

Chicago Plan 2.0: *A Home for Everyone* Program Models Chart

Contents

| | |
|--|----|
| Core Values of Chicago’s Homeless Services Continuum | 3 |
| Core Elements | 4 |
| Permanent Housing (PH) | 6 |
| Permanent Supportive Housing (PSH) | 6 |
| Permanent Housing with Short-term Supports | 7 |
| (PHwSS)..... | 7 |
| Rapid Rehousing (RRH) | 8 |
| Safe Havens (SH)..... | 8 |
| Homelessness Prevention (HP) | 10 |
| Homelessness Prevention (HP)..... | 10 |
| Interim Housing (IH) | 11 |
| Interim Housing | 11 |
| Specialized Supportive System of Services..... | 13 |
| Community-Based Case Management (CB-CM)..... | 13 |
| Clinical Services..... | 14 |
| Employment Services | 15 |
| Engagement Services | 17 |
| Basic Street Outreach..... | 17 |
| Specialized Outreach and Engagement Services | 18 |
| Housing System Navigator | 19 |
| Drop-In Centers | 19 |
| <i>Emergency Shelter</i> | 21 |
| Additional Coordinated Entry Models | 22 |
| Outreach Coordination | 22 |
| System Facilitation..... | 22 |
| Youth-Intentional Permanent Supportive Housing (PSH)..... | 24 |

| | |
|--|----|
| Youth-Intentional Permanent Supportive Housing (PSH) | 24 |
| Youth Transitional Housing (TH) | 26 |
| Scattered Site Transitional Housing (similar to PHwSS) | 26 |
| Project Based Transitional Housing | 28 |
| Interim Housing | 29 |
| Low-Threshold Youth Continuum | 31 |
| Low Threshold Youth Overnight Shelter | 32 |
| Youth Outreach Program | 34 |
| Youth Drop-In Center | 34 |
| Resources: | 36 |
| Introduction to System Performance Measurement | 37 |

Core Values of Chicago's Homeless Services Continuum

The following core values have been identified as integral to homeless services programming. To address homelessness in Chicago, the Continuum of Care (CoC) promotes these core values within all homeless services programming.

- Housing first approach
- Harm reduction strategies/policies
- Trauma-informed systems of care
- Recognition of the importance of relationship building
- Respect for cultural competence and non-discriminatory practices
- Flexible, program participant-driven, and strengths-based service delivery. CoC values self-determination (i.e. participants select from a menu which offers a variety of services that are flexible and appropriate for the participant in various stages of change)
- Developmentally appropriate services (i.e. families, youth)
- Use of evidence-based practices
- Systems collaboration & coordination: The CoC promotes resource sharing and utilizing agency expertise for greatest impact

- Civic engagement & systems advocacy: The CoC values the engagement of both agencies and PLEs
- Organizational stability & fiscal responsibility
- Continuum accountability: Agencies within the CoC understand the impact of their programs and seek to communicate changes in programs (i.e. closures, elimination of units) so as to prevent the displacement of PLEs and utilize all available resources. Commitment to excellence (i.e. staff training and development)
- Adhere to fair housing laws/Americans with Disabilities Act/Section 504
- Programs are safe and welcoming for all who are eligible to access services and programs

Core Elements

Eligibility/Intake/Discharge:

- Programs ensure services and access into the program regardless of substance use or history, mental health barriers, physical or developmental challenges, domestic violence, involvement with the criminal justice system, rental/eviction history, financial resources, non-violent rule infractions with agency's own program.
- Programs are accessible for all who are eligible to access services and programs, including LGBTQI people and undocumented and immigrant individuals, families, youth, and children, gender or gender non-conforming identity, and sexual identity.
- Discharge policy is explained and easily accessible to participants
- Programs proactively intervene when behavioral or tenancy issues arise with participants before they reach a level warranting discharge; likewise, agencies proactively equip staff with training and support to prevent and intervene when a discharge is imminent
- Discharge policies include an internal due process hearing or investigation prior to discharging the participant; assistance with locating other housing and service options if needed; and a statement that the agency will make and document all reasonable attempts to avoid discharging participants from housing programs and/or without needed services
- Programs preserve families as required by the HEARTH Act, [City Tenant and Landlord ordinances/policies](#), and as stipulated by other funders

Compliance with HEARTH Act and Other State/Federal Government Agencies:

- In accordance with the HEARTH Act, programs will allow participants to remain in the project, even if they require an absence of 90 days or less due to substance use treatment, mental illness treatment, hospitalization, and/or incarceration
- Programs provide avenues for direct PLE feedback including representation on the Board of Directors or similar body

