

Evaluation of the 100,000 Homes Campaign in Chicago

Final Report

Center for Urban Research and Learning (CURL)

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Executive Summary

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 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

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

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 (p. 37) and of Inspiration Corporation's work with families (p. 56).

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.

Section I: Background

In June 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 100,000 Homes Campaign in Chicago (referred to as “the Chicago Campaign” throughout this report). This is the final report of CURL’s 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 regarding critical lessons in centralizing housing placement.

The Chicago Campaign

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. The campaign also strives to fundamentally change housing placement processes by spurring systems change. To these ends, the campaign consists of two main processes. The first step is to create a registry of individuals on the streets or in shelters using the “Vulnerability Index” created by Community Solutions. The Vulnerability Index collects data such as length of homelessness and health conditions to assess mortality risk and prioritizes those most at-risk. The second step is to match existing housing and service resources to prioritized individuals and place them in permanent housing.

In Chicago, a team of private and public stakeholders worked through the spring and summer of 2010 to spearhead the implementation of the local 100,000 Homes initiative. Specifically, Chicago’s Department of Family and Support Services (DFSS) and the Corporation for Supportive Housing (CSH) organized the Chicago Campaign by encouraging community support, convening community partners, working out coordination logistics, and facilitating planning committees. There were just eight weeks between when Community Solutions introduced the 100,000 Homes Campaign to Chicago and when the initiative officially launched, and this short timeframe required significant leadership from DFSS and CSH. DFSS, in particular, played a crucial role in bringing partners and resources to the table. In addition to dedicating staff time, DFSS provided money to help with the costs of Registry Week and hosting planning meetings, as well as ensured that mobile health vans were on-site during Registry Week. As a co-sponsor of the Chicago Campaign, the Chicago Alliance to End Homelessness contributed significant support, in part by encouraging their members to participate. The Emergency Fund also a co-sponsor, raised funds to assist participants in the Chicago Campaign with furniture and “move-in kits” once they were connected to permanent supportive housing. In the weeks leading up to Registry Week, this partnership secured support and commitments from local homeless outreach agencies and housing providers, who would carry out much of the outreach, coordination, and placement work with homeless individuals and families identified as vulnerable during Registry Week.

This coordinated planning by the local initiative’s leaders culminated in a volunteer effort that identified vulnerable individuals and families during Registry Week in August 2010. Between Monday, August 23rd, and Wednesday, August 25th, trained volunteers conducted street surveys in three regions of the city: north, south, and west/central. These regions had been selected by

the Leadership Team’s Outreach Committee, based on members’ knowledge of target locations where homeless individuals were known to congregate. Volunteers also administered surveys with homeless individuals at two of the city’s largest emergency overnight shelters for singles – the Franciscan House of Mary and Joseph and San Jose Obrero Mission’s overnight shelter – as well as with family heads at the following family shelters: San Jose Obrero Mission (southwestern region of the city), Christian Community Health Center’s Amani House (southern region), Cornerstone Community Outreach’s Sylvia Center (northern region), and Greenhouse (domestic violence shelter).²

Chicago was the first community to assess homeless families in addition to individuals as part of a local 100,000 Homes initiative and thus has served as a pilot for the national 100,000 Homes Campaign. The unique lessons the Chicago team has learned regarding vulnerability and homeless families is informing the development of a coordinated, centralized permanent supportive housing system in Chicago, as well as the development of a more comprehensive and accurate family vulnerability tool that will be a resource to cities throughout the country.

Following Registry Week in Chicago, the task of matching identified vulnerable homeless individuals and families to housing indicated the need for more infrastructure, and the collaborative program of outreach and placement was put into place. This program took different forms for the family portion and individual portion of the Chicago Campaign.

Families

The family portion of the project remained housed and facilitated by CSH, which is also the local lead agency for the whole project. Street level services (outreach and housing placement) were provided by provider partner agencies, which did not receive any funding from the Chicago Campaign. 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. Beacon Therapeutic staff members who already worked in these shelters were able to connect with identified families, some of whom already were receiving services from Beacon Therapeutic.

Individuals

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. The City specifically chose AFC for this role because of the agency’s success in housing hard-to-serve populations through the use of its Systems Integration Team (SIT) process in consecutive projects (CHHP and Samaritan, discussed below). The City recognized AFC’s SIT as a “homegrown best practice,” and the Chicago Campaign’s Leadership Team wanted to take what had proved to work in Chicago and use it in the Campaign. 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.

² These planning efforts are documented in the Corporation for Supportive Housing’s 12/17/2010 report “The Chicago 100,000 Homes Campaign 2010 Registry Week Report: August 22 to August 27.”

Reflection of and Vision for Chicago's Homeless System

To the extent there is a Chicago Campaign “system,” it is in the coordination and management of the contributions of the partner agencies that provide street-level outreach and housing services. But, essentially, the overall system – governance, resource allocation, communication – is an ad hoc reflection of interactions between the leading agencies that comprise Chicago’s homeless system, as well as the evolving organization of that system. CURL’s recently completed evaluation of Chicago’s homeless system and previous studies of the homeless system found an often fragmented and siloed system. While the Chicago Campaign is embedded in Chicago’s current public-private homeless system, it strives to develop links between various parts of the homeless system. It utilizes the system of semi-formal relationships, as well as multi-lateral and bi-lateral agreements, that have developed as the key stakeholders have worked together through the Continuum of Care and the Plan to End Homeless to systemize Chicago’s homeless delivery system, especially over the past 10 years.

In fact the Chicago Campaign can be seen both as an expression of that system and as a laboratory for how the “system” works on the ground: a place to learn lessons about what is needed for a truly systematic approach to serving the needs of and providing stabilized housing to homeless individuals and families. More specifically, the Chicago Campaign provided an opportunity for the City to systematize best practices that had been developed and used for individual projects but not yet used broadly.

With the Campaign’s dual identity in mind, the Leadership Team’s vision for the Chicago Campaign was fourfold:

- 1) House the most vulnerable of the street homeless in Chicago.
- 2) Pilot the family vulnerability tool.
- 3) Create a community effort around housing the chronic and vulnerable homeless. Chicago was home to several individual agencies’ programs designed to serve this population, but the Chicago Campaign provided an opportunity for agencies to work together and use the same language to figure out how to house this population.
- 4) Fundamentally change Chicago’s housing process by informing the development of a coordinated, system-wide access point for housing services. In other words, the Chicago Campaign provided an opportunity to pilot a centralized referral list for housing placement by working with a subgroup of the homeless population (the most vulnerable of the street homeless).

This vision makes clear that, from the beginning, there were two implementation tracts for the Chicago Campaign. One tract was to develop a coordinated, central list for the broader homeless services system in Chicago. CSH clearly has taken the lead with this tract, which is appropriate since CSH’s work focuses on the systems level. While CSH coordinates the family portion of the Chicago Campaign, much of its work focuses on systems and policy change, such as informing the Planning Council’s efforts to develop a larger homelessness referral system in Chicago and informing the national 100,000 Homes Campaign, specifically about the family vulnerability index tool.

A second implementation tract is to find and house people who were identified as vulnerable during Registry Week. This tract focuses on providing direct services to homeless individuals

and families, as well as coordinating outreach and housing agencies' efforts. Regarding families, Beacon Therapeutic and other providers who are volunteering their time to the campaign carry out most of this on-the-ground work. Through contracting with AFC, the City of Chicago charged AFC with coordinating the individual portion of the Chicago Campaign. Thus, AFC's Housing and Outreach Coordinators are heavily involved in the day-to-day workings of housing individuals in the Chicago Campaign.

This funding piece for coordination and targeted outreach, which is unique to the individual portion of the Chicago Campaign, as well as AFC's and CSH's different organizational focuses, have contributed to the family and individual portions of the Chicago Campaign following somewhat different tracts.

In the following sections, we explain (1) our methods, (2) the immediate coordination and outreach efforts following Registry Week, (3) the work of the individual portion of the Chicago Campaign, and (4) the work of the family portion of the Chicago Campaign. We conclude with systemic and programmatic findings and recommendations related to the overall Campaign.

Section II: Methods

This was a collaborative research project, and the research questions were developed in conjunction with AFC and CSH.

Research questions about the overall coordinated system include:

- How does the collaboration/referral system work?
- How does the engagement process with participants work?
 - What are the interactions between outreach workers and clients?
- What organizational issues did individual programs encounter in setting up and implementing coordination?
- How does collaboration with and between outreach and housing partners work?
- How does the Chicago Campaign function as a system?
 - What issues came up?
 - How were they addressed?
 - How did the decision making process work?
 - What are the external issues that shaped the collaboration?

Research questions about output and outcomes of system include:

- Who are the participants?
- What are the outcomes of the participants and how do they vary:
 - By socio-psychological, health and other characteristics?
 - By outreach entity and housing entity?
- What and of what duration are the service and outreach encounters of participants and how do they vary by various client characteristics and by outreach and housing entities?

This evaluation used a mixed-methods approach, combining qualitative and quantitative methods. For the qualitative analysis, we focused on gathering information from administrative data, observations, interviews, and focus groups. The final report includes the following data collection efforts:

- Observations of various SIT meetings
- Telephone interviews with representatives from 10 housing programs
- In-person and telephone interviews with outreach workers from six agencies
- Interviews and meetings with the Chicago Campaign's leadership (AFC, CSH)
- Focus groups and interviews with housed and non-housed 100,000 Homes participants
- Review of administrative data such as AFC's monthly reports and CSH's monthly family SIT meeting notes
- Quantitative analysis of administrative data provided by AFC and CSH on the 262 original 100,000 Homes individuals and the 112 original 100,000 Homes families

Section III: Immediate Coordination and Outreach Efforts

The foundation of the Chicago Campaign's collaboration and referral system is the Systems Integration Team (SIT) process. As discussed in the introduction, 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 social 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 until AFC began coordinating the individuals SIT in November 2010. From September through October, DFSS and CSH facilitated a SIT process in their own interpretation. They created profiles of each surveyed individual and family head, which included a picture when available, as well as key responses from the vulnerability survey. The partner agencies' representatives reviewed each profile, paying particular attention to key characteristics (such as Veteran status, mental illness, HIV/AIDS diagnosis) that relate to housing eligibility. Through this process, DFSS and CSH staff led the group in making initial outreach assignments and housing matches based on the agencies' services and eligibility requirements and on participants' circumstances and needs. Agency representatives volunteered to outreach to participants based on capacity and fit. In some cases, the connection of a Chicago Campaign participant to a housing agency would happen at the SIT meeting. For example, a family could be assigned to Inspiration Corporation, whose staff then would contact the family at the shelter where they were surveyed.

The key successes of these early months were that DFSS and CSH brought all service providers back together, reviewed all people surveyed during Registry Week, and assigned all vulnerable individuals and family heads to outreach entities. With no funding for outreach efforts at this early stage, outreach agencies searched their client databases for newly identified Chicago Campaign participants and in some cases made adjustments to their daily work to attempt to re-contact participants. Thresholds Mobile Assessment Units (discussed further below), for instance, altered their typical outreach schedule to return at the same hours to locations where people had been surveyed. An additional key success is that some individuals and families moved in to permanent supportive housing. According to CSH's report "The Chicago 100,000 Homes Campaign 2010 Registry Week Report: August 22 to August 27," five people were in supportive housing, six people were in other housing, and ten people had been assigned to housing units (meaning they were accepted into housing programs and awaiting move-in) by December 2010.³

Before CSH handed over coordination of the individual SIT to AFC, a number of issues had been raised by the participating agencies. For one, the group struggled with a capacity issue of how to reach out to participants who do not fit with an outreach entity or housing program in terms of eligibility criteria. Second, a large portion of the vulnerable individuals and families

³ Some of these eleven people had moved into housing on their own without any specific support through the Chicago Campaign.

had a vulnerability score of two or less (206 – or 79% of – individuals and 55 – or 49% of – families, based on the combined vulnerability score), which created a question of how to prioritize people within this large subgroup. The initial SIT team had relied on categories such as age and chronic homelessness status to determine priority. As we discuss below, CSH and AFC addressed these issues and many more that arose as outreach efforts continued in their coordination of the family SIT and individual SIT, respectively.

Section IV: The Chicago Campaign – Individuals

Coordinating the Chicago Campaign for Individuals

As discussed in the introduction, the City of Chicago contracted with AFC to lead the outreach and housing coordination work with individuals in the Chicago Campaign in part because of the success of AFC's SIT model. To apply this model to the Chicago Campaign, AFC hired a Housing Coordinator and an Outreach Coordinator in November 2010. AFC's Housing Coordinator facilitates bi-weekly SIT meetings at AFC's office. These meetings are intended to bring together all partners who do outreach work with Chicago Campaign participants, as well as representatives from all housing agencies that have dedicated units to the Chicago Campaign. The idea is to use these meetings to quickly identify which housing programs are the best referral options for each Chicago Campaign participant who is located. By having housing and outreach providers together in the same room, they can ensure that participants are referred only to programs for which they qualify and develop a collaborative plan to ensure the participant submits a complete application, including all required documentation, as soon as possible. This collaborative approach is intended to rapidly transition the chronically homeless into permanent supportive housing.

As we discuss in greater detail below, the SIT meetings are mostly attended by outreach providers. As a result, SIT has not functioned in the same way for the Chicago Campaign as it did for CHHP. Unlike with CHHP, the Chicago Campaign partners (with the exception of HHO) are not receiving any funding from the Campaign and therefore cannot dedicate any staff exclusively to the Campaign. Because HHO received funding to hire two outreach staff dedicated to 100,000 Homes, these outreach workers attend all of the SIT meetings and provide detailed reporting on their outreach efforts. AFC is not able to require this same level of thoroughness from the other partners since AFC is not funding these partners. Staff at these partner agencies must meet their primary employment responsibilities in addition to the added Chicago Campaign work. As a result, their outreach efforts and reporting are less extensive than those of HHO.

Since AFC facilitated the first Chicago Campaign SIT meeting for individual participants on November 15, 2010, a core group of SIT partners has developed. This group includes:

- AIDS Foundation of Chicago Housing and Outreach Coordinators (administrative)
- Corporation for Supportive Housing representative (administrative)
- Heartland Health Outreach (outreach)
- Thresholds (outreach and housing)
- Jesse Brown Veteran's Administration (outreach and housing)
- AIDS Foundation of Chicago Samaritan Program (housing)
- Interfaith House (case management)
- Renaissance Social Services (housing)

A periphery group of partners remains connected to the individual side of the Chicago Campaign but does not regularly attend the SIT meetings, as we discuss in greater detail below. This group includes:

- Chicago Department of Family and Supportive Services (outreach)
- Franciscan Outreach (outreach)

- Chicago Housing Authority (housing)
- Deborah’s Place (housing)
- Heartland Human Care Services (housing)
- Inner Voice (housing)
- Inspiration Corporation (housing)
- North Side Housing (housing)

Engaging Participants

A Hard-to-Find Population

The first thing to note with regard to the engagement process is just how challenging it is to engage the Chicago Campaign’s target population. By design, 100,000 Homes, and thus the Chicago Campaign, identifies the most vulnerable of the homeless population. This population includes individuals who have been living on the streets for years (sometimes decades), face a number of health issues, and have been let down by the homeless service system, thereby shaking their trust in further engagement with it.

A brief demographic overview of the 262 participants who originally comprised the Chicago Campaign’s individuals list illustrates these challenges. At the time of the initial survey to assess vulnerability, the average length of time a participant had been homeless was 6.9 years and the median was 4 years. The length of time of homelessness ranged from 35 years to a minimum of 90 days.⁴

This population also is difficult to contact because many of them move frequently and typically do not have phone numbers where they can be reached consistently. Of the 262 participants on the original individuals list, 25.2% (66 participants) did not have a phone number at which they could be reached and did not provide the name of anyone else who might know where they are. At the time of the initial survey, 53.4% of participants (140 participants) indicated they did have a phone number. Having a phone number does not guarantee, however, that the phone will be working at the time that an outreach worker attempts to call the participant. As one outreach staff person explained, “Phones are disconnected a lot. You might talk to someone one day, and then two days later the phone’s not in service.” Participants also may have provided a friend’s phone number or the number of the shelter where they were staying, making it difficult to directly contact them on the phone.

Delayed Outreach

Targeted outreach efforts were hampered due to a delay in funding for the individuals side of the Chicago Campaign. We discuss the impact of this delay in detail below in the “Implementation Issues and Responses” section.

⁴ Generally, clients must be homeless for six months or longer to be characterized as vulnerable and included in 100,000 Homes. Two of the 262 clients that began receiving services through the Chicago Campaign had not been homeless for six months as of the date the vulnerability index was administered but were originally included as “vulnerable” due to an oversight and continued to receive services as time passed and they became vulnerable. If these two clients are not included in the length of time of homelessness data, the minimum length of homelessness was 180 days.

Varied Outreach Efforts

There are five agencies that contribute outreach services to the individuals side of the Chicago Campaign: Heartland Health Outreach (HHO), Thresholds, DFSS, Franciscan, and the VA. Importantly, HHO is the only outreach entity that has received funding to hire outreach staff who solely are dedicated to the Chicago Campaign. Conversely, the remaining four outreach entities must incorporate their Chicago Campaign outreach efforts into the work they already are doing. As a result, HHO is providing funded outreach services to Chicago Campaign individual participants that are unique in their intensity and proactive approach.

Proactive approach. HHO employs two staff members, each of whom has extensive professional experience doing outreach to the homeless, who solely are dedicated to the Chicago Campaign. These outreach workers utilize a number of strategies to try to locate participants.

