

Evaluation of the 100,000 Homes Campaign in Chicago

Final Report – Executive Summary

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The 100,000 Homes Campaign is a national effort led by Community Solutions to identify and permanently house 100,000 of the country's most vulnerable homeless by July 2013. As of November 2011, 103 communities across the United States are participating in this national campaign through implementing their own local initiatives.¹ In 2010 in Chicago, a team of private and public stakeholders led by Chicago's Department of Family and Support Services (DFSS) and the Corporation for Supportive Housing (CSH) spearheaded the implementation of the local 100,000 Homes initiative (referred to as "the Chicago Campaign" throughout this report). Their coordinated planning culminated in a volunteer effort that identified 262 vulnerable individuals and 112 vulnerable families during Registry Week in August 2010. In addition, Chicago was the first community to assess homeless families as part of the Chicago Campaign and thus has served as a pilot for the national 100,000 Homes Campaign. Since Registry Week, a team of outreach and housing providers has worked to locate, engage, and move 100,000 Homes participants into permanent housing.

In May 2011, the AIDS Foundation of Chicago (AFC) hired the Center for Urban Research and Learning (CURL) at Loyola University Chicago to conduct a process evaluation of the Chicago Campaign. The purpose of this study is to evaluate the implementation process of the Chicago Campaign, focusing, in particular, on outreach and housing coordination. By examining the challenges and success of the Chicago Campaign's coordination, this evaluation seeks to inform the key stakeholders of Chicago's homeless system

¹ This figure is based on information available on the national 100,000 Homes website on November 29, 2011 (<http://100khomes.org/our-results>).

regarding critical lessons in centralizing housing placement.

This evaluation used a mixed-methods approach, combining qualitative and quantitative methods. Qualitative analysis consisted of observations of individual SIT meetings at AFC and of a family SIT/Vulnerability Index Tool Committee meeting at CSH; telephone interviews with housing and outreach providers; in-person interviews with outreach providers; and focus groups and interviews with Chicago Campaign participants. Quantitative analysis consisted of analyzing data provided by AFC and CSH on individual and family Chicago Campaign participants, as well as reviewing administrative data such as AFC's monthly reports and CSH's monthly family SIT meeting notes.

Coordinating the Chicago Campaign

The foundation of the Chicago Campaign's collaboration and referral system is the Systems Integration Team (SIT) process. AFC developed this process in 2002 as part of its Chicago Housing for Health Partnership (CHHP). SIT is a collaborative process that is designed to bring together public and private homeless service providers to work together to develop strategies to quickly house homeless participants who are facing multiple intersecting issues, such as medical problems, mental illness, and substance abuse.

About one week after the conclusion of Registry Week, DFSS and CSH convened the Chicago Campaign's participating agencies to begin reviewing the list of all individuals and families who had been surveyed. CSH facilitated the weekly SIT meetings for individuals and the bi-weekly SIT meetings for families. The City of

Chicago provided funding for the outreach and placement of the homeless individuals portion of the project, contracting with the AIDS Foundation of Chicago (AFC) to manage and coordinate the effort. AFC subcontracted with Heartland Health Outreach (HHO) to provide targeted outreach services to individuals in the Chicago Campaign. AFC's coordination of outreach and housing placement efforts began in November 2010. CSH retained oversight and coordination of the family SIT. Hence, there are two components to the Chicago Campaign.

Outreach

On both the individual and family sides of the Chicago Campaign, street level services (outreach and housing placement) were provided by partner agencies who did not receive additional funding for their work related to the Chicago Campaign, with the exception of HHO. Providers incorporated their efforts to locate and work with Chicago Campaign participants into their current workloads. In addition, the SIT for individual participants had the benefit of two funded HHO outreach workers, who solely were dedicated to Chicago Campaign individuals. Beacon Therapeutic, which already had long-standing relationships with several family shelters throughout the city because of its Shelter Outreach Services (SOS) program, served as the lead outreach provider for families.

Diverse Tracking Strategies

In order to contact surveyed individuals and families that qualified as vulnerable based on the vulnerability index, outreach providers tracked down whatever leads were available to them. Providers reviewed their agencies' client databases to identify matches with Chicago Campaign

participants. On the individuals' side, providers utilized various types of contact information gathered through the vulnerability survey, such as phone numbers for participants, places where participants typically sleep or seek services, and third-party contacts (when available). The family vulnerability survey did not document possible ways to contact participants and thus providers largely relied on the shelter where the survey was completed as the way to attempt to reconnect with participants.