Policies, Procedures, and Practices:

- Program staff and PLEs have public access to PLE rights, responsibilities, and grievance policies and procedures
- Programs seek to strengthen and align policies and procedures with the values of harm reduction and stages of change—to promote participant's success in various homeless services programs
- Agencies have policies and procedures that ensure the safety and security of staff, volunteers and participants, etc.
- Programs have policies and procedures to address and resolve issues related to violence, conflict, mediation, and other crises

Training and Staff Development/Supervision:

- Program staff are supervised and trained on issues related to core values (i.e. trauma-informed care, crisis intervention, engaging diverse communities, etc.)
- Staff are trained and experienced in working with vulnerable youth, families, and individuals experiencing homelessness; staff demonstrate cultural competency to engage participants from diverse cultures and backgrounds
- Participants and staff are trained in conflict mediation, crisis intervention, violence prevention and intervention, and community accountability approaches to preventing, interrupting, and transforming violence to promote long-term engagement
- Programs have ongoing supervision policies, procedures, and practices for staff and volunteers that allows for ongoing support and monitors performance

Systems:

- Programs support and advocate alongside families and individuals with issues related to tenancy (coordinate between property management, landlord and participant, provide education on benefits and tenant rights) and other systems (i.e. benefits, education)
- Programs participate in the Coordinated Entry System (CES) as required by the CoC and HEARTH Act
- Programs collaborate and build relationships with landlords (as a part of providing continued support to participant)
- Programs engage in efforts to improve systems integration and continuity of care for their participants
- Programs, with the exception of DV programs, participate in the Homeless Management Information System (HMIS) in alignment with the CoC-approved Standard Operating Procedures and Data Quality Plan

Model of Care:

- Programs are equipped to meet the complex needs of families
- Programs use the stages of change model with participants to ensure services are appropriate and responsive to needs
- Programs provide a variety of services that are flexible and appropriate for participants in various stages of change
- Programs use motivational interviewing strategies and/or additional evidence-based tools to engage participants in various stages of change
- Provision of or linkage to ongoing supportive services beyond provision of basic needs including educational/ vocational support, case management and systems advocacy, housing assistance, legal assistance, healthcare support, life skills programming, mental health and substance use services, medical, self-care and children's services
- Programs abide by non-discriminations policies
- Programs provide provision of or linkage to child-focused assessments and appropriate services for families
- Programs enroll participants in cash and non-cash public benefits that increase and/or maintain income and improve health outcomes for individuals who qualify for medical benefits
- Programs proactively address violence to promote issues related to safety
- Programs are accessible and uphold federal accessibility standards (i.e. translated forms, bilingual/multilingual staff, physical space)
- Programs provide services or linkages to employment, non-benefit income generation, and financial and asset building education services

Permanent Housing (PH)

Housing that is coupled with supportive services that are voluntary and appropriate to the needs and preferences of residents.

Essential elements of the this program model include:

- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Programs will not impose time limits (unless noted within the program type program description)
- Housing must include subsidies or subsidy resources and services (services and subsidies may vary by program)
- Programs can operate on a project-based or scattered-site model
- Programs must follow the designated Coordinated Entry System (CES) process for program referrals
- Projects should align with the [Dimensions of Quality Supportive Housing](#)

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|---|--|--|--|--|
| Permanent Supportive Housing (PSH) | <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless[†] - May be required to serve households with a family member with a disability (disability requirement based on subsidy source requirements[†]) <p>Time Frame</p> <ul style="list-style-type: none"> - No time limits | <p>Participants have at least one year leases</p> <p>Project-based Services</p> <ul style="list-style-type: none"> - Permanent housing property management - Case management must be offered on site - Property management and case management must be separate entities <p>Scattered-site Services</p> <ul style="list-style-type: none"> - Case management may be offered on-site at housing unit or at community-based location, but must be available at housing unit if clinically needed | <ul style="list-style-type: none"> - 85% of participants will remain permanently housed for 12 months - 80% of participants who exit program to enter Permanent Housing - 85% of participants without a source of reportable income at program entry will obtain cash benefits - 85% of participants without a source of reportable income at program entry will obtain non-cash benefits - 85% of participants will maintain/increase benefits, employment or a combination of both - 50% of households served will move into housing within 30 days of CES | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |

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| | | | referral to agency - The remaining 50% of households served will move into housing within 60 days of CES referral to agency | |
| Permanent Housing with Short-term Supports (PHwSS) | <p>At the end of the program, the participant assumes the lease and the housing subsidy transitions to a new participant</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless or at imminent risk of homelessness† <p>Time Frame</p> <ul style="list-style-type: none"> - 24 month time limit | Participants have at least one year leases | <ul style="list-style-type: none"> - 85% of participants assume the apartment lease or maintain other independent, stable housing within 2 years - 85% of participants without a source of reportable income at program entry will obtain cash benefits - 85% of participants without a source of reportable income at program entry will obtain non-cash benefits - 85% of participants without a source of reportable income at program entry will obtain employment - 85% of participants maintain/increase benefits, employment or a combination of both - 50% of households served will move into housing within 30 days of CES referral to agency - The remaining 50% of households served will move into housing within 60 days of CES referral to agency | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |

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| <p>Rapid Rehousing (RRH)</p> | <p>At the end of the program, the participant may either obtain other independent, stable housing or assume full financial responsibility for the entire unit costs and the housing subsidy transitions to a new participant</p> <p>Target Population</p> <ul style="list-style-type: none"> - Literally homeless - At or below 30% AMI at re-evaluation <p>Household required to have income or documented acceptance to other subsidized housing for “bridge” assistance.</p> <p>Time Frame</p> <ul style="list-style-type: none"> - Short-term (3 months) or medium term (3-24 months) - Dependent on funding source | <p>See essential PH elements above</p> <ul style="list-style-type: none"> - Collaboration with the emergency and interim shelters that are making RRH referrals | <ul style="list-style-type: none"> - 55% of households will exit to permanent destinations - 80% of households exiting to permanent destinations will remain in permanent housing at 3 and 6 month follow-up - 70% of households will not return to homelessness in the following 12 months - 75% of households will maintain or increase income - 50% of households served will move into housing within 30 days of RRH referral to agency - The remaining 50% of households served will move into housing within 60 days of RRH referral to the agency | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
| <p>Safe Havens (SH)</p> | <p>Target Population</p> <ul style="list-style-type: none"> - Literally homeless, hard to engage persons with serious mental illness or dual diagnosis (MI/SA) who are not currently | <p>See essential PH elements above, as well as the following:</p> <ul style="list-style-type: none"> - 24 hour site coverage by supportive staff - Clinical and substance use | <ul style="list-style-type: none"> - 80% of participants will exit to more independent permanent housing at program exit - 80% of participants remain permanently housed for 12 months | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> |

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| | <p>engaged in housing or systems of care†</p> <ul style="list-style-type: none"> - Chronically homeless <p>Time Frame</p> <ul style="list-style-type: none"> - No time limits | <p>services offered on site</p> <ul style="list-style-type: none"> - Linkage to treatment centers, both residential and outpatient - Outreach and engagement services, as appropriate - Daily living services provided (e.g. meals, grocery shopping) - Low threshold admittance | <ul style="list-style-type: none"> - 85% of participants without a source of reportable income at program entry will obtain cash benefits - 85% of participants without a source of reportable income at program entry will obtain non-cash benefits - 85% of participants maintain/increase benefits, employment or a combination of both | <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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Homelessness Prevention (HP)

A set of strategies to assist people in maintaining their housing. Strategies are readily available to all participants and are integrated with other mainstream services and resources that prevent the loss of housing, such as mortgage renegotiation, credit repair, and eviction prevention.

Essential elements of the this program model include:

- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Provision of financial assistance and/or services based on assessment and funding availability
- Assessment of eligibility for other available benefits/resources
- Programs may be required to utilized the Homelessness Prevention Call Center (311) as part of the Coordinated Entry System (CES) for program referrals (based on funding source)
- Housing stabilization services and housing location services (based on funding source)

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|-------------------------------------|--|---------------------------------|--|--|
| Homelessness Prevention (HP) | <p>Target Population - Literally homeless and Persons at imminent risk of homelessness†</p> <p>Time Frame - Varies by funding source and based on household need</p> | See essential HP elements above | <ul style="list-style-type: none"> - 100% of participants remain in Permanent Housing after crisis intervention -85% of participants reached at 6-12 month follow up will remain permanently housed - 60% of participants entering were referred through the Homelessness Prevention Call Center(311) | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce recidivism - Reduce the number of first-time homelessness - Reduce overall number households experiencing homelessness in Chicago |

Interim Housing (IH)

Program of stabilization and assessment, focusing on rehousing all persons, regardless of disability or background as quickly as possible in appropriate and stable permanent housing.