One of the most important strategies is to network with other homeless service providers. Given HHO's long history providing homeless services in Chicago, particularly with regard to outreach work, the agency has established many connections across the city. HHO's Chicago Campaign outreach workers have developed relationships with contacts at shelters in all parts of the city and often call on these contacts to inquire if a particular participant is staying there. They have intentionally developed some of these relationships since beginning work on the Chicago Campaign to increase their chances of connecting with participants. Even if participants are not staying at the shelter, staff at that shelter may prove helpful. For example, HHO staff referred to a particular shelter where they met a volunteer who does outreach on Lower Wacker Drive. This volunteer has helped them to locate individual participants in the Chicago Campaign.

HHO staff discussed another shelter where a staff person has worked in the neighborhood for 20 years and has an excellent memory regarding when individuals have left the shelter and to where they move. An HHO outreach worker and this shelter staff member have gone out on the street to specific neighborhoods where the shelter worker heard a Chicago Campaign participant was staying. In one situation, they connected with a social service provider who was handing out food packets to homeless individuals in the neighborhood and was familiar with the particular Chicago Campaign participant they were trying to contact. The HHO outreach worker exchanged contact information with this service provider to pass on to the participant and eventually connected with this participant.

According to HHO, outreach efforts involve "a whole community. It's a team approach." They will share their list of Chicago Campaign participants with other outreach workers and provide their contact information for them to pass on to the participants. "It's like reaching out and grabbing hands." In this way, HHO is extending the collaborative nature of the Chicago Campaign partnership to agencies that are not directly part of the Campaign. HHO has recognized the value of working with a variety of providers to connect with the members of the homeless population, particularly the most vulnerable.

HHO outreach staff also use a variety of databases to attempt to locate Chicago Campaign participants' current whereabouts. They search for participants in the HHO clinic's Centricity database. This strategy has proven incredibly helpful because HHO is a HUD-funded healthcare provider for the homeless in Chicago. Centricity is the clinic's computer system,

which contains contact information, primary medical care provider information, and shelters where outreach has been done for all HHO clinic clients. If a Chicago Campaign participant happens to be receiving services from HHO's clinic, the HHO outreach staff can pull up the participant's record in Centricity and see when the last date of contact with the participant was. At that point, HHO outreach staff can contact the clinic nurse or doctor who treats this participant in order to try to reach him/her through the healthcare provider.

HHO outreach staff also reference the Cook County and Illinois Departments of Corrections' inmate search functions to attempt to locate some Chicago Campaign participants. HHO staff have found Chicago Campaign participants through these IDOC searches; when they do so, they attempt to contact the participant in jail. HHO staff have developed a relationship with a social worker in the mental health division at Cook County jail who has helped put them in contact with participants and even arranged private visits with participants. The social worker also has helped put HHO staff in contact with participants who are on house arrest. If the IDOC website indicates that a participant is on parole, HHO staff will call IDOC's 1-800 number to learn the participant's parole officer's name and number and then will contact the officer. Again, the importance of this networking cannot be overstated. As HHO explained, "We spread out. We're reaching out all the time. We couldn't do it without all of our connections."

Additionally, HHO staff use the contact information provided on the registry survey, which AFC's Outreach Coordinator ensures they receive. If a participant has provided a phone number or a contact person, HHO tries those avenues. HHO outreach workers also look for participants at shelters indicated on the survey; at places where participants indicate they sleep, such as a particular park; and at the location where the Registry Week survey was completed. One focus group participant who has received housing through the Chicago Campaign indicated that his HHO outreach worker found him at the park where he had been sleeping when he completed the Registry Week survey. He believes that part of the reason he never lost contact with his outreach worker once he was found is because the worker continued to meet with him at that park.

Finally, there is a larger scope of outreach and a higher level of contacts reported by HHO. HHO has attempted outreach to 166 of the 262 individual participants (63.4%) with a median of 15 reported outreach attempts per participant. The outreach entity with the closest median outreach attempts per participant is Franciscan, with a median value of one. Additionally, the maximum number of outreach attempts HHO outreach workers made to any single client was 35 attempts. DFSS is the agency with the next highest maximum number of outreach attempts to any single client, with 15 attempts.⁵

Incorporation approach. In general, the remaining four outreach entities incorporate their search for individual participants in the Chicago Campaign into their existing work. As such, the level of intensity HHO devotes strictly to Chicago Campaign clients simply is not feasible for these agencies. Still, it is important to note the extra effort that staff at Thresholds, DFSS,

⁵ It is important to note that because HHO is the only outreach entity that receives funding specifically for the Chicago Campaign, their documentation and reporting practices likely have been more precise than the non-funded outreach entities. Thus, the disparity between HHO's outreach attempts and those of the other outreach agencies may reflect a difference in reporting practices in addition to a difference in actual outreach efforts.

Franciscan, and the VA dedicate to outreaching to individual participants in the Chicago Campaign.

Thresholds' outreach efforts related to individuals in the Chicago Campaign most closely approximate those of HHO, in part because Thresholds has mobile units throughout the city that provide outreach services to the homeless. These units include a team covering the north side and downtown; a team covering the south and west sides; a team covering CTA lines and terminals; and an outreach worker covering the downtown library and a west side shelter. The liaison between Thresholds outreach services and the individuals SIT team coordinates Thresholds' outreach work to Chicago Campaign participants and ensures relevant information is shared both ways. When new Chicago Campaign participants are assigned to Thresholds for outreach, the liaison determines to which mobile unit to assign the participant.

Thresholds outreach workers will do some targeted outreach, similar to HHO, upon receiving a new Chicago Campaign referral. They often will start with the information provided on the registry survey, such as a personal phone number, a phone number for a contact person, the location of where the participant was first interviewed, and a shelter or other location where the participant frequently stays. For example, if a participant listed a specific street location where he/she spends a lot of time, Thresholds outreach workers will drive to that location to look for the participant.

This targeted outreach is constrained, though, by Thresholds' mobile units' large existing caseloads. One unit has about 100 people with whom they are meeting or for whom they are searching. For persons active with this unit, much time is spent searching and applying for housing; applying for and managing entitlement benefits; establishing and maintaining psychiatric and medical linkages; etc. The agency also receives multiple referrals (not related to the Chicago Campaign) on a daily basis, which means their client population constantly is growing. The outreach teams already have very little time before they have Chicago Campaign participants added to their responsibilities.

It is important to keep in mind that unlike HHO, Thresholds has no outreach workers who are funded through the Chicago Campaign and therefore none who only outreach to Chicago Campaign participants. Thus, after the initial inquiry to reach the Chicago Campaign participant, the targeted outreach efforts decrease. After they specifically have looked for a Chicago Campaign participant – and the effort varies depending on the degree of locating information available, the outcome of initial searches and inquiries, the worker's current workload demands, and the worker's degree of investment in the Chicago Campaign – the focus shifts necessarily to other current Thresholds clients on the team's caseload who also are in need and who are in contact. The outreach team may still try to call the Chicago Campaign participant, but at that point, the best chance to locate someone is through the normal course of everyday work – through a phone referral to the program or to encounter the participant while doing their regular outreach work. For example, if they meet a homeless person, they will notice if his/her name is on the Chicago Campaign's list. Or a Chicago Campaign participant, who has not yet been found by the Chicago Campaign's team, may be receiving services from Thresholds. The Thresholds liaison will check the Thresholds database to see if Chicago Campaign participants already are receiving Thresholds services and report back to the SIT meetings whenever someone is found.

Outreach workers will complete a pre-intake with newly located Chicago Campaign participants. In addition to the pre-intake, Thresholds outreach workers also complete a Thresholds assessment to confirm the participant is eligible for Thresholds programs. A person must have a mental illness in order to be eligible for Thresholds. Thus, if a newly located Chicago Campaign participant is not mentally ill, Thresholds outreach workers will obtain enough information from the participant in order to get him/her linked to another outreach provider through the SIT meeting. Thresholds can continue to do outreach to that participant for a short time until another outreach entity takes over in order to make sure the participant remains in contact with the Chicago Campaign and receives immediate assistance.

As reported by a VA liaison to the Chicago Campaign, the VA also has outreach workers who go to shelters and work with case managers to encourage veterans to connect with the VA. These outreach workers are specific direct contacts whom homeless veterans can call, which the VA liaison explained is helpful since the VA is quite large and a confusing place to navigate. According to the VA liaison, all of these outreach workers are aware of the names on the Chicago Campaign's list and thus will look to see if any current or newly connected homeless veterans already are on the list. The VA liaisons to the Chicago Campaign also review the administration's client databases to identify possible overlap with the Chicago Campaign's list. The VA has a variety of onsite services for homeless veterans, such as a walk-in clinic, which provide opportunities for VA staff who are liaisons to the Chicago Campaign to seek out participants who have fallen out of contact with their outreach workers or have not followed through on some piece of the housing referral process. As discussed above, the VA's regular participation in SIT meetings is especially important in this regard, since VA staff and outreach and housing providers use the meetings to strategize ways to collaborate on a participant's case.

Franciscan is another outreach entity that has not received any funding through the Chicago Campaign and thus has incorporated outreach related to the Campaign into its existing program. Franciscan is unique from the other outreach entities in that it is an overnight homeless shelter for single adults. Thus, the scope of its outreach is limited to shelter residents. Each night, homeless individuals who want to stay at the shelter line up outside until the shelter opens for the night. Franciscan's liaison to the Chicago Campaign will go outside and talk to the people who are waiting to enter the shelter and note their names. He then will check the Chicago Campaign's list of individual participants to see if any of the shelter residents are on it. If they are, he will let them know this information when he meets with them. He will complete the pre-intake the individuals SIT team developed with the participant, and fax the pre-intake to AFC's Housing or Outreach Coordinators so that the participant can be presented at the SIT meeting. The AFC Coordinators will then let Franciscan staff know which housing referrals were identified for the participant, and Franciscan staff will work with the participant to complete the housing application(s) for those agencies.

The Franciscan staff liaison to the Chicago Campaign also will look for specific participants. Sometimes outreach workers at different agencies who do work related to the Chicago Campaign will ask him if a particular participant is staying at Franciscan. This may be a participant whom the outreach worker is trying to contact for the first time or a participant with whom the outreach worker has lost contact. In these cases, the Franciscan staff liaison will ask

for the participant by name while he is talking with individuals outside of the shelter. If the participant is present, he will tell him/her to meet with him the next day and then will connect the participant with the outreach worker, such as by calling the outreach worker or providing transportation to get to an appointment with the outreach worker. The liaison also will coordinate with the overnight shelter staff and let them know that if a particular participant is there, they should call the participant's outreach worker or stick around to meet with him the next day.

While this outreach is less proactive than the intensive, funded outreach HHO provides and Thresholds' work, it has contributed to locating some Chicago Campaign individual participants and does reflect coordination among homeless agencies that were not working together in this way prior to the implementation of the Chicago Campaign.

Varied Outreach Strategies

Outreach workers have developed strategies to overcome challenges related to locating and maintaining contact with participants in the Chicago Campaign. Some of the strategies discussed above in terms of attempting to locate participants, such as reaching out to various shelters to check if the participant is staying there, are used to maintain contact. Outreach workers that do street outreach will try to find out where a participant hangs out so they can look for him/her in that area in case he/she misses a meeting. These outreach workers also will schedule appointments with the participant in the same place and at the same time, so that the appointment is easier for the participant to remember and get to. They also will set these appointments over short intervals so that they are not out of touch for very long with the participant. Given that the housing process can take several months, this frequent contact is essential. As one outreach worker explained, where participants report they are staying gets stale. The more time that passes, it becomes increasingly difficult to contact someone.

Focus group participants stressed the importance of this frequent contact by outreach workers. They specifically discussed how helpful it was when outreach workers regularly called them directly, left messages with their family members or other service providers, and returned to the park where they were sleeping to touch base at least weekly. This continuous communication encouraged participants to engage more fully in the Chicago Campaign housing referral process, trust that the outreach workers were doing everything they could to connect them to housing, and have faith that housing actually would become a reality.

Outreach Challenges

Despite the varied approaches, outreach workers from all entities that provide outreach services to individual participants in the Chicago Campaign indicated similar challenges with locating participants. Further, once outreach workers locate a participant, they face a number of challenges in maintaining contact and connecting him/her to permanent supportive housing. Housing agencies are constrained by the requirements imposed by funding streams and landlords and have limited discretion over whom to accept. As a result, the small pool of housing that has been dedicated to the Chicago Campaign is even smaller in practice.

Missing and inaccurate information. In addition to the delay in initial outreach efforts (discussed below), some outreach workers cited the lack of information provided on some registry surveys as a hindrance. Furthermore, provided contact information at times proved to be

inaccurate. One outreach worker shared that some of the telephone numbers provided were wrong numbers, and he/she suspected that the volunteers who completed the surveys may have made mistakes in recording the telephone numbers.

Maintaining contact. The barriers related to connecting with participants persist throughout the housing referral process. For instance, participants may not have a phone that consistently is in service and may be moving from place to place, which can make it difficult to schedule appointments. At any time, a participant may be incarcerated or hospitalized and therefore no longer at the locations where he/she normally could be located. Additionally, the change in seasons may change participants' locales.

Personal barriers to housing. Several providers indicated that participants also are ambivalent about whether they want to be placed in permanent housing. Housing and outreach providers consistently identified this ambivalence as a major challenge, especially with regard to individuals who have a long-term history of street homeless. Providers explained that participants are used to being on the street and having a certain amount of freedom that is not available once they move into a housing program with rules. As one provider shared, "It can be difficult to get them to understand what housing would mean to them." He/she continued that the adjustment of moving from the street to an apartment is very difficult, especially for homeless individuals with mental illness. The anxiety and paranoia associated with such a significant life change can cause people to disengage from the 100,000 Homes process, according to providers.

Some providers added that folks who have a long history of homelessness are more adjusted to survival on the streets and in shelters and so are harder to motivate to pursue housing. They speculated that such participants may have a fear of success.

These challenges also become apparent at SIT meetings, as outreach workers provide updates on participants and share suggestions for ways to re-engage participants. At one SIT meeting, for example, an outreach worker reported that two apartments at a housing agency had become available for two individual participants in the Chicago Campaign who were staying in an overnight shelter. The outreach worker had met with the participants the night before the SIT meeting, and both informed him/her that they do not want to move in to the program. One participant said she had heard the program would take all of her money, and she was concerned about the size of the unit. The outreach worker explained that throughout the conversation, the participant became agitated, and the outreach worker felt the participant was not trusting him/her.

The second participant reported that she planned to move in with her son once the person currently living with him moves out. The participant had no idea when this move would happen. There were a number of sighs from participants in the SIT meeting when this update was shared, and the disappointment and frustration that team members felt was clear. People seemed concerned about the client's decision to pass up permanent housing in favor of waiting to move in with her son, but they agreed on the need to respect her choice. Since this participant had been approved two months ago for this particular housing program, the SIT partners noted that it did not make sense to keep her on the program's list. Everyone agreed that the outreach worker

would continue to engage with her and that the participant easily could be brought back onto the housing program's list if she decides she is interested in the future.

Documentation. Even for the most engaged participants, securing all of the documentation that housing programs require can be a daunting task. Outreach workers frequently noted that getting this paperwork completed – especially specific documentation from medical providers – is extremely time-consuming and frustrating for them and participants, alike. A number of providers, as well as AFC's Housing and Outreach Coordinators, shared their belief that part of the reason it takes so long to house individuals is because housing programs require applicants to do a lot of documentation beforehand to get in.

According to one housing provider, agencies using HUD's definition of chronic homelessness require documentation that an individual has been homeless for 12 continuous months or has experienced four episodes of homelessness in the past three years. This documentation can be extremely tedious and time-consuming to compile. If someone has been staying in shelters, they must obtain letters from these shelters documenting the dates of their stays. If someone has been living on the streets, they can write a self-statement of their homelessness with supporting documentation from their outreach workers. Recalling this timeline is a challenging task, especially for vulnerable individuals who have had little stability in their lives.

It also is difficult for participants to obtain documentation from a physician verifying that they have a qualifying medical condition for a specific housing program. For instance, if someone is going to the doctor on his/her own, that doctor may or may not be willing to write a letter using the exact language that the housing program requires, such as "a disabling condition of an indefinite nature." The back and forth that ensues between the housing program, applicant, and doctor can take a very long time.

Housing providers shared this frustration regarding required documentation. One, in particular, noted that his/her program's qualifications are particularly difficult to fit. Applicants are required to provide documentation signed by an MD (to verify mental illness) and by a CADC (to verify substance abuse). This is a challenge if the referring agency does not have a staff psychiatrist or if the participant is transient. He/she commented, "There are a whole lot of hold-ups due to our own criteria." As another provider noted, it is hard for a homeless individual to access psychiatry services, let alone obtain documentation of a mental illness, without having any resources. He/she reflected that homeless individuals find themselves in a "catch 22," in that they are homeless because of a mental health or medical condition, but they cannot document that condition because they are homeless.

The resulting frustration is one more reason for participants to disengage. They feel the housing process is taking too long and that they can better find housing on their own, and their outreach workers never hear from them again.

Constraints on providers' time. A final outreach challenge deals with finding staff time to devote to the Chicago Campaign. With the exception of HHO, none of the outreach agencies have received funding to pay staff members who solely are dedicated to the Chicago Campaign.

Thresholds, the VA, DFSS, and Franciscan all fold their Chicago Campaign outreach work into their current job responsibilities, which already are taxing. The same situation applies to Interfaith House, who has one case manager who provides case management services to the Chicago Campaign's participants who move into CHA or an HPRP unit. All of these providers participating in the Chicago Campaign have to meet the responsibilities of their full-time positions at their agencies of employment in addition to finding time to complete their work related to their Chicago Campaign clients. The inability to devote themselves full-time to the Chicago Campaign limits the type of work they can do with the Campaign's participants.