Key Challenges in Locating Participants

Providers faced a number of challenges in locating participants. Participants move frequently, which makes it difficult for providers to find and then to maintain contact with them. Participants, particularly on the individuals' side, oftentimes were ambivalent about whether they wanted to be placed in the available permanent housing. Additionally, the lack of funded outreach services constrained the efforts of providers who provided services to the Campaign without receiving any additional funding.

Participants Rated Services Highly

Overwhelmingly, participants spoke positively about the quality of the outreach services they received. They noted their outreach workers' persistence in finding them and in remaining in contact, as well as the genuine care that they felt from their workers. In contrast to past experiences with homeless services, participants stressed that their outreach workers "went the extra mile" and did everything they could to try to connect participants not only to housing, but to a wealth of comprehensive services.

Housing

While there are a number of significant challenges to get participants into housing, providers in the Chicago Campaign, as of August 10, 2011, had been able to house 59 individuals (23% of the 262 identified vulnerable individuals) and 32 families (29% of the 112 identified vulnerable families) for a total of 170 persons housed.

Challenges

Providers in the individual and family SITs faced a number of challenges in their attempts to refer Chicago Campaign participants to housing. For one, participants often did not meet the criteria of housing programs that had available units. Issues such as lack of income, criminal backgrounds, and eviction histories disqualified individuals and families from many programs or specific units. Additionally, some housing programs work with a very specific population (such as young mothers with HIV or individuals with a dual diagnosis of mental illness and substance abuse). If participants did not fit these profiles, they were left with no housing options at times.

Even when participants on the individuals' and families' side did qualify for housing programs, the documentation requirements introduced another barrier. Gathering documentation to verify homeless episodes, medical conditions, and psychiatric issues can be extremely tedious and time-consuming. Providers speculated that some participants became discouraged and disengaged from the housing referral process because the documentation requirements were so onerous. They also indicated that these documentation requirements are part of the reason it takes so long to house participants.

Individual and family participants also indicated that the poor quality of some available units, as well as their location in unsafe neighborhoods that were not accessible by public transportation posed additional challenges to securing housing.

Emerging Innovative Practices

As with outreach, a number of housing successes emerged. On the individuals' and families' sides, providers credited an understanding of housing programs' entrance criteria and well-established application procedures with increasing the speed with which some participants were housed. Providers also noted the importance of collaboration in ensuring successful housing referrals, such as when outreach workers accompanied participants to housing appointments and helped housing providers remain in contact with participants. We explain these effective housing partnerships in detail in our discussion of the Samaritan Program's work with individuals and of Inspiration Corporation's work with families.

Coordination and Collaboration

Providers in both the individual and family portions of the Chicago Campaign widely praised the SIT process and valued the opportunity to be part of a team that is working together to house vulnerable individuals and families.

Role of SIT Coordinator

The SIT coordinator is crucial to ensure the effectiveness of the SIT process. Through active facilitation, the coordinator's role is to keep SIT meetings focused and directed, which is necessary for providers to feel their attendance is worthwhile. This focused facilitation helps providers to have a sense

of what they are trying to achieve at the SIT meetings and the larger purpose and progress of the Chicago Campaign's efforts. The SIT coordinator also administers the Chicago Campaign's list of participants during the SIT meetings and prevents participants from falling through the cracks. The Housing and Outreach Coordinators ensure that participants' cases progress forward in between meetings by assigning newly identified participants to outreach entities and notifying outreach workers when new housing becomes available.

Challenges to SIT Participation

Whereas providers across the board expressed the value of the SIT process and collaboration, many were unable to attend SIT meetings regularly because they were not funded to do so. Because of the demands of their primary job, many found it difficult to devote a half day every two weeks (for individuals) or every month (for families) to SIT meetings.

Lessons Learned

The individual and family SIT teams have developed a number of lessons that should inform the continuance of the Chicago Campaign and/or the development of a centralized housing placement system citywide.

Funding Comprehensive Outreach Services

From both portions of the Chicago Campaign, it is clear that funded outreach is a necessity in order to move the most vulnerable homeless individuals and families into permanent supportive housing. This dedicated outreach is a crucial component of providing effective services to the vulnerable homeless population. Our evaluation shows that there should be a

mixed-approach to outreach – targeted and generalist – that is collaborative in nature. On one hand, targeted outreach in which agencies with missions to serve specific groups (such as veterans or individuals with mental illness) are called upon to provide outreach to the vulnerable homeless who meet their criteria proved extremely important. On the other hand, if the individual and family SIT in Chicago only had relied on this targeted outreach, participants would have been overlooked with regard to outreach. Outreach services would have missed participants who did not fit into any of the targeted agencies' missions or criteria. Thus, a more generalist outreach approach also is needed in which a program provides outreach to any participant, specifically to “catch” participants who otherwise would fall through the cracks as a result of not meeting targeted outreach teams' criteria.