Essential elements of the this program model include:

- Short-term housing program that rapidly rehuses person into appropriate permanent housing
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Housing referrals and linkages to location placement services are provided
- Provides linkage to community supports and/or wraparound services
- A participant lease/occupancy agreement must be in place for at least 1 month for all HUD funded grantees
- Accepts all families composition and are in line with HEARTH/funders requirements
- Access to crisis intervention
- Case management provided (includes benefits screening, linkage to mental and physical health services, linkage to substance use services, linkage to employment/job readiness services)
- Provides linkage to child focus screening and ensure referrals under the McKinney-Vento Homeless Education Assistance Act
- 24-hours of operation
- Provisions of basic services provided
- Free of charge (no fees or rent)

In addition, for programs serving unaccompanied youth under the age of 18

- Facility license by DCFS

In addition, for programs specialized for domestic violence services

- Crisis and domestic violence counseling
- Safety planning and assessment
- Safe, undisclosed location for both services and housing
- Legal advocacy for Orders of Protection

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|------------------------|---|---------------------------------|---|--|
| Interim Housing | Target Population - Literally homeless [†] | See essential IH elements above | - 30% of program participants exit program to Permanent Housing within 120 days | The expected outcomes for this program type contribute to the following system |

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| | <p>Time Frame</p> <ul style="list-style-type: none"> - See expected outcomes | | <ul style="list-style-type: none"> - 50% of participants exit program to Permanent Housing within 180 days - 90% of participants exit program to Permanent Housing within 270 days - 25% of participants without a source of reportable income at program entry will obtain cash benefits - 85% of participants without a source of reportable income at program entry will obtain non-cash benefits - 85% of participants maintain/increase benefits, employment or a combination of both - 15% of participants without a source of reportable income at program entry will obtain employment - - Less than 5% of program exits will be to another homeless services location | <p>outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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Specialized Supportive System of Services

Continuum of supports focusing on community integration, improving the quality of life, housing acquisition, and housing stability. Services are individualized and community driven, based on the identified needs of the participants and can either be embedded within other housing models or stand alone. Services are designed to enhance the outcomes of the overall system performance consistent with Plan 2.0.

Essential elements of the this program model include:

- Provision of services or linkage to age, culturally and developmentally appropriate services for all members of the household, as appropriate (child focused assessment, coordination of children’s school enrollment, etc.)
- - Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Ensure most stable housing placement through the provision of or linkage to housing location and placement services are provided
- Assessment of eligibility through Coordinated Entry System (CES)
- Provision of or linkage to mainstream benefits, employment, childcare, healthcare, mental, substance use, safety, legal, educational, financial literacy and other services, as appropriate with the goal to increase the household’s capacity to obtain or maintain housing
- Provision of services or linkage to housing retention services (lease compliance, tenant rights and responsibilities, rep payee, etc.)
- Commitment to best practices or evidenced based approaches
- Assessment of needs at time of enrollment and appropriate referral of identified needs
- Collaborations and partnerships with key stakeholders to provide housing stability and quality services

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|--|---|--|---|--|
| Community-Based Case Management (CB-CM) | <p>Provides ongoing support to households to stabilize and maintain their living situation as they move to permanent housing</p> <p>New or emerging evidence-informed programs designed to address specific disabilities or needs not</p> | <ul style="list-style-type: none"> - Ongoing housing stabilization support, including up to 6 months of after-care services | <ul style="list-style-type: none"> - 60% of program participants who exit program to enter Permanent Housing - 70% of participants will remain permanently housed for 6 months - 85% of participants without a source of non- cash benefits at program entry will obtain non-cash benefits - 15% of participants without a source of employment income at program | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income |

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| | <p>available in traditional models (i.e., complex trauma, multiple disabilities and multi-system users). Innovative programs designed to engage participants and connect them to existing community supports.</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless† or at risk of homeless - Families or families with children or individuals with complex issues prolonging homelessness - May serve disability specific <p>Time Frame</p> <ul style="list-style-type: none"> - Up to one-year or until household has been in stable/permanent housing for 6 months or until other community supports can be accessed | | <p>entry will obtain employment</p> <ul style="list-style-type: none"> - 13% of participants maintain or increase their total income as of the end of the operating year or program exit ** - 50% of participants maintain or increase their earned income as of the end of the operating year or program exit ** | <ul style="list-style-type: none"> - Reduce overall number of households experiencing homelessness in Chicago |
| <p>Clinical Services</p> | <p>Programs designed to address participants' clinical needs and connect them into official mainstream resources that cover special needs</p> | <ul style="list-style-type: none"> - Provision of clinical services addressing participant need, such as psychiatric, psychological, mental health services, etc. | <ul style="list-style-type: none"> - 60% of participants who exit program to Permanent Housing - 70% of participants will remain permanently housed for 6 months | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of |