Making the Coordination and Referral System Work

The Chicago Campaign collaboration and referral system for individual participants is based on two key components: the bi-weekly SIT meetings and the Housing and Outreach Coordinators at AFC. Through the SIT meetings, AFC brings together the outreach providers and representatives from the participating housing agencies with the intent of reviewing each active Chicago Campaign participant's case and developing a housing referral plan for each participant.

SIT Meetings

At a typical meeting, outreach workers provide updates on the Chicago Campaign participants that are newly found or who have been re-referred to SIT (for example, because a housing referral did not work out). The outreach worker will share information he/she has obtained through completing a pre-intake with the newly located Chicago Campaign participant, such as whether he/she has income, health conditions, history of homelessness, substance abuse issues, mental health issues, or a criminal background. All of these factors impact which housing agencies will be appropriate referrals for the participant. Prior to the meeting, the outreach worker typically has faxed the pre-intake to the AFC coordinators so that they can make sure the participant is added to the SIT list with the updated information. Thus, everyone in attendance is following along with that meeting's SIT list. This list includes the basic pre-intake information about the participant, as well as notes summarizing all past interactions between the Chicago Campaign team and the participant.

Once the outreach worker is done providing an update about the participant in question, various team members will ask clarifying questions that often are intended to ascertain which housing program will be the best fit for the participant. AFC's Housing Coordinator drives this portion of the process. He frequently asks team members for their suggestions on housing referrals and asks the housing representatives who are present if the participant sounds like a good fit for their program. While everyone participates in the meeting, the Housing Coordinator often is the person who identifies which housing programs seem like the most appropriate referrals. He has a vast knowledge of each program's eligibility criteria, as well as whether each program is accepting referrals or will be accepting referrals in the near future.

The SIT team strives to develop two viable referral plans for each newly found participant whose case is reviewed. The Housing Coordinator keeps track of these referrals and reviews the next steps the outreach worker will pursue with the client in order to make the referral happen, such as obtaining certain documentation, completing and submitting an application to the housing program(s), and scheduling a housing intake appointment. From meeting to meeting, the

Housing Coordinator is keeping track of all of the moving pieces on each particular case and ensuring that nothing is missed.

Ongoing Coordination

After discussing all of the newly found participants, the SIT team reviews each of the remaining active cases. The housing providers who are in attendance provide updates about participants who either have been referred to their agency or who are housed there. For the cases where the housing provider is not in attendance, the outreach workers and AFC coordinators provide updates.

This portion of the meeting is extremely important, because challenges frequently arise during the housing referral process. Even when an appropriate unit is available for a given participant, the outreach worker will have to help him/her gather the required documentation (such as proof of homelessness, mental illness, qualifying medical problem, etc.) in order to be accepted by the housing program. This process can take several weeks or months. One outreach worker explained that with this population, things sometimes just take a long time. He/she explained that participants will be in and out of contact and miss appointments for a variety of reasons, such as hospitalization or incarceration. He/she added that participants will not have access to required documentation or their ID. This outreach worker continued, “Everyone has to know it could take nine months to a year to get someone housed.” Importantly, one of the Chicago Campaign’s goals is to address this very issue by rapidly housing the most vulnerable of the homeless population.

The case presentations that occur at the SIT meetings allow for group problem-solving that can significantly move cases forward. For example, at one SIT meeting, team members discussed a particularly frustrating case. Outreach staff had been in contact with this participant for at least seven months and had referred him to a housing program nearly four months prior to the SIT meeting. There had been no movement regarding the housing referral, though, and SIT participants were having a hard time obtaining updates from the housing provider. AFC’s Housing Coordinator commented that the primary housing referral’s committed units still were not online, and so the team should no longer keep that program as the participant’s primary housing referral.

Team members worked together to develop a three-way coordination plan. Since the participant frequently was at the VA for weekly groups and mental health appointments, the HHO outreach worker would plan a day to go to the VA. The VA staff person would inform the participant the next time she saw him when the HHO outreach worker would be at the VA so that the participant could come in that day to meet with him. While meeting with the participant at the VA, the HHO outreach worker would complete the Threshold’s Shelter Plus Care application (for units that were expected to come online in the coming months) and call the appropriate Threshold’s mobile unit team member in order to connect the participant to Thresholds. Simultaneously, the VA representatives would submit a referral for VASH vouchers that were due to be activated in the coming weeks. This would be a tenuous referral, though, since the participant did not yet have an income, which is a requirement of VASH. The applicant had a pending application for SSI, though, and was working with a good lawyer, so the HHO outreach worker was hopeful that he would have an income soon.

In sum, there were only two potential housing opportunities for this participant, and neither was immediately available. The fact that representatives from the VA, HHO, and Thresholds were present at the SIT meeting made it possible for the team to put together a comprehensive plan to increase the participant's chances of obtaining housing. This quick, thorough coordination likely would not have been possible without the SIT meeting.

AFC Coordination

AFC's Housing and Outreach Coordinators shoulder the responsibility of keeping the Chicago Campaign partnership related to individual participants functioning. Day in and day out, they do the work to make sure that housing and outreach partners stay connected to the initiative, participants receive outreach services, and housing referrals move forward. As is detailed below, the Chicago Campaign system for individuals would not function without these staff.

Outreach coordinator. The Outreach Coordinator is responsible for assigning Chicago Campaign individual participants to the different outreach entities. This work is ongoing, since additional people have been added to the vulnerability list beyond those identified during Registry Week. Based on the information provided on the participant's vulnerability survey, the Outreach Coordinator determines the best fit for outreach. For example, if someone has mental health and substance abuse issues, she will assign them to Thresholds. If the participant has received medical attention from HHO or has organizational trust with that agency, she will assign them to HHO. If a participant is Spanish-speaking, she will assign them to DFSS. The Outreach Coordinator balances the various factors included on the vulnerability survey with each outreach entity's current caseload. HHO can provide outreach services to 60 Chicago Campaign participants at any one time. For the other outreach teams, the Outreach Coordinator pays attention to whether they are short-staffed or have other organizational issues that could affect capacity.

When assigning Chicago Campaign participants to outreach teams, the Outreach Coordinator is careful to share all initial background information included on the vulnerability survey, such as name, contact information, date of birth, last known location, and organizational trust. She obtains this information from the staff person at the Corporation for Supportive Housing who manages the registry database. The Outreach Coordinator recognizes that the less identifying information the outreach teams receive, the more challenging their work will be.

The Outreach Coordinator also is responsible for keeping track of all outreach efforts. She follows up every couple of weeks with outreach providers to inquire about their various contact attempts and outcomes and then updates the outreach SIT list accordingly. This list is especially useful to keep track of efforts to contact people on the Chicago Campaign's list who have not yet been found, since these individuals are not discussed at the bi-weekly SIT meeting. The AFC Outreach Coordinator ensures that these not-contacted individuals are not forgotten and remain a part of the Chicago Campaign's efforts. She also contributes to ongoing (although less intensive) efforts to locate these individuals, such as through checking databases.

Once individuals are found, and thus will be discussed in the bi-weekly SIT meetings, the Outreach Coordinator works with the Housing Coordinator to ensure that current outreach

information is included on the SIT list that partners receive at these meetings. She pulls this information from the pre-intakes that outreach workers fax to her. The pre-intake is a standard form that outreach workers complete with individual participants in the Chicago Campaign when they first locate them. She also presents these “new” participants at the SIT meeting in the event that the outreach provider who located them is not in attendance.

In addition to these responsibilities, the Outreach Coordinator responds to various requests and issues the outreach providers raise. For instance, if outreach workers come across someone they think might be vulnerable, they will reach out to the Outreach Coordinator to see if that person is on the Chicago Campaign’s list. For instance, while doing their regular outreach unrelated to the Chicago Campaign, someone might tell a DFSS worker that he/she completed a survey, which makes the worker wonder if this survey was a vulnerability index for the Chicago Campaign. According to the Outreach Coordinator, people have been found in this way. For that person to be found and to begin receiving assistance through the Chicago Campaign depends on the initiative of the outreach teams and the responsiveness of the Outreach Coordinator.

Finally, the Outreach Coordinator assists with completing all paperwork that is required for the application to AFC’s Samaritan program. Outreach workers send the required information to her. She informs outreach workers what changes are needed or if the participant has been approved.

Housing coordinator. One of the Housing Coordinator’s main responsibilities is to facilitate the bi-weekly SIT meetings. He prepares the agenda for each meeting as well as the SIT lists (discussed above) that partners refer to throughout the meetings and leads the team through a review of each participant’s case. Given that the SIT meetings are two hours long and there are numerous participants to review, the Housing Coordinator must move through the list at a pace that allows for productive, efficient discussion of each participant.

The partners who attend the SIT meetings speak extremely positively of the Housing Coordinator’s facilitation skills. One interviewee shared that SIT is an incredibly well-run meeting and that there is a lot of positive energy that makes the meeting enjoyable and helpful. This provider feels that people can be candid in the meeting, which keeps the referrals moving forward. He/she added that “the clinical feedback is beautiful.”

During the meetings, the Housing Coordinator directs the referral process. As noted above, he is able quickly to match a participant’s circumstances (such as having no income and substance abuse issues) with the most appropriate housing program, based on eligibility criteria and unit availability. He is deliberate, however, in asking for partners’ suggestions about referrals in order to make sure everyone has an opportunity to contribute to the process. When housing providers are present, he will ask if a particular participant sounds like a good referral. If so, the housing and outreach providers often will quickly develop a plan to submit the housing application and required paperwork.

In guiding the referral process, the Housing Coordinator is continuously educating and reminding meeting attendees about how the Chicago Campaign’s system works. And because of his in-depth knowledge about each program, he is able to provide advice about ways to strategize

to secure housing for participants. For example, at one SIT meeting, an outreach worker suggested referring a participant to CHA housing. Another partner asked if this was an appropriate referral since the participant had a felony conviction on his record. The Housing Coordinator explained that CHA likely will deny the applicant initially, but then he can request a mitigating hearing during which the staff working on the Chicago Campaign can advocate for the participant. The team had a similar case in the past with a participant who was denied by CHA because of a felony. The team advocated for the participant by explaining that the felony was related to his homelessness and that he was working with the Chicago Campaign now and on a different path. CHA accepted that client.

In part because so few housing providers attend the SIT meetings, the Housing Coordinator's work in this area extends beyond the meetings. Throughout the week, he checks in with various housing providers to inquire about the status of their program's committed units to the Chicago Campaign and of participants' application processes. The Housing Coordinator brings this information to the SIT meetings. His knowledge about which programs have available units, will soon have units, and have been inundated recently with Chicago Campaign referrals contributes to a balanced, efficient referral process.

The Housing Coordinator's responsibilities also include frequent troubleshooting and providing support to the Chicago Campaign's partners in their work with participants. Numerous housing and outreach providers shared that whenever they have a question or issue related to a Chicago Campaign participant, they never hesitate to call the Housing Coordinator for assistance. All indicated that he is incredibly responsive and consistently provides much-needed assistance. Specifically, one partner shared that when he/she is overloaded with his/her non-Chicago Campaign work, he/she will call on the Housing Coordinator to check with the housing provider about the status of a participant's application. He/she added that since his/her work with the Chicago Campaign is "extra," it is very helpful to be able to count on the Housing Coordinator.

Importantly, housing staff feel very connected to the Housing Coordinator, and it seems that his attentiveness to partners keeps them invested in the overall Chicago Campaign. The strength of these relationships, however, may have an unintended consequence of discouraging housing providers from attending the SIT meetings. To explain, some providers feel that they do not need to attend the SIT meetings, in part because they can obtain what they need by emailing or calling the Housing Coordinator, who responds in a timely and helpful way.

Finally, the Housing Coordinator manages the furniture assistance program. Once Chicago Campaign participants have been connected to permanent supportive housing, he works with the outreach worker to ensure the participant receives a voucher to use at Target to purchase household items and furniture.

Coordinators' crucial role. In sum, neither the SIT meetings, specifically, nor the Chicago Campaign related to individuals, overall, would function without all of the work that AFC's Housing and Outreach Coordinators do. Their preparation in between SIT meetings makes them run efficiently. Also, given that so many housing providers and one outreach provider do not attend the SIT meetings, the Housing and Outreach Coordinators are a crucial

point of connection between these providers and the rest of the Chicago Campaign partnership. Their coordination work ensures that referrals are moving forward and that no participants are falling through the cracks of a program that in many ways is designed to be a safety net for the larger citywide homeless system.

One outreach provider shared that AFC has a good depth of understanding about what outreach work means and entails and understands the need for patience, trial, and error. He/she feels that AFC is committed to the initiative and wants to make sure each participant is housed, which is not something he/she has necessarily felt in other programs.

AFC's Housing and Outreach Coordinators have a deep understanding of how the Chicago Campaign's system works and the challenges that outreach and housing providers face. This knowledge enables them to provide accurate, helpful, and timely responses and support to partners in the Chicago Campaign. Their leadership, as well as the positive feedback all interviewees provided, is a testament to the need to fund centralized staff whose purpose is system coordination.

Participation in SIT Meetings

While the Housing Coordinator effectively directs the referral plan for each participant, housing providers' participation in the SIT meeting can be extremely beneficial. These representatives can provide timely updates about whether they have available units or if new units will be available soon. They also can coordinate with the outreach worker on the spot to schedule a housing intake appointment for the client. Furthermore, regular attendance at the SIT meetings fosters relationships between outreach and housing providers that facilitate case coordination down the road.

Most of the housing providers, however, do not attend the SIT meetings. Only four housing providers regularly attend: Samaritan (an AFC program); the VA and Thresholds (both of which also are outreach entities), and Renaissance Social Services. Renaissance Social Services is a bit of an outlier in that it is the only Chicago Campaign partner that is not a part of AFC, does not do outreach work, and regularly sends a representative to the SIT meetings.

Personal and institutional commitments. The housing providers who attend the SIT meetings regularly have a deep personal commitment to the Chicago Campaign that is supported by their agency. One interviewee shared how much he/she likes the Chicago Campaign, and even though his/her boss has offered to have someone else take over, he/she retains the position because he/she feels another person might not put as much effort into it as he/she does. "I don't mind if I have to stay a little late to get things done," he/she said. He/she likes being able to provide help to individuals who are homeless and link them to a home. "I like it. I like the project." Another interviewee explained his/her continued investment in the Chicago Campaign, and specifically SIT meetings, as a combination of personal commitment and feeling this is worthwhile work. His/her attendance is reflective of his/her belief in the Chicago Campaign. According to him/her, SIT meetings are a great opportunity to network, learn, and gain perspective. They let him/her know that he/she is not operating on an island and can collaborate and problem solve with others. This personal dedication keeps the Chicago Campaign running.

Informants also referenced the importance of institutional support in ensuring active engagement with the Chicago Campaign. Nationally, the VA has an initiative to end homelessness among veterans. The federal office has instructed local offices that they must work with community organizations in accomplishing this goal. Renaissance Social Service's executive director has been very involved in city-wide efforts to end homelessness in Chicago and has made the Chicago Campaign a priority for his agency.

Lack of time. Personal and institutional commitments alone do not explain the lack of housing providers' participation in SIT, however. Many of the housing providers who do not attend the SIT meetings expressed the value of these meetings and would like to attend them. Across the board, though, housing providers explained that they simply do not have the time to devote one morning every two weeks to a SIT meeting, especially if their program does not have any available units (or units that will be available in the near future) for the Chicago Campaign. Even if housing programs have available units, there is no guarantee that they will receive a referral at the SIT meeting, since contacted Chicago Campaign participants may not meet their programs' criteria. Thus, a housing provider could attend an entire SIT meeting without any of the conversation being relevant to their specific program. Given the demands of their jobs, it is difficult to make time to attend a meeting that might not directly impact their work.

Housing's and outreach's different orientations to SIT. Most housing providers do not view their attendance as necessary for their participation in the Chicago Campaign. The SIT meetings are less central than the coordination work done by AFC's Housing and Outreach Coordinators. Across the board, housing staff discussed how connected they feel to AFC's coordinators, particularly the Housing Coordinator, such that they do not need the SIT meetings to facilitate referrals. They can get what they need by emailing or calling the Housing Coordinator because he is so responsive and helpful. For instance, if they need additional information about a referred Chicago Campaign participant, run into challenges with a housed participant, or have an available unit, housing providers often will inform AFC's Housing Coordinator directly. They would not wait to bring these issues to a SIT meeting when they can quickly place a phone call or send an email to address the issue.

This is not the case for outreach providers, however, who have a very different orientation to the SIT meetings. Three of the five outreach entities regularly attend the SIT meetings, and a fourth entity attends from time to time. These meetings are geared toward the outreach providers, who have an opportunity to discuss each of their Chicago Campaign participants with the full team and receive immediate input on next steps. Thus, based on the input everyone provides and the referrals that are decided upon, each outreach worker leaves the SIT meetings with a concrete plan for how to proceed with each case, and, at times, immediate support in implementing this plan. As one outreach provider explained, SIT meetings "are where a lot of the work gets done... These [meetings] are the coordination hub."