Funding Coordination

Providers in both the individual and family portions of the Chicago Campaign widely praised the SIT process and valued the opportunity to be part of a team that is working together to house vulnerable individuals and families. Going forward, funding coordinators who can facilitate the SIT process on both the individual and family side is necessary. Coordinators help providers connect to one another, as well as to the overall process. As the point people for the SIT process, the coordinators hold and disseminate important information, ensure that no participants are overlooked, and facilitate the continued progress of the outreach and referral processes. The coordinators keep track of all of the moving parts of the SIT process, thereby making it easier for each participant to know when to plug in to the process and how. This cohesiveness and coordination is essential to

reach, maintain contact with, and ultimately house the most vulnerable homeless individuals and families in Chicago.

Low-threshold Housing

A major systemic concern documented throughout this report is that there is not enough low-threshold housing for homeless individuals or families. Outreach and housing providers involved in the individual and in the family portions of the Chicago Campaign frequently raised this concern. Oftentimes, Chicago Campaign participants do not meet the eligibility criteria of the participating housing agencies. If Chicago is committed to housing the most vulnerable homeless individuals and families, the City will have to create more housing that will accept those individuals who traditionally have been hard to house, for example due to lack of income, mental illness, substance abuse, criminal backgrounds, eviction histories, etc. Even the best SIT process will be unable to house people if the housing simply is not available.

Contact Information for Homeless Participants

Outreach and housing providers found it particularly helpful to have multiple points of contact for homeless participants. It was especially likely that outreach workers and participants would stay in touch if participants had their own cell phones. When this was not the case, outreach workers had success reaching participants through trusted third-party contacts. Even when direct or third-party contact information was not available for participants, just having a sense of where the participants stayed or received services provided an important lead for outreach workers. In short, collecting multiple points of contact information for participants

provides outreach workers with the best chance of finding members of a population that is not easy to find.

Streamlined Housing Referral Process

Even when participants meet the eligibility criteria of a housing program, documenting that they do is a burdensome, time-consuming process which many providers believe prevents some participants from being housed. Simplifying applications and documentation requirements would help to streamline the referral process. For instance, implementing one application form that all housing providers use would help to bring a sense of uniformity to what currently can be a confusing system.

Immediate Temporary Housing

Another programmatic need that providers reiterated throughout this evaluation is the need for immediate, temporary housing to get vulnerable individuals and families off of the street. In part because the housing referral process can drag on for weeks and even months, providers find it helpful to rely on immediate temporary housing units, when possible.

Transition into Permanent Supportive Housing

A final programmatic point is that vulnerable homeless individuals and families benefit from continued assistance after being housed, specifically from the intensive support services housing programs provide. In some instances, it may be worthwhile for participants to continue to receive assistance from their outreach workers, at least during a transition period as they become settled in their new housing programs.

Participants likely would benefit from being able to continue to work with their outreach providers as they become familiar with their new housing case managers. Outreach workers could help housing case managers engage the participants and ensure as seamless a transition as possible, as participants go through a major life change.

Concluding Remarks

Overall, the Chicago Campaign has yielded a number of successes:

- As of August 10, 2011, 59 of the 262 vulnerable individuals and 32 of the 112 vulnerable families had secured housing, for a total of 170 persons housed through the Chicago Campaign.
- Outreach and housing providers have worked together in new ways and built new partnerships that benefit homeless individuals and families within and beyond the Chicago Campaign.
- AFC and CSH have modified AFC's highly effective SIT model to increase collaboration and efficiency in housing vulnerable individuals and families.
- The family SIT has piloted and revised a family vulnerability tool that Community Solutions will implement in at least five additional cities.
- The Chicago Campaign has yielded important lessons that suggest how to build on the strengths of and improve the current homeless system in Chicago, as well as wider systemic change.

The Chicago Campaign has reached a critical juncture. With renewed commitment from the City and from housing providers, CSH and AFC are well positioned to move forward on the programmatic and systemic changes outlined in this evaluation and to continue administering critical services for Chicago's vulnerable homeless individuals and families.