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| | <p>(i.e. mental health, substance use and medical services, developmental disabilities and senior services).</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless† or at risk of homelessness - Persons with clinical needs related to substance use, mental health, or medical care that require medical care or that require therapeutic intervention <p>Time Frame</p> <p>No time limit (based on need)</p> | <ul style="list-style-type: none"> - Linkage to Medical Home | <ul style="list-style-type: none"> - 13% of participants maintain or increase their total income as of the end of the operating year or program exit ** - 50% of participants maintain or increase their earned income as of the end | <p>homelessness</p> <ul style="list-style-type: none"> - Reduce recidivism - Reduce overall number of households experiencing homelessness in Chicago |
| <p>Employment Services</p> | <p>Services designed to prepare participants for employment and career advancement. Services include but are not limited to employability assessment; job readiness training (soft skills); vocational skills training (specific/hard skills); career assessment and counseling; job</p> | <ul style="list-style-type: none"> - Employability assessment which includes job history and skills testing - Development of employment work plan or career plan - Job readiness training or specific job/vocational skills training which includes a job readiness | <ul style="list-style-type: none"> - 50% of participants employed maintain employment for 6 months, or if they become unemployed, they remain in contact with employment services agency staff - 30% of participants will increase their income through obtaining employment - 70% of participants complete job readiness training | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income |

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| | <p>placement support and retention and re-employment services</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless† or at risk of homelessness - Participants enrolled in IH or PSH programs - Persons with clinical needs related to substance abuse, mental health or medical care that requires medical care enroll in social service agencies and emergency shelter <p>Time Frame</p> <p>No time limit (based on need)</p> | <p>training component</p> <ul style="list-style-type: none"> - Career counseling - Job placement and retention services which includes re-employment services - Relationships with business, focusing on meeting their hiring needs - Linkages to education and job training and child care assistance | <ul style="list-style-type: none"> - 60% of participants complete job readiness and/or specific job/vocational skills training are placed into employment or enroll in short-term or long-term education/job training | <ul style="list-style-type: none"> - Reduce overall number of households experiencing homelessness in Chicago |
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Engagement Services

Services that reconnect persons who are homeless to needed social supports. Activities range from low-demand basic services to clinical services, and provide needed support to reconnect persons to necessary services.

Essential elements of the this program model include:

- Provision of services or linkage to age, culturally and developmentally appropriate services for all members of the household, as appropriate (child focused assessment, coordination of children’s school enrollment, etc.)
- Provision of and/or access to basic needs services, including food, clothing, transportation, hygiene services, showers, safer sex items, technology (phone/internet), as appropriate
- Provision of and/or access to crisis intervention, basic participant assessment, and housing placement services, as needed
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program

- Needs assessment, including assessment of one the following: mental health, benefit eligibility, housing needs, medical care, substance use, safety assessment (particularly for youth and domestic violence survivors)
- Assessment of eligibility through Coordinated Entry System (CES)
- Provision of or linkage to mainstream benefits, employment, childcare, healthcare, mental health, substance use, safety, legal, educational, financial literacy services and other services, as appropriate with the goal to increase the household’s capacity to obtain or maintain housing
- Provision of services or linkage to housing retention services (lease compliance, tenant rights and responsibilities, rep payee, etc.)
- May need to provide services or linkage to housing retention or light touch follow-up services post housing
- Commitment to best practices or evidenced based approaches
- Assessment of needs at time of enrollment and appropriate referral of identified needs
- Formal linkages with support services providers that can help participants access services such as employment, detoxification, referrals, and case management

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|------------------------------|--|--|--|--|
| Basic Street Outreach | No or low-demand, street-based services providing basic needs assistance and assessments for mental health, substance abuse, | Needs assessment with evaluation for at least one of the following: - Mental health, Benefit eligibility, Medical care, Substance use, Safety assessment particularly for | - 50% of participants will engage in case management and/or enriched individual services - 75% of participants receiving case | The expected outcomes for this program type contribute to the following system outcomes: |