These differing orientations to the SIT meetings held by outreach and housing providers reveal an underlying tension in the Chicago Campaign partnership. The Campaign did not create any new housing in Chicago. Rather, it implemented a system that prioritizes people in a different way in order to access resources that otherwise would not have surfaced for them. As a result, outreach workers see the Chicago Campaign as a resource. Simply put, they need to

connect people to housing, and the Chicago Campaign provides a new mechanism to do so. Conversely, housing providers already have their own waiting lists from which to draw. They do not need the Chicago Campaign's participants to fill their units and keep their programs running. In fact, in many respects it is more difficult to house Chicago Campaign clients on a day-to-day basis because of the multiple issues that contribute to their vulnerability.

What follows is that the housing side of the Chicago Campaign is more of a passive piece of the system, and the outreach side is incredibly proactive, since outreach workers are seeking out already existing housing for the participants on their caseloads. This dynamic affects the coordination system such that housing agencies are a lot less engaged with the SIT meetings than are the outreach providers.

Collaboration With and Between Outreach and Housing Partners

There is limited direct collaboration between outreach and housing partners. Because many of the housing partners do not attend the SIT meetings, they are not familiar with the outreach workers. This is not viewed as problematic by the housing partners, though, since they feel very connected to AFC's Housing Coordinator. The majority of the collaborative work between outreach and housing partners is done through AFC's Housing Coordinator.

Instances of direct collaboration. The instances of direct collaboration between outreach and housing providers have proven helpful. As discussed above, much of this collaboration occurs in the SIT meetings. There are instances, however, of outreach and housing providers working together outside of the SIT meetings.

One housing provider, for instance, discussed how helpful it is to have a point of contact to call in the event that caseworkers at his/her agency cannot reach the referred Chicago Campaign participants. When the outreach worker's contact information is included on the referral, the housing caseworker can call him/her for assistance with reaching the participant. In at least one instance, the outreach worker provided transportation assistance that made it possible for a participant to get to his/her scheduled intake. The housing provider commented that this extra added support and coordination is helpful.

Outreach workers also have provided important advocacy when Chicago Campaign participants have been denied for CHA senior housing. By accompanying participants to mitigation hearings, outreach workers have been able to educate CHA staff on how a participant's criminal background is connected to his/her history of homelessness and to explain the positive life changes the participant has made and on which he/she continues to work. This advocacy has helped participants ultimately be approved for CHA senior housing.

More generally, one outreach worker explained that in order for a housing referral to work, there is a lot of coordination and ongoing communication throughout the process. He/she added that it is easier to contact a housing provider regarding a Chicago Campaign participant since "there's a common understanding and the call is expected. The introduction is taken care of because it's 100,000 Homes. The 100,000 Homes designation does the introduction for you."

Housing Process

One of outreach providers' main tasks is to guide participants through the process of connecting with permanent supportive housing. Outreach providers help participants overcome a number of challenges related to identifying appropriate housing programs, navigating the application process, and moving in to a unit.

Housing Program Requirements

Housing programs' documentation requirements are linked to eligibility criteria that often are imposed on housing agencies by the funding streams that make permanent supportive housing available. For example, the liaison at the VA explained that a number of the VA's additional criteria disqualified 55 of the 89 individual participants in the Chicago Campaign who claimed to be veterans during the Registry Week survey. Only 34 veterans were eligible for housing, meaning they had an honorable discharge, met the length of service requirement, were chronically homeless, were in need of case management services, and had an income.

Housing and outreach providers consistently noted that lack of income disqualifies participants from a number of housing options. Furthermore, housing programs recognized only certain types of income, which became clear as staff developed housing plans at SIT meetings. For example, one veteran in the Chicago Campaign was denied for housing by the VA because his only source of income was unemployment, which eventually would run out. Since he would not be able to maintain his apartment without an income, the VA did not want to set him up to fail.

Participants' Backgrounds

Housing and outreach providers overwhelmingly identified participants' criminal backgrounds and eviction histories as two of the biggest barriers to housing, especially for agencies that work with private landlords to provide housing. In short, even if a housing agency accepts a Chicago Campaign participant into its program, individual private landlords can reject the participant based on the credit and criminal background checks many require. One focus group participant discussed the difficulty he faced in trying to find a landlord who would accept his VASH voucher because of his criminal background. No one was willing to rent to him despite the assurance of timely rent payments provided by the VA. This veteran eventually convinced a friend of a friend to rent to him after he helped to rehab the apartment and thereby proved that he was trustworthy and responsible. His criminal background delayed his move into an apartment and thus prolonged his homelessness even though he was approved for housing.

"Mismatch" between Housing and Participants

Taken together, these challenges indicate the complexity of keeping track of each housing program's eligibility criteria and unit availability and then matching each participant's unique situation and needs to a housing program. This challenge is made clear by the "Program Criteria, Unit Availability, and Client Characteristics for Individual Portion of the Chicago Campaign" chart (Appendix B). This chart shows the mismatch between the housing units committed at the beginning of the campaign in Chicago and participants.

First, there simply are not enough housing slots (126 total units) for all Chicago Campaign individual participants (262 total participants). Additionally, the committed housing slots are not necessarily the "right" kind of slots for the identified participants, especially those whom

providers in the Chicago Campaign have been able to locate. A couple of housing agencies that committed units for individuals to the Chicago Campaign had relatively non-restrictive housing criteria, such that the vast majority of participants met the criteria for these units. As evidenced by the “Program Criteria, Unit Availability, and Client Characteristics for Individual Portion of the Chicago Campaign” chart, this relatively non-restrictive housing accounted for a very small percentage of the total available housing.

Importantly, saying that an agency *committed* units does not necessarily mean that those units are *available* to Chicago Campaign participants. Unfortunately for providers and participants in the Chicago Campaign, some of the least restrictive housing for individuals never became available. According to leaders in the Chicago Campaign, reasons for committed units not becoming available include lack of vacancies in housing programs, miscommunication between housing program staff and providers in the Chicago Campaign, and staff turnover at housing agencies. As a result, programs with some of the least restrictive eligibility criteria have housed no Chicago Campaign individual participants. Such developments have placed a great deal of stress on the individuals SIT team, as team members struggle to find adequate substitutes among remaining programs that have more restrictive criteria.

The “Program Criteria, Unit Availability, and Client Characteristics for Individual Portion of the Chicago Campaign” chart also illustrates that AFC’s Samaritan Program has committed the most units to the Chicago Campaign for individual participants (20 units) and has housed the most participants (17 individuals), yet only 35% of the participants meet this program’s eligibility criteria. In other words, the housing program that perhaps has been the most successful in housing participants is not even an option for 65% of the Chicago Campaign individual participants.

In some cases, external issues undercut housing providers’ dedication of units to the Chicago Campaign. In one instance, a funding delay from the City meant that 10 units for individuals that had been dedicated to the Campaign did not become available until June 2011, which was nine full months after Registry Week. As one housing provider commented, “being at the mercy of external entities” has been the main hurdle in getting the housing piece together.

This “mismatch” between the type of available housing and the needs of Chicago Campaign participants constrains the referral system. Successfully housing a participant, to some degree, depends on how well the participant matches the units that are available. One outreach worker noted almost ironically that at times participants who have the most challenging issues (for example, severe mental illness or substance abuse) are the “easiest” to house because they match a certain criteria for a specific housing program. If participants fit a niche program and that program has an opening, housing can occur relatively quickly.

Regardless of how successful the outreach workers are in contacting and staying connected with Chicago Campaign participants, a housing unit will not necessarily be available for that participant. One informant’s reflection was representative of most outreach and housing providers’ assessment. He/she noted, “The biggest obstacle is that this isn’t a true Housing First model. If it was, our initial outreach efforts would have been more successful...If 100,000 Homes is to become really sincere, it will lower the threshold of housing requirements.” This

challenge reflects problems with the larger homeless system in Chicago: an inadequate supply of permanent supportive housing and the absence of a system-wide Housing First approach to homelessness.

Effective Housing Partnerships

The “Program Criteria, Unit Availability, and Client Characteristics” chart illustrates that AFC’s Samaritan Program has housed the most Chicago Campaign individual participants (17 individuals). There are two likely reasons for Samaritan’s success. First, while Samaritan’s requirements are restrictive and the program has strict documentation requirements that prove challenging for many applicants, the Samaritan program loosened its requirements in order to be more accessible to Chicago Campaign participants. Additionally, AFC’s Outreach Coordinator (whose role is discussed in greater detail below) assists outreach workers with completing all paperwork that is required for the Samaritan application. She shepherds the outreach worker and participant through the application process so that by the time the participant meets with the Samaritan representative, he/she has been approved for the program and can immediately begin the work of locating an apartment. In these ways, the relationship between the Chicago Campaign and the Samaritan program represents how a functional centralized homeless system works.

The “Program Criteria, Unit Availability, and Client Characteristics” chart shows that the VA has housed the second most Chicago Campaign individual participants (8 individuals). AFC collaborates closely with the VA, in part through the VA representative’s regular attendance at the bi-weekly SIT meetings (discussed in greater detail below). This constant communication helps to facilitate the referral process between outreach workers and the VA’s housing.

Engagement in Housing Case Management

Once participants are housed, yet another engagement process ensues, as they must meet with their new case managers. Most of the housing partners provide case management services as part of their permanent supportive housing. A staff person at Interfaith House provides case management services to Chicago Campaign individual participants housed at the two programs that do not offer intensive case management (CHA’s senior housing and HPRP).

This engagement can be challenging in some instances. Getting acclimated to housing and supportive services is a new process for individuals who in many cases have been living on the streets for much of their adult lives. The Interfaith House case manager, in particular, faces challenges similar to those that outreach workers face when first trying to connect with Chicago Campaign participants.

SIT Meeting Attendance

For the most part, housing agency representatives recognize the value of the SIT meetings, and many wish they could attend more regularly. They simply are not able to find the time to attend these meetings, however, given all of their other responsibilities. Overall, the issue of time – not lack of interest or desire to participate – prevents representatives from attending.

Inappropriate Referrals

Some of the housing agencies, particularly those that do not send representatives to the SIT meetings, faced problems with inappropriate referrals early on. There is a challenge of educating referral sources about each agency's different eligibility criteria and requirements.

Unclear Referral Process to Housing

Also early on in the project, one housing agency struggled with receiving referrals related to the Chicago Campaign from multiple outreach workers. This provider preferred to have one point person making referrals so that there would not be confusion over who was referred and to ensure that caseworkers at this agency do not exceed their maximum caseload. This provider worked with AFC to centralize the referral process so that any new referrals for Chicago Campaign individual participants come through the Housing Coordinator at AFC.

Availability of Units

Perhaps one of the biggest struggles housing partners faced was beginning to match Chicago Campaign participants with available units at their programs. When housing agencies signed on to the Campaign, they dedicated a specified number of units to the Campaign (see the Program Criteria, Unit Availability, and Client Characteristics chart).

Some housing agencies had available units at the beginning of the Campaign, but due to the delay in outreach efforts, they did not receive any referrals related to the Chicago Campaign for several months. This delay put housing partners in a difficult position. As one explained, there was a significant period of time between when his/her supervisor made the housing commitment to the Chicago Campaign and when the Campaign had a list of participants. In the interim, this housing agency filled the dedicated units. The agency had applicants who needed housing, and they could not keep the units unfilled. The interviewee explained that, as housing providers, "it does not look good if you have open units," which can cause problems with their funders. Once residents left the program, the agency was able to re-designate the units to the Chicago Campaign.

This gap between having available units and appropriate 100,000 Homes referrals remains a challenge for some housing providers. One housing provider explained how difficult it is to keep a space open for a Chicago Campaign participant when there are non-residential consumers who already are connected to the agency, in need of housing, and ready to move in immediately. He/she explained, "We're waiting two weeks for a 100,000 Homes participant, and we have a [consumer] who could move in today. It's hard." He/she felt they were doing a "disservice to the community." The intake process takes time, since the housing agency has to find the Chicago Campaign participant, set up an intake time, and hope the participant will follow through. Eventually, the agency might have to go to its wait list, since they cannot have a unit vacant for more than one month.

To be clear, this gap does not indicate that there is an abundance (or even an adequate number) of units dedicated to the Chicago Campaign. Rather, this gap further highlights the "mismatch" between restrictive housing criteria coupled with unit availability and the circumstances of Chicago Campaign participants.

The Recipe for a Speedy Housing Process

October 2011 was a particularly successful month for the individual portion of the Chicago Campaign. Several Chicago Campaign individual participants were housed throughout the month, and the time it took to house these participants was relatively speedy. The following description of how the outreach and housing process worked for one of these participants illustrates what factors contribute to a speedy housing process.

The participant was newly assigned to the outreach worker. The outreach worker's first step was to reach out to the contact person listed on the survey from Registry Week. This contact had known the participant for year and knew where he was staying downtown. She was present the first time the outreach worker met the participant and introduced them. The participant gave permission for the outreach worker and contact person to continue communicating. The contact person also was responsible for giving the participant a cell phone. He and his outreach worker talked frequently by phone.

The outreach worker began an application for Samaritan the first day he met the participant. The outreach worker also placed the participant in a temporary housing unit. The participant qualified for Samaritan based on a medical condition, but he had no relationship with a medical provider and thus was unable to obtain documentation of his condition. The outreach worker scheduled an appointment for the participant at a clinic. According to the outreach worker, the benefits of this connection were twofold: (1) the doctor provided the required medical documentation and (2) the participant felt comfortable with the doctor and established a long-term medical care contact.

AFC's Outreach Coordinator assisted with submitting the referral paperwork to Samaritan. The outreach worker accompanied the participant to his intake appointment and a follow-up appointment at Samaritan. The Samaritan case manager connected the participant to a landlord in the neighborhood where he wanted to live. The participant passed the background check, and the next day, the Samaritan case manager and the participant met the property manager at the apartment building and signed the lease.

After signing the lease, the outreach worker took the participant to a furniture store in the neighborhood, where the participant selected furniture. The outreach worker faxed the invoice to AFC's Housing Coordinator and made arrangements for the store to deliver the furniture. In the interim, the property manager provided a fold-out mattress for the participant to sleep on. After a long period of homelessness, this participant is now housed in his own apartment, in the neighborhood he desires, and is connected to long-term medical care and supportive services.

In sum, the housing process worked so well in this case because of:

- Participant listing a contact person on his survey with whom he remained in touch
- Participant having a cell phone that helped to maintain contact with the outreach worker
- Communication and collaboration among agencies
- Availability of a temporary housing unit for participant
- AFC's Outreach Coordinator's assistance with referral paperwork to Samaritan
- Clinic connection to obtain required medical documentation
- Participant's readiness for permanent housing
- Samaritan's quick response and referral to a landlord
- Helpful property manager
- Furniture assistance

Delayed Outreach

Outreach workers faced a further challenge in engaging with participants due to a delay in when funding from the city became available and thus when the contract was signed with AFC to administer the overall campaign and then with HHO to do outreach. Although Registry Week took place August 25-27, 2010, AFC did not begin its coordination work until November 1, 2010. AFC hosted the first SIT meeting on November 15, 2010. HHO did not begin its outreach work until December 1, 2010. As is clear from this timeline, three full months elapsed after the vulnerability surveys were done and concerted outreach efforts began. There was some limited searching for Chicago Campaign participants between August and the end of November, but nothing like the coordinated and focused efforts of the current outreach entities. As a result, outreach workers have been playing “catch-up” since the surveys were completed with homeless individuals during Registry Week. Multiple outreach staff noted that the change in seasons that elapsed between Registry Week and the commencement of funded outreach efforts is significant, because where homeless individuals stay often varies based on the season or weather. This delay had a “snowball effect” in that it impacted housing agencies’ ability to dedicate units to the Chicago Campaign once participants were eventually referred. As discussed previously, some housing providers that committed units for Chicago Campaign participants shared anecdotally that they filled some of those units in the time that elapsed between the commitment and the identification of appropriate Chicago Campaign clients. While we do not know the number of units that were filled in the interim and thus are unable to quantify the impact of the delayed outreach in this respect, housing providers noted this mismatch as a challenge to housing Chicago Campaign participants.

Adding New People to the Chicago Campaign’s List

Because of the difficulty outreach workers participating in the Chicago Campaign have encountered in locating identified participants, more individuals have been added to the original list of 262 participants. As more time passed since Registry Week and it became more difficult to locate participants, partner agencies began identifying consumers with whom they already were working as vulnerable and thus eligible for services through the Chicago Campaign.

This development has allowed the Chicago Campaign to house vulnerable homeless individuals who were not surveyed during Registry Week. This development has been uneven, though, as one housing provider expressed frustration with not being able to add new people to the list. This provider does not attend the SIT meetings and therefore may not know that new participants have been added. Another housing provider is aware that he/she can administer the vulnerability survey to consumers with whom she is working, but she is hesitant to do so with some consumers who are paranoid and find the process of answering all of the survey questions too anxiety-producing.

The unevenness of how the Chicago Campaign’s list has been opened raises questions about how vulnerability is determined and the process of creating a centralized homeless referral system. We discuss these questions further in the final section of the report.

Keeping Housed Participants Housed

As Chicago Campaign participants have moved into housing, challenges have arisen with keeping some of them housed. These challenges are especially likely when participants are

renting from private landlords. Two participants (“the twins” who have been written about in *The Chicago Tribune*) were evicted by their landlord, and the housing program did not have any available units to where they could move. AFC’s Housing Coordinator helped to transfer the participants to another housing provider, but the issue revealed that no formal process was in place to respond to issues such as this one. This situation points to a larger question of what is the role of the Chicago Campaign’s partner agencies once a participant moves into permanent housing, and whether partners should raise challenges regarding housed participants at the SIT meetings to return participants to the SIT process in a formal way. We discuss this issue further in the final section of the report.

