, from a structural and programmatic perspective (mezzo & macro). These facts hold value for those wishing to learn more about the state of Illinois' budget during the impasse and the pandemic, and its impact on social service providers of homeless individuals. Another problem with generalization is that the revelation of facts as a result of the study do not hold constant over time. Because theoretical constructionism is inconstant, generalization decreases over time. For example, every time a bill is amended, the facts change. Patton (2015) put it eloquently by saying, "Constructionism, then, consistent with postmodernism, is relativistic in stance, meaning knowledge is viewed as relative to time and place, never absolute across time and space, thus the reluctance to generalize and the suspicion of generalizations asserted by others." Because bills that are passed into law are living documents, they are subject to amendment. These changes speak to the impossible task of holding generalizations constant across time. With that being said, within the scope of this longitudinal case study, which spans across two quadrennial FY periods (2015-2022), much of what has come out of the qualitative portions of this case study is also accurately reflected in part one of the review of relevant literature, which would indicate that these data have some longevity.

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