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| | <p>or medical services, etc.</p> <p>The goal of the outreach programs is to develop trust to engage in formal services and provide coordinated services through permanent housing placement.</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless - Persons who are homeless in public spaces <p>Time Frame</p> <ul style="list-style-type: none"> - None | <p>youth and domestic violence survivors</p> <ul style="list-style-type: none"> - SSI and Medicaid benefits advocacy using SSI Outreach and Access to Recovery (SOAR) model, including pursuing presumptive eligibility - Complete the Coordinated Entry System (CES) assessment with participants in geographic area and those assigned through CES. - Provide assistance obtaining identification and other needed documentation - Assist participants matched through CES in connecting with housing partners including support documentation, appointment follow through, and a warm hand off to the housing provider | <p>management and/or enriched individual services will connect to formal and informal support systems at drop-in centers or other community providers</p> <ul style="list-style-type: none"> - 45% of enrolled participants move to more stable housing (family, friends, shelter, housing programs or permanent housing) - 90% of enrolled participants complete a CES assessment or have an observed assessment completed on their behalf - 75% of people matched to a housing unit through CES will be housed | <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
| <p>Specialized Outreach and Engagement Services</p> | <p>Low demand, street-based services providing or assisting participants in accessing the assistance they need.</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless | <p>Based on assessment, provision of or access to the following:</p> <ul style="list-style-type: none"> - Assistance in accessing benefits - Housing placement - Medical care | <ul style="list-style-type: none"> - 50% of participants will engage in case management and/or enriched individual services - 75% of participants receiving case management and/or enriched individual services will connect to formal and informal support | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness |

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| | <ul style="list-style-type: none"> - Persons who are homeless in public spaces. Special population, e.g. persons who are homeless and who have mental illness, chronic health issues or substance abuse, may be addressed by specialized, disability-specific, teams <p>Time Frame - None</p> | <ul style="list-style-type: none"> - Assistance in accessing other services - Substance abuse and/or mental health treatment | <ul style="list-style-type: none"> systems at drop-in centers or other community providers - 45% of enrolled households move to more stable housing (family, friends, longer-term shelter/housing programs or permanent housing) - 90% of enrolled participants complete a CES assessment or have an observed assessment completed on their behalf - 75% of people matched to a housing unit through CES will be housed | <ul style="list-style-type: none"> - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
| Housing System Navigator | <p>Outreach support provided to households matched to housing and identified by the CES as in need of additional support to ensure they enter permanent housing.</p> <p>Target Population: -Matched households in need of additional support to reach PH</p> <p>Timeframe: None</p> | <ul style="list-style-type: none"> - Assist with documentation, transportation, appointment follow through, and other areas related to making the connection with permanent housing | <ul style="list-style-type: none"> - 50% of assigned participants will be enrolled with System Navigators - 75% of enrolled participants will be permanently housed | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce overall number of households experiencing homelessness in Chicago |
| Drop-In | <p>Low demand, site-based services. If day-time</p> | <ul style="list-style-type: none"> - Provision of Coordinated Services with Shelter/Housing/ Outreach | <ul style="list-style-type: none"> - 50% receive a comprehensive assessment and engage in ongoing | <p>The expected outcomes for this</p> |

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| <p>Centers</p> | <p>participants are residing at overnight programs or engaged in other services, the drop-in center will facilitate service coordination to reduce duplication</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless or are tenuously housed <p>Time Frame</p> <ul style="list-style-type: none"> - None | <p>Providers</p> <ul style="list-style-type: none"> - Provision of safe space that meet the needs of households experiencing homelessness (laundry, showers, resting space, personal storage, child-friendly space) - Ensure that CES housing assessment is completed within 1 week of upon program entry either through direct service or referral to a program with case management - Conduct benefits screening and linkage to mainstream resources - Ensure housing assessment and placement plan is being achieved (based on communication with other providers) - Assistance in accessing benefits, including conducting benefits advocacy in coordination with other providers - Assistance in accessing employment including training opportunities - Crisis intervention - Safe day space | <p>case management services</p> <ul style="list-style-type: none"> - 40% engaged in case management services move to more stable housing (family, friends, longer-term shelter/housing programs or permanent housing) - 20% engaged in case management services exit to permanent housing - 85% engaged in case management without a source of reportable income at program entry will obtain cash benefits - 85% engaged in case management without a source of reportable income at program entry will obtain non-cash benefits - 85% engaged in case management maintain/ increase benefits, employment or a combination of both | <p>program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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| <p><i>Emergency Shelter</i></p> | <p>Low demand, site-based, short-term, housing designed to remove individuals from the imminent danger of being on the street.</p> <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless - May target special populations <p>Time Frame</p> <ul style="list-style-type: none"> - None | <ul style="list-style-type: none"> - Provision of Coordinated Services with Shelter/Housing/ Outreach Providers - Safe night space & environment - Assist in referral to other housing and services resources or family reunification - Ensure that CES housing assessment is completed within 1 week of upon program entry either through direct service or referral to a program with case management - Formal linkages with support services providers that can help participants access services such as employment, detoxification, referrals, and case management. - Participate in DFSS Shelter Bed Clearinghouse - Assist DFSS in responding to extreme weather emergencies - Linkages with clinical services providers. | <ul style="list-style-type: none"> - 50% of participants receive a needs assessment - 50% of assessed participants connect to supportive services of those assessed - Of those participants receiving assessments, 80% will accept assistance to address other needs - 25% of participants move to more stable housing (family, friends, longer-term shelter/housing programs or permanent housing) | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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Additional Coordinated Entry Models