Although no other participants have been evicted, Chicago Campaign partners recognize the need to continue to support participants once they are housed. In interviews and SIT meetings, partners commented that the process does not end when a participant is housed. Rather, “the hard work of keeping them in supportive housing” begins.

Key Findings

Need for a Formal Resourced Project

The over-reaching take-away from this evaluation is that the Chicago Campaign will find it difficult if not impossible to meet its goals if it relies on an ad hoc, largely unfunded structure. The majority of the progress that has occurred is due to the funding of coordination and outreach. Many of the challenges are related to the incorporation approach outreach entities that have not received funding specific to the Chicago Campaign have had to take and lack of incentives for the housing provider’s participation. In stating this we are not in any way under-estimating the value of the work contributed by providers and advocates in management, outreach, housing placement and case management, who have not received funding specifically for the Chicago Campaign. It is amazing what they have accomplished. The Chicago Campaign leadership has done an admirable job of leveraging and coordinating existing resources, as evidenced by the fact that by August 10, 2011, 160 vulnerable individuals (61.1% of the 262 participants) had been contacted by outreach workers and 59 vulnerable individuals (22.5% of the 262 participants) had secured housing. The current effort alone has been, and we believe will be, insufficient to build a systematic approach to work with and place the vulnerable homeless individuals in housing. The outreach and housing challenges detailed throughout this report point to the need for a funded effort in order to achieve even more success with contacting and housing vulnerable homeless individuals in Chicago.

Need for Persistent, Ongoing Outreach

The varied outreach efforts discussed above make clear that persistent, ongoing outreach is essential for the Chicago Campaign approach to have any chance of working. This type of outreach is one of the driving forces behind the success that the Chicago Campaign has had with individual participants thus far. For instance, a housing agency representative discussed a gentleman who recently had been placed in his/her housing program. The participant had been located by an outreach team months prior. He had obtained all of his documents and completed his housing assessment and then “practically fell off the face of the earth.” In the month prior to the interview, he had made “a complete 180.” He started following through, made appointments with his housing case manager, and was on time or early to these appointments. At the time of our interview, he was in housing and adjusting. He was slowly beginning to understand what is

expected of him, was working well with the housing program, and was motivated to keep his apartment.

The housing representative attributed the “active process” and persistent outreach efforts of providers in the Chicago Campaign with being able to serve this person. The representative explained that success or access often is left in the consumer’s hands, but the Chicago Campaign does not operate that way. The Chicago Campaign providers take more responsibility and make sure consumers know the consequences. “We don’t just move on to the next client if you miss an appointment. We continue to work with the client as long as we can contact them.” The Chicago Campaign is more adaptive to this population’s needs and to the reality that their ability to follow through is diminished. As one provider said, “Long-time homeless people keep falling through the cracks of the traditional homeless system in Chicago. 100,000 Homes does a pretty good job of filling in the gaps and fits the consumer rather than expecting the consumer to fit the services.”

Outreach workers also reflected on the importance of consistently following through with participants. The housing application process can be difficult to navigate and can drag on while participants are gathering the required documents and then waiting for a unit to become available. Importantly, outreach workers provide practical assistance that helps to expedite this process. Outreach workers help participants complete written applications and then submit them directly to housing providers. They also help participants access required documentation to verify they meet housing programs’ eligibility criteria. For instance, because HHO has a clinic that provides medical and mental health services to low-income individuals, HHO outreach staff can schedule appointments for participants at this clinic and provide transportation to appointments. This connection is especially useful since some of the housing programs require that applicants have a certain medical or psychiatric diagnosis. The SIT meetings also can be helpful in securing documentation for housing. At one meeting, a partner who regularly attends shared that he is a Certified Alcohol and Drug Counselor (CADC) and volunteered to do assessments and sign paperwork verifying substance abuse for participants who were unable to secure this on their own. Some outreach workers are able to transport participants to housing intake appointments, as well as medical and psychiatric appointments to obtain needed documentation.

Focus group participants who have received permanent housing through the Chicago Campaign indicated that this persistent outreach provided much needed encouragement throughout the engagement process.

The nature of participants’ relationships with outreach workers also made the Chicago Campaign stand out from other housing programs. Focus group participants shared how they had been let down by numerous programs before engaging with the Chicago Campaign. They explained how in the past when they filled out paperwork for housing, it was just put in a binder and stuck on a shelf somewhere. Nothing ever happened with it. With the Chicago Campaign, however, participants felt as if their outreach workers genuinely cared for them. Because outreach workers followed up on what they said they were going to do, participants gradually began to feel that they could trust them, despite their negative past experiences with homeless services staff who

made promises that went unfilled. As one participant shared, other programs sell you a dream that never comes true.

A similar theme about the importance of outreach workers dominated the discussion in the focus group with Chicago Campaign individual participants who have not yet been housed. Participants talked about their outreach workers' diligence, persistence, and compassion. They expressed feeling that their outreach workers are doing everything they can to connect them to permanent housing. The outreach workers provide them with the emotional support to stay invested in the program and keep them going even when they face setbacks. As one non-housed focus group participant emphatically summed up, "They do their job."

Importantly, outreach workers' persistence pushed participants to follow through on the things they needed to do, such as going to a doctor's appointment to obtain documentation of a medical condition. Even though it was difficult at times to gather all of the necessary paperwork, participants expressed that they were willing to do so because they saw how much their outreach workers cared and thus had faith that their efforts would lead to housing.

Need for More Housing with Non-restrictive Eligibility Criteria

The struggles that outreach and housing providers alike have faced in moving Chicago Campaign participants into permanent supportive housing indicates the need to dedicate more housing units that have few if any eligibility criteria to the Chicago Campaign. The Chicago Campaign did not create any new housing in Chicago. Rather, it implemented a system that prioritizes people in a different way in order to access resources that otherwise would not likely have surfaced for them. To achieve this goal, the Chicago Campaign asks housing providers to make the most vulnerable homeless individuals their priority for placement in their programs. Without new housing that is immediately available and easily accessible, the Chicago Campaign will struggle to meet its goal of housing the most vulnerable homeless in Chicago.

Need to Quickly House Contacted 100,000 Homes Participants

Currently, the average and median length of time between an outreach worker's first contact with a participant and that participant moving into housing is approximately 4.7 months.⁶ This process takes so long because of the amount of time it takes for participants and outreach workers to compile all required documentation for housing applications and because of the amount of time it takes to locate an available housing unit, even after the housing agency has accepted the applicant into its program. During this time, outreach workers and participants frequently lose contact, resulting in some participants never securing housing through the Chicago Campaign. Considering streamlining the application process, developing a policy of presumptive eligibility, and/or having a stock of emergency temporary housing during the placement process could facilitate speedier housing.

⁶ There are 59 Chicago Campaign individual participants who were stably housed as of August 10, 2011. The average and median length of time between an outreach worker's first contact and moving into housing calculations are based on the 38 participants who went through the typical SIT process to access housing. Of the 21 housed participants who are not included in these calculations, 13 participants are not in units dedicated to the Chicago Campaign (for example, they are living in market-rate housing, with family, or in other permanent supportive housing) and 5 participants in permanent supportive housing units at programs that have dedicated units to the Campaign, but these 5 participants did not secure these units through the SIT process. There was incomplete data for the 3 remaining participants, so they are not included in this part of the analysis.

Importantly, two of the three participants in the focus group for non-housed participants were staying in Heartland’s temporary housing units at the time of the focus group. The third participant was staying in a shelter. The two participants housed in the temporary units stressed the importance of being able to get off of the streets. One participant, in particular, talked at length about how living on the streets harms people mentally and physically. With the temporary unit, he has been able to have some peace of mind, although he still has trouble sleeping through the night. The other two participants agreed, with one commenting, “It takes some of the pressure off to have a temporary place.” This participant noted that it is especially helpful to have somewhere stable to stay given that he has a disability. He explained that without a stable place, it is hard to have proper rest, which complicates health problems. The third participant reflected on how being homeless makes it difficult to find a job. He explained that he has to carry all of his bags with him while he is out looking for employment and that it is hard to maintain his hygiene. Additionally, dealing with the stress of not knowing when he will be able to eat next is a severe hardship.

It also is noteworthy that the temporary housing placement strengthened participants’ connections to their outreach workers and their investment in the Chicago Campaign. Referring to the temporary unit, one participant said, “I’ve never experienced anything like that. You’re not on the street. They get you off the street.”

Important Lessons

Centralized Coordination

The role of AFC’s Housing and Outreach Coordinators has been critical and needs to be maintained. In our interviews with outreach and housing staff from participating agencies, a common theme was the importance of the coordinators in:

- Negotiating and driving the complex series of interactions with agencies necessary to match individual cases to placements:
 - Through the staffing of SIT meetings
 - Through one-on-one communications outside of SIT meetings
 - Facilitating contact between outreach and housing providers
- Assigning Chicago Campaign participants to outreach teams, providing accurate and complete follow-up information, and tracking the contact outcomes of both contacted and non-contacted participants
- Identifying the availability of committed housing
- Being a problem-solving and information resource for housing and outreach providers
- Maintaining and nourishing the connections of providers to the Chicago Campaign

A Strengthened SIT

The SIT meetings are a useful tool for coordination and problem-solving, especially for the outreach efforts. However, there are a number of questions about the limitations of and constraints on SIT that merit some discussion.

- There is a lack of participation by housing agencies, making them less central to the placement process.
 - Most have thin resources, with limited staff and limited time
 - There is no incentive for them to attend

- Often there is no housing available from the agencies that can be utilized by the individual SIT
- In turn, the narrowing of SIT discussion to outreach concerns and the participation of a limited set of individuals makes it more difficult for non-regular attendees to move in and out of meetings and discuss their concerns.
- It is very difficult to review all coordination information and cover all problem-solving deliberations on specific individuals during the allotted time.

Funded, Persistent Outreach

The more persistent and ongoing outreach approach, which is conducted by the funded outreach team, has had the most success in finding and reconnecting to vulnerable individuals.

- The funded outreach team has greater capacity and has reached more people.
- They have a documented approach.
- They have many more reported contacts per individual, at an average of at least 6 times more per person.
- Although limited in their scope of outreach to their service base (and only half attend SIT meetings), the volunteer outreach efforts are an excellent approach to integrating outreach into the scope of their already existing service delivery.
 - They use their knowledge and expertise of a specific population of which they have a great deal of familiarity.

Case Management and Advocacy

Outreach is more than re-contacting an individual; it entails consistent and timely follow-up, intensive case management, and advocacy.

- In both interviews with outreach workers and coordinators and focus groups with participants, intensive case management and advocacy were identified as key in getting individuals successfully housed.
- In a diagram (Appendix A) outlining individuals' engagement processes and various "paths" to housing through the Chicago Campaign, the role of the outreach team is pervasive throughout the whole process.

Consistent Contact with Participants

Being able to consistently contact a person was an important factor in the initial re-contact and increased the likelihood that a person would successfully get a housing placement. These outcomes point to the possible value of providing dedicated phones and or immediate interim housing to participants to expedite placement.

- Outreach workers, in describing their interactions with participants through the placement process, describe the importance of being able to connect with participants in a timely manner.
- Both data and focus groups with participants underscored the increased success of participants with a phone or stable contacts in obtaining a placement.

Restrictive and Limited Housing

The lack of immediate available housing with flexible requirements is a clear challenge to the Chicago Campaign and also points to challenges to Chicago's Housing First System.

- In most cases, less than half of the participants, ranging from 5% to 48%, met the requirements of a specific available housing program.
- Housing program requirements imposed by varying funding streams restrict the ability of individuals to enter.
 - For example, according to the VA liaison, only 34 of the 89 individuals who reported being a veteran were eligible for veterans housing due to discharge status, length of service, income requirements, and homeless status (chronic homelessness).
- The level of documentation required, including signed attestations by professionals such as physicians, etc., can delay occupancy.
- Compounding these issues, many of the housing *promised or dedicated* to the Chicago Campaign have not been *available* when a placement was needed.

Centralization Opportunities and Challenges

The integral role of coordination and the complexity of matching individuals to the mosaic of available housing point to the need for a centralized system to assist individuals in finding a housing match. At the same time, we found some attitudinal and operational challenges to centralization.

- Some housing staff expressed fear about a centralized system and being unable to specialize in housing – e.g., programs for women, substance abusers, and the mentally ill.
- In some cases, housing was available but there was not an immediate “fit” on the Chicago Campaign roster. However, at the same time an individual was already identified by the housing agency who staff felt would meet the vulnerability requirement.

Integration of 100,000 Homes into Larger Homeless System

There needs to be more integration and a recommitment from the larger homeless system for the Chicago Campaign.

- Outreach workers reported that were not able to access HMIS to locate participants.
- Housing providers reported a lack of information or clarity about the overall status of the project within their agency and the larger homeless system.
 - Some said they felt that this has been a consistent problem and that the roll out of the program had been abrupt and had not engaged the whole homeless system.
 - There had not been any continued feedback other than the person to person contact – which was valued – with the placement coordinator.

Engagement beyond Housing

It is unclear what happens after a participant is housed. What is the relationship like between the individual SIT and the participant after he/she is housed?

- Agency staff raised questions about what happens if the participant runs into problems at a particular housing program. Should it be brought back to SIT, to the Housing Coordinator, or is it the housing agency’s issue to deal with?

Section V: The Chicago Campaign – Families

Coordinating the Chicago Campaign for Families

During Registry Week, 114 families were interviewed and 112 were identified as vulnerable. As mentioned in the Introduction, Chicago was the first city to include homeless families in its local 100,000 Homes initiative and piloted the family vulnerability survey during Registry Week. As a result, surveyed families had three different vulnerability scores: (1) head of household vulnerability, (2) family vulnerability, and (3) combined vulnerability. The head of household vulnerability is assessed the same way vulnerability is calculated for individuals. The family vulnerability is assessed based on additional variables specific to families that were included only in the family survey. The combined vulnerability results from adding the head of household and family vulnerability scores.⁷ Initially, based on Community Solutions' direction, Chicago used the head of household vulnerability score to determine whether surveyed families counted as vulnerable. Based on this head of household vulnerability score, about 30 families were considered vulnerable. Family SIT first focused on contacting and housing these vulnerable families.

CSH adapted AFC's SIT process to coordinate the contacting and housing of families in the Chicago Campaign and designated a staff person/intern to facilitate the family SIT. The first family SIT meeting occurred on September 10, 2010, and partners who attended began the process of matching vulnerable families to the appropriate housing agencies based on the characteristics of the family that were known from the Registry Week survey.

The organizations that have participated in the family SIT include:

- AIDS Foundation of Chicago
- Beacon Therapeutic
- Case Norte
- Christian Community Health Centre
- Heartland Housing
- Heartland Human Care Services
- Inner Voice
- Inspiration Corporation
- Jesse Brown Veteran's Administration
- New Moms
- Primo Center
- Renaissance Social Services

It quickly became evident to the family SIT participants, however, that the family vulnerability tool (which was a pilot) was not adequately capturing families' vulnerability. Providers knew that most of the families surveyed during Registry Week were facing dire circumstances, such as potential family separation, but this reality was not reflected by the head of household vulnerability score. As one leadership person noted, the homeless individual vulnerability index was developed based on homeless individuals who are living on the street, which is a profile that

⁷ This explanation of family vulnerability calculations is detailed in the Corporation for Supportive Housing's 12/17/2010 report "The Chicago 100,000 Homes Campaign 2010 Registry Week Report: August 22 to August 27."

is less relevant to homeless families. For one, homeless families are more likely to stay in shelters and less likely to be on the street. Second, the average age of family heads in the Chicago Campaign is younger than that of individuals (37 for family heads vs. 52 for individuals). Third, heads of homeless families might be less affected than homeless individuals by certain health conditions included on the vulnerability survey, especially those related to exposure to extreme weather conditions, due to not living on the street and their younger age.

Given these discrepancies between the general circumstances of homeless individuals and homeless families, the family SIT started to think, as a group, that the vulnerability tool was not working as an adequate assessment of family vulnerability. As a result, the family SIT moved to look more holistically at families and ultimately included all surveyed families on the vulnerability list. Around February 2011, family SIT members began outreaching to all surveyed families.

Engaging and Serving Participants

Using Existing Organizational Relationships

Unlike the individual portion of the Chicago Campaign, the family portion received no funding for targeted outreach services. Thus, all outreach entities have taken the “incorporation approach” to outreach, as discussed in the Individuals section above. Beacon Therapeutic has been the lead outreach entity for the family SIT and assumed this role because of its position as a leading provider of services to homeless families throughout Chicago, its influence on policy related to homeless families, and its long-term relationships with a number of homeless shelters throughout the city through its Shelter Outreach Services (SOS). SOS staff currently work in 27 shelters to provide mental health services to families and thus already were familiar to shelter residents and staff at the outset of the Chicago Campaign. Additionally, as Beacon Therapeutic staff members explained, “We’re already working with the most challenged.” Beacon Therapeutic’s mission and work to bring services to the most vulnerable homeless families aligns closely with the vision of the Chicago Campaign, and SOS staff were positioned uniquely to provide services to the most vulnerable homeless families in Chicago, as identified through the Registry Week surveys. According to CSH staff, Beacon Therapeutic was the natural choice to do outreach to Chicago Campaign families in shelters.

Following Registry Week, all outreach providers immediately began outreach to families. According to Beacon Therapeutic’s liaisons to the Chicago Campaign, approximately 90 percent of the Registry Week surveys with families were administered by Beacon Therapeutic staff members; thus, Beacon Therapeutic did not have to find these participants in the same way that outreach workers had to find individuals, many of whom were living on the street, who had been surveyed during Registry Week. In many cases, Beacon Therapeutic already knew where these families were staying. Beacon Therapeutic also searched their client database for matches to any 100,000 Homes families. As early as August 2010, they identified Chicago Campaign families who already had open cases with Beacon Therapeutic and actively pursued them.

Similar to the individual SIT, family SIT meetings early on provided effective opportunities to quickly match Chicago Campaign participants to housing. For instance, if it was clear that a family was eligible for a certain program (such as HUD-VASH through the VA), that family would be removed from Beacon Therapeutic’s outreach list and assigned directly to that housing

provider to follow-up and engage the family. Additionally, a representative from Amani House occasionally contributes to the family SIT process and thus can serve as a point of contact for vulnerable families residing at that shelter. At any given time, a number of agencies can be providing outreach services to specific families.

Shelters as a Starting Point for Engagement

A key difference between the individuals and families vulnerability survey is that the individuals survey included a number of questions to capture possible ways to contact individuals following survey week:

- “Does anyone else usually know where you are?”
- “Do you have a phone number that we could call to find you?” “If yes, what is your number?”
- “Are there any other places you might sleep outside or a shelter you might go to?”
- “Where was the last place you were housed?”

The family vulnerability survey included no such contact information questions. As CSH staff explained, they were only able to add a certain number of questions to the individual survey when developing the family vulnerability pilot. This limitation did not allow for the inclusion of multiple contact possibilities for families. Adding this information is a goal for the next iteration of the family survey. As a result of this omission, Beacon Therapeutic staff, as well as other agencies providing outreach and housing services to families in the Chicago Campaign, relied on staff at the shelters where families were surveyed during Registry Week to connect with families that qualified as vulnerable. A VA representative, for instance, shared his/her experience of leaving multiple messages with staff at various shelters in his/her attempts to contact Chicago Campaign families assigned to the VA. Because Beacon Therapeutic’s SOS staff already are stationed in shelters, they were able to attempt to connect directly with families on-site at the shelters and did not have to rely only on sending messages through shelter staff to connect with families.

Outreach Strategies

Similar to the outreach strategies shared by providers in the individual portion of the Chicago Campaign, family providers stressed the importance of building relationships with families and staying connected throughout the process of trying to secure housing. In addition to obtaining primary numbers and emergency contact information for participants, as well as providing them with a business card that lists staff’s cell phone number, Beacon Therapeutic representatives credited the quality of the relationships their providers develop with participants as a key strategy that allows for effective outreach work. Specifically, they discussed how their children’s services are a “hook” for families to stay connected with Beacon Therapeutic, even after they move out of shelters. Families continue to see Beacon Therapeutic as a resource for their children, which keeps them engaged with the agency. Additionally, Beacon Therapeutic representatives commented on how adept their psychiatrist and psychologist are at engaging families. In some instances, Beacon Therapeutic has lost contact with a family, but has been able to reconnect when the families call specifically to schedule an appointment with the psychiatrist or psychologist. In this way, Beacon Therapeutic’s non-shelter resources become extremely valuable in reinforcing relationships with shelter clients.

Similarly, an interviewed Chicago Campaign family participant reflected on the strength of her relationship with her outreach worker. She explained that she has never lost touch with her outreach provider, in part because she has been so excited about the wealth of services to which her outreach worker has connected her. Beyond housing, she has received assistance with mental health and substance abuse issues, as well as legal assistance regarding establishing full guardianship of her grandchild. Her outreach worker also connected her to vital move-in assistance, such as help with paying old gas and light bills and vouchers to purchase household items. She described her outreach worker as one of the most helpful aspects of the Chicago Campaign, in part because he/she “really, really went the extra mile to make sure everything is okay for me.”

Collaborative engagement. A good example of an effective outreach strategy is when agencies participating in the family SIT work together directly to engage participants. The VA has been able to house only one Chicago Campaign family, and the VA representative only was able to connect with this family by seeking out Beacon Therapeutic’s assistance. A staff member at Beacon Therapeutic reached out to the family head and put her in touch with the VA. Since then, the VA has helped the family connect to mental health and other services at the VA that the family had not previously accessed, as well as helped the family secure an apartment with a HUD-VASH voucher.

Housing providers also commented on how helpful Beacon Therapeutic staff members have been by accompanying participants to housing appointments and helping housing staff to reach participants whom they have been unable to connect on their own. One housing provider shared how much she appreciates that Beacon Therapeutic staff members continue to work with participants once they are referred to his/her agency’s program and collaborate with the housing case manager. This provider values the added support provided by the referring outreach entity. In fact, when asked to share a success story from his/her work with the Chicago Campaign, this provider referred to a family that had been challenging to get ahold of but whom Beacon Therapeutic provided a lot of coordination. At the time of the interview, the family was housed and working with its housing case manager and outreach worker. The provider indicated that his/her agency’s collaboration with Beacon Therapeutic, as the referring agency, was at least partly responsible for achieving this success.

The Emergency Fund was another helpful collaborative partner and provided financial assistance to cover move-in costs, such as background checks, application fees, move-in supplies, household items, and furniture. An interviewed family participant stressed how much she relied on the Emergency Fund’s assistance and how grateful she was for this resource. This participant had been overwhelmed by her move-in costs, which included past due gas and light bills, to the point that worry about them kept her up at night. She identified the Emergency Fund as an aspect of the Chicago Campaign that worked particularly well for her.

Ongoing coordination. Beacon Therapeutic staff also explained that while initial assignments of families to outreach entities and housing programs occur in the family SIT meetings, this coordination is ongoing. For instance, as new housing units become available for Chicago Campaign families, the family SIT coordinator notifies Beacon Therapeutic’s liaison via telephone or email to ensure that families continue to progress through the housing process

whenever possible. This active coordination between SIT meetings helps to keep providers connected to the SIT process and resources flowing to vulnerable families.

Outreach Challenges

Despite the persistent outreach efforts of providers, Beacon Therapeutic's unique relationship with shelters throughout Chicago, and strong relationships between outreach workers and Chicago Campaign participants, a number of challenges have made it difficult for providers to locate and remain in contact with families following Registry Week.

Shelter contact no panacea for limited and inaccurate contact information. As noted above, there was a relative lack of contact information included on the family vulnerability surveys. One housing provider noted that he/she thought it would be easier to reach families, but this has not been the case. This provider mentioned that he/she did not receive personal phone numbers for family heads and only had the shelter phone number to call. In the one instance when this housing provider successfully reached a referred participant, this occurred because he/she emailed a contact at Beacon Therapeutic to request help in connecting with this particular family at the shelter where the family was interviewed.

He/she described this process as "much healthier and less time-consuming" than calling shelters on his/her own to leave a message for a Chicago Campaign participant. He/she indicated that leaving messages with shelter staff was not particularly reliable. This provider shared that it was particularly challenging to try to reach a family residing at a domestic violence shelter. The domestic violence shelter staff were unable to release any information about the resident due to confidentiality requirements. This provider never was able to connect with this family. The confidentiality restrictions and lack of direct contact information for the family posed significant constraints.

An interviewed Chicago Campaign family participant also expressed her dissatisfaction with the practice of relying on shelter staff to re-connect with her after Registry Week. This participant, who received housing through 100,000 Homes, explained that it took shelter staff one month to tell her that an outreach provider was trying to reach her. While this participant expressed her overall satisfaction with her experiences related to the Chicago Campaign, she shared that there were better ways to reach her than going through the shelter staff. She suggested asking for her personal contact information during the survey and for a contact person's number. Since this participant stays in contact with her mother regularly, she was confident that passing a message through her rather than shelter staff would have been more efficient. This participant also wished that outreach workers had been more persistent with shelter staff to pass on the message, for example by talking with the shelter director, or had come out to the shelter to try to make contact in person. While outreach workers may have done so, this participant was not aware of any such effort. She also mentioned sending a written letter to her at the shelter as a final alternative contact attempt.

Delayed outreach for some families. Although outreach work began immediately following Registry Week, it is important to keep in mind that from September 2010 through January 2011, the family SIT members were outreaching only to those initial 30 families that qualified as vulnerable. Thus, there was about a five month delay from the time when the

additional families were surveyed during Registry Week and outreach efforts began to those families. Family providers faced challenges similar to those associated with the delay in implementing funded outreach to Chicago Campaign individual participants. For instance, families could have moved from the shelter where they were living during Registry Week in the ensuing five months. Such moves were particularly challenging to outreach efforts since the family survey did not collect any contact information (such as a telephone number or third party contact). For the most part, contacting the shelter where the family was staying at the time of the survey was the first, and in some cases the only, lead outreach workers had to go on.

Families' mobility. Even without the delay in outreaching to all surveyed families, the comparatively fast rate at which families leave shelters is a barrier to outreach. Multiple providers commented that families “turn over quickly” in shelters, meaning they move unexpectedly, and shelters often do not have follow-up contact information for them. A CSH staff member shared that some providers suspect the follow-up contact information they have received is incorrect. They have called and left messages that are not returned, and they are unsure if the family is getting the messages they are leaving. Providers also shared that families may be more likely to “double up” with relatives or friends, who may be more open to temporarily housing a family rather than an individual because children are involved. These families can be doubled up anywhere, which leaves outreach workers and housing staff with no obvious avenues to try to locate the family. One provider added that some families are staying in cars, which makes it particularly challenging to locate them. This provider specifically indicated that family SIT participants need to be aware of this as they move forward with revising and administering the family vulnerability tool. In short, it can be very challenging for providers to figure out to where a family has moved, and thus providers sometimes simply are not able to find families once they leave the initial shelter.

Yet even beyond the initial contact, families' mobility poses a challenge to maintaining contact with Chicago Campaign families that have been re-contacted after Registry Week. As Beacon Therapeutic representatives explained, the population is so transient that even when staff complete an assessment with a family and open their case with Beacon Therapeutic, the family could move before the next scheduled meeting. One advantage that Beacon Therapeutic's SOS program provides is that since their staff cut across shelters, then can identify and re-engage with families when they turn up in a different shelter.

Lack of funded outreach for Chicago Campaign. Beacon Therapeutic staff, and other agencies providing outreach to vulnerable families, must contend with the same challenges faced by non-funded providers who outreach to vulnerable individuals. All of Beacon Therapeutic's SOS staff do work related to the Chicago Campaign, and all incorporate this work into their existing responsibilities. As Beacon Therapeutic staff explained, this is a challenge because SOS staff are committed to work they already are doing in shelters, such as facilitating support groups. If Beacon Therapeutic had a dedicated Chicago Campaign team, they could attend the family SIT meetings and provide continued support to families once they are housed.

Beacon Therapeutic's incorporation approach also means that it only can provide services to families who meet their eligibility criteria. For one, a member of the family must have a mental illness to qualify for the SOS program. While it is rare, some families decline Beacon

Therapeutic's services because of the stigma of mental illness. Additionally, families have to be living in shelter at the time they are referred to Beacon Therapeutic's SOS program in order to qualify for services. If a family opens a case with SOS staff at the shelter and then move, Beacon Therapeutic will continue to provide services to the family. But if a family first contacts Beacon Therapeutic when they are not living in shelter, Beacon Therapeutic cannot work with them. This means that if a family on the Chicago Campaign list surfaces for the first time while they are doubled up with family, for example, Beacon Therapeutic cannot provide outreach services to them. In such a case, Beacon Therapeutic would alert CSH of the situation and bring it to the family SIT meeting. Thus, similar to the constraints Thresholds Mobile Assessment Units face in outreaching to individuals, Beacon Therapeutic cannot provide services to all families in the Chicago Campaign.

Beacon Therapeutic's inability to work with some families is particularly challenging in instances when SOS staff know a Chicago Campaign family and have knowledge of their situation because of their work in the shelter where the family is staying but that family is not a Beacon Therapeutic client. SOS staff can feel caught in the middle as shelter staff expect them to know when the family will be connected to housing and the Family SIT Coordinator comes to Beacon Therapeutic with information for and questions about the family. According to Beacon Therapeutic representatives, these situations point to the need to streamline the outreach and housing coordination process by having one outreach agency.

Housing Challenges

The outreach challenges described above clearly complicate outreach workers' efforts to connect families in the Chicago Campaign to permanent supportive housing. Similar to the experiences shared by participants and providers connected to the individual portion of the Chicago Campaign, providers on the family side voiced common challenges that prevented even the most dedicated and engaged families from moving into housing.

Lack of housing for families. Perhaps the biggest barrier to housing families is that there simply is not enough available housing for families. Regardless of the dedicated outreach work provided by the Chicago Campaign, the family SIT did not have enough viable housing resources to connect families to. As discussed below, in August 2011, CSH stopped facilitating SIT meetings because there were no family units available to refer families to. The SIT process could not progress without housing options.

Income. Another significant barrier to housing families is that most permanent supportive housing programs require that applicants have an income. This has been a formidable barrier because so many Chicago Campaign families have no source of income (52 families – or 46% of families – reported no income source).⁸ One outreach provider commented that family heads who have a disability often are caught in limbo. They are unable to work due to their disability, but the SSI application process is long and challenging, as applicants typically are denied initially and must go through multiple appeals. While caught in this long application process, the families do not qualify for most permanent supportive housing programs due to not having an income.

⁸ The sources of income considered in this calculation are: pension/retirement, public assistance/welfare, SSI, SSDI, VA, work on the books, and work off the books.

Rigid housing program requirements. Even when income is not a program requirement, additional requirements disqualify many families from participating housing programs. Two of the housing programs that committed family units to the Chicago Campaign and do not require an income have a relatively narrow focus in who they will house. For instance, AFC dedicated two PACPI units to Chicago Campaign families. These units are reserved for mothers or pregnant women who are HIV+. No Chicago Campaign families fit this requirement, and thus none have been housed through this program.

Similarly, Beacon Therapeutic's FACT program houses single mothers ages 18 to 25 who have a mental health diagnosis and children age five or younger. While most Chicago Campaign families do not match these criteria, at least one family has been housed through this program.

Importantly, the VA, which has been an active outreach and housing partner, has been able to house only one family, despite its priority to house families. Like individuals, family heads must have an honorable discharge and meet length of service requirements. One referred Chicago Campaign family head had a dishonorable discharge, which prevented the VA from being able to work with that family.

Participants' backgrounds. Similar to Chicago Campaign individuals, criminal backgrounds and eviction histories prevent many families in the Campaign from qualifying for housing. For instance 27% (30 families) of Chicago Campaign family heads indicated on their vulnerability survey that they or another adult in their household had been in prison, while 46% (57 families) indicated they or another adult in their household had been in jail. Similar to the individual portion of the Chicago Campaign, many of the more involved family housing providers, such as Inspiration Corporation and the VA, provide a rental subsidy for participants to rent from a private landlord. These landlords and property management companies frequently require criminal background checks, which can disqualify applicants even when the housing agency has accepted them as clients.

Credit checks can prove equally challenging. An interviewed family participant shared that she had been evicted several years ago, which was the basis for at least one landlord to reject her application. In this instance, she paid \$70 for a background check, just to be turned away due to the past eviction. Not only was she disappointed to lose the apartment, she could not afford to lose the \$70. As a result, it took her one to two months after a housing program accepted her to find a management company that would rent to her. She eventually went through a management company that does not do credit checks. This participant also discussed how prohibitive the costs of application fees and background checks were during her housing search. While she receives cash assistance from TANF, which allowed her to meet the housing program's income requirement, the small amount of this monthly benefit was not enough to cover additional application costs. By finding a property management company that did not require a credit check, she also was able to overcome this financial barrier to housing.

Available apartment sizes. Across the board, outreach and housing providers identified the lack of larger apartment units as a barrier to housing. Available units, especially within

participants' rent ranges, often were too small for the family's size. One housing provider identified this as the biggest challenge in his/her agency's work with families in the Chicago Campaign. As an example, this provider commented on the stress of placing a family of eight or nine when only apartments with two or three bedrooms are available. Another housing provider, whose agency provides a rental subsidy, commented that it becomes quite challenging to house families of five people or more, especially with the parameters set for rent reasonableness.

Importantly, according to CSH's records, there is no indication that any family in the Chicago Campaign has been denied housing because its household size was too big. Thus, providers' reflections on the challenges associated with housing larger family may not necessarily indicate that household size prevents families from getting housed but rather lengthens the amount of time families spend trying to locate an appropriately-sized unit.

Again, it is important to keep in mind that even when apartment size is taken out of the equation, providers stressed that there simply are not enough resources dedicated to families. The demand far exceeds the supply.

Quality of available apartments. A number of issues were raised regarding available housing options, including the safety of the community, proximity to public transportation, and poor hygiene and other internal conditions of apartments.

An outreach provider shared that many of the communities where housing is available pose challenges regarding children's safety, as well as access to resources like healthcare and education.

This provider added that all of the families with whom his/her agency works rely on public transportation. Thus access to reliable public transportation and local resources is important for the Chicago Campaign families he/she serves.

An interviewed family participant, who described her current apartment as beautiful, also discussed her disappointment with the quality of many of the apartments she viewed on the private market before finding her current apartment. She explained that many of the landlords she met were only interested in getting her voucher and did not care about the conditions of their units or buildings. She viewed one particularly poor apartment that reeked of urine and had knocked-out windows. She believes that other homeless individuals are so anxious finally to have housing that they might settle for these hazardous living conditions out of fear that they will be unable to find a nice apartment or that it will take so long to do so. She referred to one of her friends who also has secured permanent housing through the Chicago Campaign but moved into what she described as a "trashy" low-income apartment. She reflected that her friend and she have accessed a widely different quality of housing, perhaps because she received a voucher and had some choice in where she ultimately moved, while her friend did not.