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
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| <p style="text-align: center;">Outreach Coordination</p> | <p>Build collaboration between partners including outreach and housing providers to assist households in the process of being assessed and connected to housing partners for youth, singles and families Target Population: System-Wide Timeframe: None</p> | <ul style="list-style-type: none"> - Coordinate assessment process of households - Conduct System Integration Team Meetings - Assist with connecting matched clients to outreach support, and oversee coordination between outreach and housing providers to expedite housing placement | <ul style="list-style-type: none"> - 95% of involved agencies will assess households or connect households to entities conducting the coordinated entry assessment - 75% of participants enrolled in an outreach or housing system navigation project and have a housing match through CES will move into permanent housing | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce overall number of households experiencing homelessness in Chicago |
| <p style="text-align: center;">System Facilitation</p> | <p>Guide and oversee Coordinated Entry System (CES) implementation utilizing HMIS, including managing the inflow and outflow of households, sharing and communicating policies and procedures with the Continuum of Care, and utilizing lessons learned for system</p> | <ul style="list-style-type: none"> - Coordinate training - Establish access points - Match households to appropriate housing interventions - Oversee system navigation - Engage mainstream providers who serve homeless populations to assist with assessments and documentation of disability status - Conduct gaps analysis | <ul style="list-style-type: none"> - 90% of participants entering into the homeless system will be assessed - 100% of available units/openings in the CES will receive matches through HMIS - 90% of participating agencies will be trained on the CES | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce overall number of households experiencing |

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| | <p>improvements.</p> <p>Target Population: System-Wide</p> <p>Timeframe: None</p> | <ul style="list-style-type: none"> - Advocate for resources - Collect feedback - Ensure compliance with CE policies and procedures - Make system improvements to ensure accessibility and appropriate use of resources | <ul style="list-style-type: none"> - 50% of participants enrolled in a project of a homeless system provider will be exited to permanent housing destinations | <p>homelessness in Chicago</p> |
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Youth-Intentional Permanent Supportive Housing (PSH)

Age and developmentally appropriate housing for youth ages 18- up to 25th birthday at entry, with no pre-determined length of stay that is coupled with supportive services that are voluntary and appropriate to the needs and preferences of participants.

Essential elements of the this program model include:

- Participant assessment of housing and service needs
- Programs must inform participants of their rights and responsibilities prior to enrollment into the program
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Developmentally appropriate case management
- Linkage to appropriate services if not provided “in house”
- Services to increase positive connections with family of origin or other significant people, when appropriate
- Program provides age appropriate life skills/ independent living skills/ interpersonal skills training
- Programs assist with the acquisition of public aid benefits (TANF, SNAP, SSI, etc.)
- Programs conduct safety assessments
- Programs provide follow up services after exit
- Programs use harm reduction, positive youth development, and trauma informed care as cornerstones to programming
- 24 hour on site or on call staff
- Assistance in accessing housing resources and supports (Sec dep. utilities furnishings, etc.)
- Programs can operate on a project-based or scattered-site model
- For scattered site models, program will provide housing location/inspection and landlord mediation services
- Programs assist with preparing youth to transition to other permanent housing on a timeline that is individualized to each young person
- Programs must follow the designated Coordinated Entry System (CES) process for program referrals
- Opportunities to plan and participate in Youth Development Activities (recreation, service learning, etc.)
- Linkage with educational resources including McKinney Vento resources
- Programs must provide provision of or linkage to child-focused assessment and appropriate services for families

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
|------------------------------------|--|---|--|---|
| Youth-Intentional Permanent | Target Population <ul style="list-style-type: none"> - Persons who are literally homeless - Youth ages 18-up to | See essential PSH program elements above. <ul style="list-style-type: none"> - Case management may be | <ul style="list-style-type: none"> - 80% of participants will remain permanently housed for 12 months or will exit to other permanent housing | The expected outcomes for this program type contribute to the |