It is important to note that safeguards are in place to prevent participants in the Chicago Campaign from moving into poor quality housing. For instance, CSH staff explained that the housing agencies that have dedicated family units to the Chicago Campaign require that units pass a housing quality inspection before participants can move in to the units. Additionally,

according to CSH, of the 32 families in the Chicago Campaign that have moved into housing, 11 of these families appear to be in market-rate housing. Three of these families indicated they have a subsidized rent, and it is unclear whether the remaining eight families have rental subsidies. It is possible, then, that the interviewed family participant's friend discussed above had found housing on her own and therefore did not go through an inspection process.

Lack of temporary places for families to stay. One provider indicated that a difference between working with families and individuals in the Chicago Campaign is that there are fewer places where families can stay temporarily while working on securing permanent supportive housing. This provider explained that once his/her agency approves a family for housing, it can take two to three months to find an apartment. If a family needs housing immediately, a shelter usually is the only option, and there are more shelters available for individuals. This provider's agency has a contract with a family shelter where he/she can refer clients, but the shelter has a cut-off age of 12 for male children. Thus, the mother has to find somewhere else for her son to stay if she is going to stay in this particular shelter while searching for an apartment. According to this provider, there are more shelter options for individuals because there is just one person who needs to be housed.

Flexible requirements have not been an option. Similar to the individual portion of the Chicago Campaign, housing program requirements and availability contribute to a "mismatch" between housing and participants. In some respects, the family portion of the Chicago Campaign has been even more constrained than the individual portion with regard to this mismatch. As noted in Section II: The Chicago Campaign – Individuals above, AFC was able to loosen the Samaritan program's requirements in order to be more accessible to individuals in the Campaign. According to one CSH representative, this is not an option on the family side.

Systemic Challenges

As with the individual portion of the Chicago Campaign, a number of systemic issues arose as providers began their outreach and housing work with families. The family SIT adapted to these challenges by accessing newly available temporary housing assistance and consciously shifting its focus to systems change.

Ensuring Outreach for All Vulnerable Families

As discussed above, Beacon Therapeutic is the lead outreach provider for families in the Chicago Campaign. Based on its internal eligibility criteria, SOS staff cannot provide outreach services to Chicago Campaign families who do not have a mental illness. In these instances when a family does not qualify for Beacon Therapeutic's services, it is unclear what other agency becomes responsible for outreach, especially if the family does not qualify for a housing program such as FACT or a voucher through the VA. While we cannot quantify how many times this situation has occurred, it points to a potential service gap for certain families. If a family cannot work with Beacon Therapeutic's SOS team, it can be particularly challenging for Chicago Campaign partner agencies to remain in contact with the family and track its progress, especially if the family moves out of its initial shelter.

Effective Family Housing Partnership

While the Samaritan program has stood out as a particularly successful housing partner on the individual side, Inspiration Corporation emerged as a model housing partner on the family side. Outreach providers and CSH staff consistently identified Inspiration Corporation as a vital housing partner where families have been housed most successfully. They attributed this success to a couple of factors.

For one, they feel that Inspiration Corporation is fully committed to the Chicago Campaign and the larger goal of developing a centralized system to house Chicago's most vulnerable homeless families. As one CSH staff member commented, "They're just all in." Inspiration Corporation has participated in a number of CSH initiatives to improve the process to house families.

Second, Inspiration Corporation and outreach providers have established clear lines of communication. According to one outreach provider, "We got into a groove with Inspiration Corporation. We were in tune with their housing criteria. We were really clear on their criteria." As a result, outreach workers incorporated Inspiration Corporation's criteria into their case management assessment with Chicago Campaign families. Outreach workers had Inspiration Corporation's housing application on hand; would complete these applications with participants and fax them directly to Inspiration Corporation; and would accompany participants to their first appointment at Inspiration Corporation. An Inspiration Corporation staff member also noted how much communication with this outreach provider helped the referral process. Inspiration Corporation staff members provide updates about families' applications and progress to the outreach entity and rely on the outreach provider for help connecting with referred families with whom they have lost contact.

Additionally, Inspiration Corporation has access to larger units. The agency recently developed relationships with landlords that have larger units and can refer residents to apartments with three and four bedrooms on the south and west sides of Chicago. In short, clear application criteria, accessible referral forms, consistent communication, and inter-agency relationships contributed to the successful housing of Chicago Campaign families.

It is important to note that while Inspiration Corporation has been particularly successful in housing families in the Chicago Campaign, its requirements prevent some families from qualifying. For instance, Inspiration Corporation manages the Rental Housing Support Program (RHSP) subsidy, which requires applicants to this program to have an income. The income requirement is imposed on Inspiration Corporation by the funding stream that makes the RHSP subsidy available and does not reflect Inspiration Corporation's own criteria. Additionally, Inspiration Corporation works with private landlords who often do background and credit checks. As noted above, these criteria are main housing barriers for many of the Chicago Campaign's families. Thus, despite Inspiration Corporation's dedication and the strength of its relationships with outreach providers, a certain percentage of families in the Chicago Campaign will not be able to benefit from this housing program.

Committed vs. Available Units

Similar to the individual portion of the Chicago Campaign, committed units to the family portion did not necessarily become available units. For instance, Primo Center committed 20 family units to the Chicago Campaign; as of September 2011, the project still did not yet exist.

According to one outreach provider, whereas Shelter Plus Care units eventually became available for families, they came “online” much later than expected. This provider explained that he/she had been working with one family since September 2010 who was eligible for Shelter Plus Care. The provider described the family as one of the most vulnerable participants of all the families in the Chicago Campaign. By the time Shelter Plus Care units came online, this provider was hesitant to believe the family would be housed through the program because so much time had elapsed. As the provider succinctly put it, “The absence of housing kicking in delayed things for providers and participants.”

“False Promise” of Housing

The housing challenges explained above at times strain relationships between outreach providers and shelter staff. Specifically, the mismatch between housing requirements and families’ circumstances, as well as the absence of available units, contributes to the sense that participants and shelter staff received a “false promise” of housing once a family was placed on the Chicago Campaign’s list. As one family SIT participant reflected, the initial excitement of the Chicago Campaign contributed to providers encouraging families that they were going to be housed. This basically was a “false promise,” because getting housed has taken so long, and many families still are waiting for housing. Shelter staff also heard this promise and therefore ask outreach providers about the progress of finding housing for families. This dynamic is stressful for outreach staff, who cannot move faster than the system. It also created somewhat of a “negative vibe” for the Chicago Campaign among some shelters. According to one provider, “Now we know we need to be more cautious in how we explain housing to families.”

Relatedly, a CSH staff member expressed concern that some families have been in shelter for over a year, and the shelters are now ready to let them go. These families clearly are ready to be housed, but they struggle to qualify for programs. As an example, this informant referred to a veteran family that was about to be discharged from shelter and had not been able to qualify for a HUD-VASH voucher due to not having served for a long enough period of time. There still was a question of whether this family could qualify for a voucher through the VA, for example if the family member’s honorable discharge was due to a medical condition. The family remained in shelter while these issues were being sorted out.

HPRP as a Temporary Solution

Given the housing and implementation challenges, family SIT participants began to use the HPRP program to temporarily house Chicago Campaign families. Heartland Human Care Services is one of a number of programs that administers the HPRP program.⁹ When it was introduced, HPRP did not require families to have an income, which made it an accessible resource for Chicago Campaign families who otherwise had no housing referrals. The criteria changed during summer 2011, however, and applicants must have an income. HPRP was intended as a “bridge program” to prevent homelessness for families who recently were

⁹ Heartland Human Care Services was the only program with HPRP slots that dedicated them to the Chicago Campaign for families.

homeless or facing eviction. The program provides a total of 18 months of rental support so that at-risk families can stay in their homes or rent a new unit. Units must pass an inspection, and there are acceptable rent ranges. Heartland Human Care Services works with certain property management companies and private landlords. Its housing team has reached out to landlords to explain the HPRP program and build up a portfolio of referrals for accepted applicants. The lease is in the participant's name, and the participant pays 35% of their income to the landlord, while HPRP funds subsidize the rest. HPRP residents must re-certify every three months, and Heartland Human Care Services assesses if the resident will continue receiving assistance. Eighteen months is the maximum length of HPRP assistance a participant can receive. The goal is that when the families' or individual's HPRP assistance ends, they will be doing well enough to assume the lease in their own name and pay full rent for the apartment.

While HPRP provided much-needed immediate housing to families, it was designed for a population different from the vulnerable, chronic homeless. Providers participating in the family side of the Chicago Campaign are bracing themselves for the challenge of exiting families out of HPRP and bridging them to permanent housing. While HPRP alleviated housing challenges that Chicago Campaign families faced in the short-term, these challenges continue, meaning there still are not enough housing units for families, and families still do not qualify for units that are available. Providers are extremely worried that Chicago Campaign families housed in HPRP units will become homeless again when their HPRP assistance ends, as they will not be able to assume the lease on their own. As one provider said, "People are about to fall off the HPRP cliff." Similarly, a CSH representative commented that HPRP was a "wonderful resource," but there's "uncertainty about what's going to happen next." Because HPRP has run out of funding, some families ultimately will receive less than 18 months of assistance through the program.

Family SIT participants keep in mind which families are receiving HPRP assistance and continue to do permanent housing planning with them. Heartland Human Care Services staff members also discuss long-term supports with participants early on in the program and try to help them find long-term permanent housing subsidies and get added to waiting lists.

A Housing Standstill

The housing challenges detailed above reached a point where the family SIT process came to a standstill. Because there is an overall lack of available permanent supportive housing for families, the family SIT eventually had no available units with which to work. As a result it no longer made sense to meet monthly to discuss participants as they had been since the beginning of the Chicago initiative. Outreach providers continued to work with the participants already assigned to them, but in August 2011, CSH suspended the family SIT meetings, while the partner agencies in the family portion of 100,000 Homes figured out what the next iteration of the initiative would be.

A Strategic Response

As noted in the Background section of this report, CSH and the family portion of the Chicago Campaign focused on systems-level change in implementing the local initiative. In addition to piloting the family vulnerability tool, CSH and the City of Chicago also were interested in piloting a centralized, coordinated waiting list for homeless families that would inform the development of such a system city-wide. This focus grew stronger as the family SIT's

coordination work slowed and housing resources filled up. For instance, CSH combined the October family SIT meeting with the Vulnerability Index Tool Committee meeting.

As documented in the family SIT meeting notes, in February 2011, a staff member at Beacon Therapeutic and a staff member at CSH planned to convene a meeting to discuss the function of the family vulnerability index and its use moving forward. At the March 2011 family SIT meeting, participants decided to convene a separate group around revising and developing the family vulnerability index. Community Solutions, CSH, and a variety of Chicago homeless family service providers began working collaboratively on modifying the family vulnerability index. CSH's national office's Innovations and Research Department provided support as Chicago family providers shared feedback and suggestions for revising the family vulnerability tool. Through these conversations, the group decided that family vulnerability should be conceptualized in term of medical factors and separation risk factors. In other words, a family at risk of separation is a vulnerable family. CSH and Chicago providers made suggestions on how to measure this revised conceptualization of family vulnerability, which CSH's Innovations and Research Department incorporated into revised versions of the family vulnerability. CSH's national representatives in the Innovations and Research Department who has been helping to create the new family vulnerability tool also has been communicating with Community Solutions about the revision process.

The family survey revision process has been very deliberate. On numerous occasions, family housing providers have met at CSH's Chicago office or participated via telephone in a conference call with CSH's national representative. Together, the group talked through changes to the survey and critiqued whether the changes captured the information they hoped to gather from participants. Attendees debated how different sectors of the homeless family population (for example, teen mothers) may interpret certain questions. They also suggested additional questions that would indicate characteristics associated with long-term vulnerability, such as the mother's age at the time of giving birth to her first child. Through these conversations, CSH draws on the expertise of a wealth of providers who work with specific subgroups of the homeless family population in Chicago. This collaborative process helps to ensure that the revised family vulnerability survey will appropriately reflect the vulnerability of a wide range of homeless families.

The work of CSH and family SIT participants (specifically the Vulnerability Index Tool Committee) has the potential to be extremely influential at both the national and city-wide and levels. At the national level, Community Solutions plans to pilot the new family vulnerability tool in five additional communities. In Chicago, the long-term goal is to develop a centralized referral system in which the highest need families and individuals get the highest access to housing. The revised family vulnerability tool will impact where families are placed on the centralized waiting list. To explain, three factors will determine a family's placement on the city-wide list: (1) length of homelessness, (2) length of time on the wait list, and (3) family vulnerability score. Ultimately, the Planning Council will decide how to weight these three criteria, and a centralized list will be created that includes homeless families and individuals for all permanent supportive housing that is funded through the Chicago Continuum.

Lessons

The Value of Collaboration

Providers are deeply committed to a collaborative, coordinated process to provide services to homeless families. Overwhelmingly, outreach and housing providers praised the SIT process and stressed that working together is the only way to attempt seriously the goal of ending homelessness. Providers expressed how much they appreciate the opportunity to work together and value the support other providers offer in their own work with homeless families. Such collaboration increases the ability to contact families and to remain in touch with them throughout the housing process. It also exposes families to a comprehensive array of services beyond the actual housing, such as assistance covering move-in costs, case management, counseling, substance abuse treatment, and resource referrals. As one outreach provider stressed, “If we’re going to end homelessness, then housing folks need to sit along the supportive services folks and share equally.”

Need to Fund Collaboration

In order for the SIT process to work effectively, funding is needed to support participants’ regular attendance. Providers noted the time constraints and stress they face in trying to attend SIT meetings regularly. While they value these meetings, they are not able to devote a half day every month to these meetings given their primary job responsibilities. As one family provider explained, “People can’t put enough energy and focus into 100,000 Homes as a side project. There’s a need to fund it.” He/she connected a decline in SIT attendance to a lack of funding and shared that this impacts the quality of the SIT meetings. For SIT “to be optimal, everyone needs to be there all the time. The idea is for the team to come together. Unless all are at the table, the whole concept of collaboration doesn’t happen. When problems come up, the SIT meetings are less effective if people aren’t there.” The frequency with which challenges related to capacity were raised points to the need to fund services connected to the Chicago Campaign.

Need to Fund Outreach

A city-wide centralized, coordinated referral system for homelessness services will require targeted, funded outreach workers. If one goal of the centralized list will be to house the most vulnerable chronic homeless families first, then outreach workers will be necessary to reach these families and provide necessary support and encouragement throughout the housing application and search process. The commitment that such intensive outreach work demands is more than agencies can incorporate into their existing work. For instance, individual program’s eligibility criteria prevent outreach workers from providing services to Chicago Campaign families who do not meet these criteria, which can lead to families receiving uneven services across the Campaign. Funding for outreach services would allow one (or more) agency to hire outreach staff who could work with any vulnerable family.

Need to Fund Coordination

A city-wide centralized, coordinated referral system for homelessness services also will require funding for coordinators of the overall process. The family SIT coordinator fills the crucial role of administering the Chicago Campaign’s list of participants and ensuring that none fall through the cracks. The coordinator ensures that participants’ cases progress forward in between meetings by assigning newly identified families to outreach entities and notifying outreach workers when new housing becomes available. Through active facilitation, the coordinator’s

role also 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. Especially as the centralized list grows to cover the entire city, a central agency will be needed to administer the list and coordinate outreach assignments and housing placements. These responsibilities exceed the scope of what an agency can volunteer.

More Housing with Less-Restrictive Eligibility Criteria

In order to house the most vulnerable homeless families in Chicago, more permanent supportive housing and lower-threshold housing are necessities. As detailed throughout this report, numerous Chicago Campaign families remain homeless over a year after the initiative launched in Chicago in part because they do not meet the eligibility criteria for any available housing programs.¹⁰ The income requirement that most family housing programs have is particularly formidable for this population of vulnerable homeless families. Even if outreach and housing efforts are perfectly coordinated, individuals and families will remain homeless if they cannot qualify for the available housing. Vulnerable homeless families also would benefit from having a wider option of high-quality housing located in safe neighborhoods where social supports are readily available.

Clear Application Procedures

As evidenced by Inspiration Corporation's success with housing Chicago Campaign families, clear application procedures and accessible referral forms for housing programs proved to be incredibly important. Outreach workers appreciate knowing exactly what criteria families must meet and what steps they must follow in order to qualify for a housing program. Direct, clear communication between outreach workers and housing providers cut through bureaucratic procedures that too often impede the housing process.

Move-in Assistance

Given vulnerable homeless families' dire financial circumstances, move-in assistance is critical. Families need support covering the cost of application fees, background checks, security deposits, first-month's rent, and moving expenses. Additionally, families need assistance purchasing household items and furniture for their new homes. Financial assistance from the Emergency Fund, as well as agencies' assistance with using their vans or trucks to physically move families' belongings into their new homes, were vital sources of support.

Wealth of Contact Information

It is important to ask respondents, as part of the initial vulnerability survey, for contact information such as personal phone number, a third party contact, and locations where they often sleep. These contact information questions were omitted from the family vulnerability survey due to space constraints. It is essential that they be included in future versions of the survey. As discussed in this report, having only a shelter contact for families proved challenging for outreach workers and housing providers as they attempted to reconnect with vulnerable families.

¹⁰ It is not possible to identify the exact number of families in the Chicago Campaign who are homeless since there has been no contact since Registry Week with 38 families and since five families declined services. Data provided by CSH show that an additional 36 families have either been referred to housing, have not progressed past the initial outreach stage, or are doubled up.

While we cannot show causation, having limited contact information for families likely contributed to the outcome that 38 families (34% of vulnerable families) were not contacted again after Registry Week.

Ongoing Support to Families

Providers and the family participant who was interviewed as part of this evaluation reflected on how beneficial it is to provide ongoing support to Chicago Campaign participants once they are housed. The family participant stressed repeatedly how concerned she is with being able to maintain her apartment. She discussed the importance of ongoing services to help with employment and education so that she can afford her apartment long-term. If families are housed through permanent supportive housing programs, these types of services are available to them. As noted above, 11 of the 32 families housed as of August 10, 2011, were in market-rate housing. It is unclear whether these families have accessed supportive services.

Acknowledging Family Homelessness

A number of providers expressed that families often are an “afterthought” when it comes to providing homeless services in Chicago. Because homeless families often are less visible than homeless individuals, initiatives and resources often target individuals first and only secondarily incorporate families. The Chicago Campaign has succeeded in documenting the number of vulnerable homeless families who were staying in four family shelters in August 2010. Furthermore, the initiative has provided evidence that homeless families’ needs far exceed the available resources.

Conceptualizing Family Vulnerability

The Chicago Campaign also has succeeded in developing a way to conceptualize and measure family vulnerability. Prior to the piloting of the family vulnerability tool in Chicago, there was no formal instrument to assess what vulnerability means for homeless families and how that differs from homeless individuals. Based on the expertise and contributions of Chicago’s homeless services providers, a formal way now exists to recognize risk of separation as a type of family vulnerability and to account for that risk in measuring overall family vulnerability.

Immediate, Temporary Housing

As evidenced by the family SIT’s use of the HPRP program, there is a strong need for immediate temporary housing that can be used to bridge homeless families from shelters to permanent supportive housing. This housing, which should have low-threshold criteria, provides much needed stability while families go through the housing referral process.

Section VI: Conclusion

Overall, there are a number of systemic and programmatic take-away points that emerge from looking at both the individual and family portions of the Chicago Campaign.

Systemic Findings and Recommendations

The Chicago Campaign was designed to work within the City's homeless system to house the most vulnerable homeless individuals and families. It also was designed to fundamentally change housing placement processes by spurring systems change. To that end, the Campaign has yielded a number of systemic lessons.

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. As documented throughout this report, the vulnerable homeless population is difficult to reach and with whom to maintain contact. Chicago Campaign participants who participated in focus groups and interviews as part of this evaluation overwhelmingly praised the efforts of outreach workers who genuinely cared for them and who worked diligently to first locate them and then to help them navigate the housing referral process. 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.

Targeted outreach. 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. In both the individual and family portion of the Chicago Campaign, agencies who volunteered to do outreach showed how diligent and effective they are in connecting to and working with the populations they serve. On the individuals' side, the Veterans' Administration and Thresholds, in particular, provided dedicated volunteer outreach services in which they were able not only to look for Chicago Campaign participants who met their agencies' criteria but also connect those they found to a network of supportive services, such as mental health treatment, healthcare, and housing. On the families' side, Beacon Therapeutic similarly excelled in connecting with and providing a range of comprehensive services to vulnerable families who met their eligibility requirements. The amount and scope of services, which have not received funding from the Chicago Campaign, these agencies provide to the Campaign truly are admirable. This type of targeted service is a strength of the current homeless system in Chicago, and any efforts to house the most vulnerable homeless should build on this particular strength.

As noted in this report, the voluntary nature of this targeted outreach did strain agencies. Staff members were challenged by the task of incorporating Chicago Campaign-related outreach services into their regular workloads, and, at times, they were not able to do as much as they would have liked related to the Campaign because of this constraint. Funding these agencies' contributions would make a significant difference. It would eliminate much of the strain agencies and individual staff members shoulder and make possible an even more in-depth level of this vital outreach work.

Generalist outreach. 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. On the individuals' side, this limitation was overcome, at least in part, by funding Heartland Health Outreach to provide outreach services. As detailed in this report, this funding allowed HHO to provide a level of outreach work and participation in the SIT process that were exemplary and particularly effective. Like the targeted outreach, HHO outreach workers were able to connect Chicago Campaign participants to comprehensive services, including temporary housing units, without having to be selective regarding to whom they offered these services.

Collaborative outreach. Just as both types of outreach approaches are needed, so is collaboration between approaches. As happened with the individual SIT, targeted outreach workers should refer participants with whom they connect but cannot work to the generalist team. Similarly, when generalist outreach workers locate participants who qualify for and can benefit from targeted agencies' services, particularly housing, those workers should refer participants to the appropriate agency. The SIT process encourages and facilitates this type of information sharing and collaborative approach to outreach and ultimately housing.

Funding 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. Going forward, funding coordinators who can facilitate the SIT process on both the individual and family side is necessary. Coordinators are the way to put the targeted and generalist pieces together and to ensure collaboration. By doing so, they build a collaboration that is based on the system that already exists and that multiplies the value and effectiveness of this system.

Specifically, the coordinators help providers connect to one another, as well as the overall process. As the point people for the SIT process, the coordinators hold and disseminate important information, such as which housing agencies have openings and what are the eligibility requirements for each housing program. They ensure that no participants are overlooked and that the outreach and referral processes continue to progress, in part by offering suggestions on how to locate participants and verifying which housing programs are appropriate referrals for participants based on their circumstances. 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 are 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. On both the individuals and families sides, the income requirement proved particularly formidable. Similarly, background and credit checks posed a barrier to individuals and families who were accepted by housing programs but then had to work with private landlords to secure housing through the programs.

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.

Programmatic Findings and Recommendations

Besides the above systemic issues, there are a number of programmatic recommendations that would improve the current homeless system's effectiveness with regard to housing vulnerable individuals and families.

Contact Information for Homeless Participants

As discussed throughout this report, 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. One non-housed individual who participated in a focus group shared that his outreach worker called his sister for six months, leaving messages for him. During that time, he had been living all over the state and staying in various shelters. When he scraped together enough change to call his sister on her birthday, she told him that he needed to call this social worker because she really wanted to help him. He met with his outreach worker shortly thereafter and has since been approved for housing. He still was looking for an apartment at the time of the focus group. The diligence of this outreach worker, as well as the participant's sister, was crucial for his acceptance into a housing program. 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. As discussed in this report, securing documentation that verifies an individual or family meets HUD's definition of homelessness or has a qualifying medical or psychiatric condition is incredibly tedious and challenging. Exacerbating this challenge is the need for outreach providers to keep track of the different requirements that different housing programs have.

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. This change would streamline the housing referral and application process, thereby making it easier for outreach workers and participants alike to navigate the process. This change also could contribute to housing participants more quickly, which could limit the risk of outreach workers losing touch with participants or of participants growing discouraged and disengaging from the housing process.

It is worth noting again that two of the housing programs that were most productive – Samaritan on the individuals’ side and Inspiration Corporation on the families’ side – had application processes that were relatively simple for outreach providers to navigate. For instance, AFC’s Outreach Coordinator reviewed all Samaritan referrals for Chicago Campaign individual participants before turning the application in to Samaritan. This practice ensured that applications were complete and minimized the amount of back and forth between the housing agency and the outreach provider. Similarly, Beacon Therapeutic’s staff identified how well they understood Inspiration Corporation’s criteria and application process, as well as having their application paperwork on hand, as key factors for being able to get “into a groove” with Inspiration Corporation when it came to housing 100,000 Homes families. Clearly, streamlining the application process proved effective on the individuals’ and families’ sides of the Chicago Campaign.

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. Participants in the non-housed focus group also stressed how important this resource has been in helping them to find a sense of stability in their lives. Not only does the immediate temporary housing make it easier for providers and participants to stay in touch, this housing helps to alleviate the hardships the vulnerable homeless face when living on the street and/or in emergency shelters. Given the severe health conditions many Chicago Campaign participants face, access to safe, secure housing can make a significant difference in their physical, emotional, and mental well-being.

Specifically, on the families’ side of the Chicago Campaign, HPRP units became an important resource to which providers turned in an attempt to “bridge” families from shelters to permanent supportive housing. While it remains to be seen how families will fare as their HPRP assistance ends and they attempt to transition to another type of housing, in the short-term, HPRP units provided much-needed respite.

For individuals and for families, it is important that temporary housing units provide a sufficient length of assistance to support participants until they are able to move into permanent housing.

Assistance after Housing

A final programmatic point is that vulnerable homeless individuals and families would benefit from continued assistance after being housed. 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. In focus groups and interviews, Chicago Campaign participants praised the connection they felt with their outreach workers and reflected on how much of a positive difference workers' care has made in their lives. For many participants, this level of assistance far exceeded anything they had experienced prior to their participation in the Chicago Campaign. 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.

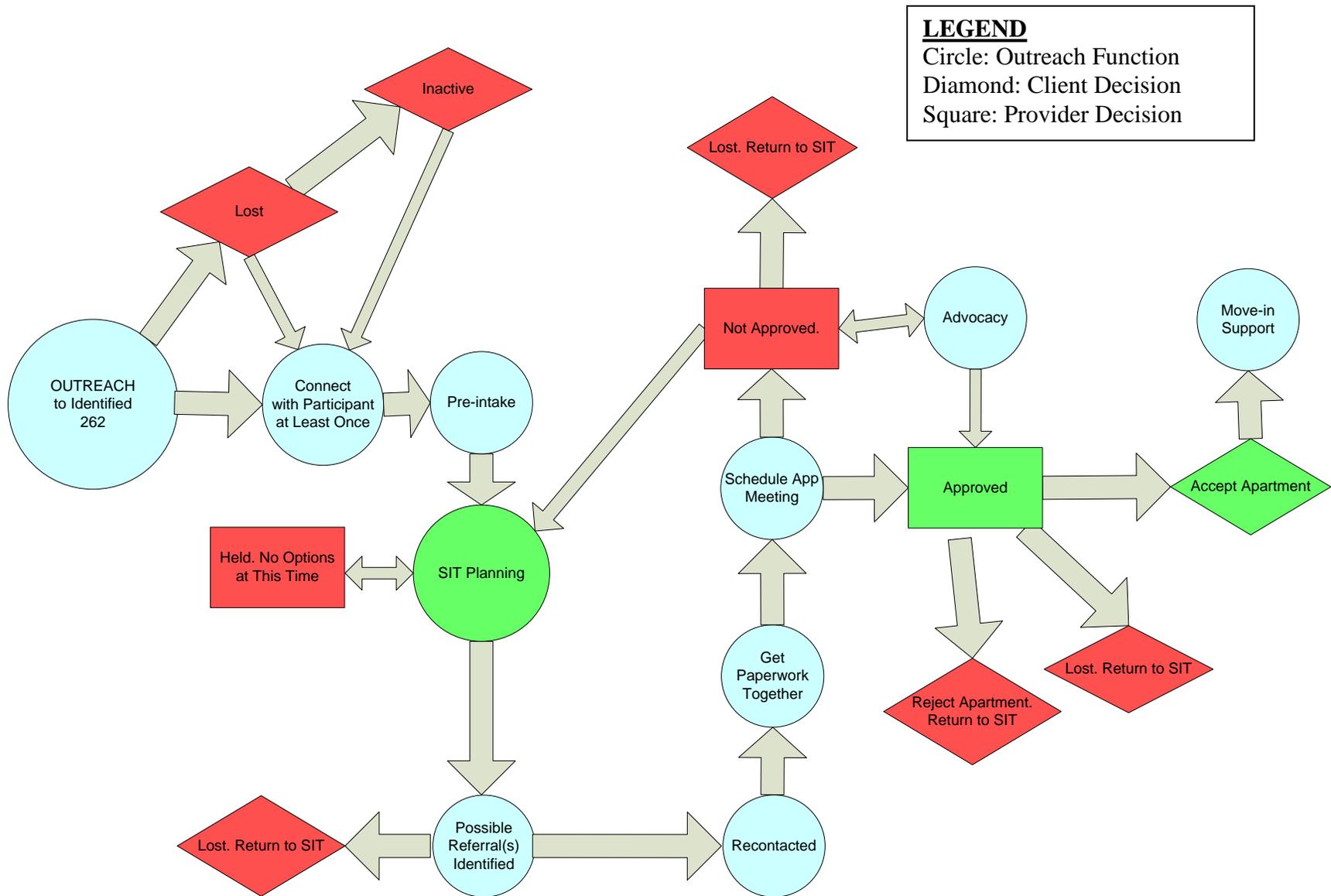
Concluding Remarks

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.
- 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 Campaign has yielded important lessons 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.

APPENDIX A: INDIVIDUAL CLIENT ENGAGEMENT & OUTCOME FLOWCHART



APPENDIX B

Program Criteria, Unit Availability and Client Characteristics for Individual Portion of the Chicago Campaign¹¹

| Program | Intake Criteria for Program | No. of Units Avail. For Program ¹² | % of Total Avail. Housing | No. and % of Clients who Meet Criteria | | No. of Clients Housed | Variables Used | Notes |
|---|--|---|---------------------------|--|-----------------------|-----------------------|---|--|
| AFC Samaritan Program | Chronically homeless, qualifying chronic medical conditions, 1 hospitalization in last 12 months | 20 | 16% | 93 | 35% | 17 | Chronic, Kidney or Liver or Heart or HIV or Emphysema or Diabetes or Asthma or Cancer, and Hospital Inpatient | |
| Catholic Charities | Homeless, honorable discharge, and disability | 20 | 16% | 38 | 15% | 1 | Disability, Discharge Status | |
| CHA | 55 or older, pass screening (criminal/credit) | 15 | 12% | 29-106 ¹³ | 11%-40% ¹⁴ | 2 | Age, Incarcerated | Assumes all clients can pass credit screening |
| Renaissance Social Service SAMHSA Program | Chronically homeless, mental health and substance use (dual diagnosis), income, ID & SS card | 12 | 10% | 54 | 21% | 2 | Chronic, Dual Diagnosis, Eligible Income, Documented | Does not include 3 clients with unknown citizenship status that otherwise met requirements |
| Thresholds Housing | Chronically homeless, serious mental health condition, Medicaid approved | 10 | 8% | 44 | 17% | 2 | Chronic, Any Mental Health, Medicaid | |

¹¹ This chart reflects housing availability and placements as of August 1, 2011.

¹² Figures reflect units that were committed to the 100K Homes campaign. Some units have not come “on-line” yet or are otherwise not available to clients.

¹³ The higher number assumes that all clients with a history of incarceration can pass CHA criminal background requirements; the lower number assumes that no clients with a history of incarceration can pass CHA criminal background requirements.

¹⁴ The higher percentage assumes that all clients with a history of incarceration can pass CHA criminal background requirements; the lower percentage assumes that no clients with a history of incarceration can pass CHA criminal background requirements.

| Program | Intake Criteria for Program | No. of Units Avail. For Program * | % of Total Avail. Housing | No. and % of Clients who Meet Criteria | | No. of Clients Housed | Variables Used | Notes |
|---|---|-----------------------------------|---------------------------|--|-----|-----------------------|--|--|
| Veterans Administration VASH | Homeless, VA discharge status eligible, income, treatment/case management compliant | 10 | 8% | 18 | 7% | 8 | Discharge Status, Eligible Income | |
| Thresholds Shelter Plus Care | Chronically homeless, serious mental health condition | 10 | 8% | 127 | 48% | 0 | Chronic, Any Mental Health | |
| Deborah's Place SHP | Female, homeless, disability, willing to live in community setting | 6 | 5% | 34 | 13% | 3 | Gender, Disability | |
| Inner Voice RHSP | Homeless for 9 months or more, income, ID & SS card | 5 | 4% | 95 | 36% | 2 | Homeless Days, Eligible Income, Documented | Does not include 5 clients with unknown citizenship status that otherwise met requirements |
| Inspiration Corporation RHSP | Homeless for 9 months or more, income, ID & SS card | 5 | 4% | 95 | 36% | 0 | Homeless Days, Eligible Income, Documented | Does not include 5 clients with unknown citizenship status that otherwise met requirements |
| Featherfist | Homeless and disability | 5 | 4% | 247 | 94% | 0 | Disability | |
| Heartland Health Outreach Pathways Home | Chronically homeless, mental health and substance abuse (dual diagnosis), Medicaid | 4 | 3% | 42 | 16% | 1 | Chronic, Dual Diagnosis, Medicaid | |

| Program | Intake Criteria for Program | No. of Units Avail. For Program * | % of Total Avail. Housing | No. and % of Clients who Meet Criteria | | No. of Clients Housed | Variables Used | Notes |
|--------------------------------|---|--|----------------------------------|---|-----|------------------------------|------------------------------------|--|
| AFC Supportive Housing Program | Homeless, HIV+ | 2 | 2% | 13 | 5% | 1 | HIV+ | |
| North Side Housing SHP | Male, homeless, mental health and substance abuse (dual diagnosis) ID & SS | 2 | 2% | 96 | 37% | 1 | Gender, Dual Diagnosis, Documented | Does not include 2 clients with unknown citizenship status that otherwise met requirements |
| Deborah's Place Safe Haven | Female, homeless, serious mental illness (Inc. major depression), difficulty accessing community services | 0 | 0% | 25 | 10% | 0 | Gender, Any Mental Health | |
| Heartland Housing | Homeless, ID & SS, pass drug test at entry | 0 | 0% | 247 | 94% | 0 | Citizen | Does not include 9 clients with unknown citizenship status |
| HPRP | Homeless, ID & SS | 6 | 5% | 247 | 94% | 5 | Citizen | Does not include 9 clients with unknown citizenship status |
| Other Permanent Housing | N/A | | | | | 14 | | |
| TOTAL UNITS | | 132 | | | | | | |
| TOTAL CLIENTS | | 262 | | | | 59 | | |