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| <p>Supportive Housing (PSH)</p> | <p>25th birthday at entry</p> <ul style="list-style-type: none"> - Persons with a disability or other youth-specific indicator of vulnerability <p>Time Frame</p> <ul style="list-style-type: none"> - Indeterminate | <p>offered on-site at housing unit or at community-based location, but must be available at housing unit if clinically needed</p> <ul style="list-style-type: none"> - Provision of rental subsidy. - Use of Ansell Casey or another evidenced-based tool to evaluate increase of life skills | <ul style="list-style-type: none"> - 69% of people age 18 and older will maintain or increase their total income (from all sources) as of the end of the operating year or at exit - 70% of participants will increase their connections to others/ community as evidenced through an eco-map or comparable item - 70% of participants will demonstrate an increase in independent living skills as evidenced by an increase in scoring on the Ansell Casey Assessment or another evidence-based tool - 75% without <i>a source</i> of reportable income will report an increase in cash benefits or income - 85% with a source of reportable income will report an increase or maintenance of cash benefits or income (i.e. SSI) - 85% without non-cash benefits will gain access to those non-cash benefits (i.e. Medicaid) - 85% with a source of non-cash benefits will successfully maintain those non-cash benefits if eligible | <p>following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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Youth Transitional Housing (TH)

Age and developmentally appropriate housing for youth ages 14 up to 25th birthday that is coupled with supportive services that are voluntary and appropriate to the needs and preferences of participants.

Essential elements of the this program model include:

- Participant assessment of housing and service needs
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program Developmentally appropriate case management
- Linkage to appropriate services if not provided “in house”
- Co-ordination with CCBYS providers for unaccompanied youth under 18
- Family support and reunification services, when appropriate
- Program provides age appropriate life skills/ independent living skills/ interpersonal skills training
- Programs assist with the acquisition of public aid benefits (TANF, LINK, SSI etc.)
- Programs conduct safety assessments
- Programs provide aftercare services
- Programs use harm reduction, positive youth development and trauma informed care as cornerstones to programming
- 24 hour on site/ on call staff
- Permanent housing placement services
- Assistance in accessing housing resources and supports (Sec dep. utilities furnishings etc.)

Programs can operate on a project-based or scattered-site model

- Programs must follow the designated Coordinated Entry System (CES) process for program referrals
- Opportunities to plan and participate in Youth Development Activities (recreation, service learning, etc.)
- Linkage with educational resources including McKinney Vento resources
- Projects must comply with licensing/regulatory guidelines, (i.e. 14-15 year olds must have parental/guardian consent)
- 16-17 youth who are fully or partially emancipated or have parental/guardian consent (programs must have DCFS licensing to house partially emancipated youth). (i.e. regulations related to partial emancipation)
- Programs must provide provision of or linkage to child-focused assessment and appropriate services for families

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
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| Scattered Site | Target Population - Persons who are | See essential TH program elements above. | - 70% of participants will exit to stable housing | The expected outcomes for this |

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| <p>Transitional Housing (similar to PHwSS)</p> | <p>literally homeless or at imminent risk of homelessness†</p> <ul style="list-style-type: none"> - Youth ages 16-up to 25th birthday (16-17 year olds must be fully emancipated) <p>Time Frame</p> <ul style="list-style-type: none"> - 24 Month or 25th birthday (depending on funding source) | <ul style="list-style-type: none"> - Case management may be offered on-site at housing unit or at community-based location, but must be available at housing unit if clinically needed - Provision of rental subsidy while in program. - Use of Ansell Casey or another evidence-based equivalent to evaluate increase of life skills | <ul style="list-style-type: none"> - 50% of participants without a source of reportable income will report an increase in cash benefits or income. - 75% of participants with a source of reportable income will report an increase or maintenance of cash benefits or income (i.e. SSI, employment) - 80% of participants without non-cash benefits will gain access to those non-cash benefits (i.e. Medicaid) - 85% of participants with a source of non-cash benefits will successfully maintain those non-cash benefits if eligible - 50% of participants will exit with employment - 70% of participants will engage in programs or services designed to increase employment readiness, such as transitional employment programs, internships, or vocational coursework - 50% of participants will exit with a high school diploma or will be enrolled in an educational program. (high school, GED prep classes, vocational training, college) | <p>program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |
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| | | | <ul style="list-style-type: none"> - 70% of participants increase connections to others/community as evidenced through eco map/comparable item - 70% of participants demonstrate an increase in independent living skills as evidenced by an increase in scoring on the Ansell Casey Assessment or another evidence-based model | |
| Project Based Transitional Housing | Target Population <ul style="list-style-type: none"> - Persons who are literally homeless or at imminent risk of homelessness. - Youth ages 18-up to 25th birthday Time Frame <ul style="list-style-type: none"> - 24 Month or 25th birthday | See essential TH program elements above. <ul style="list-style-type: none"> - Use of milieu to teach age appropriate life skills/ independent living skills/ interpersonal skills. - Use of Ansell Casey or other evidence based equivalent to evaluate increase of life skills | <ul style="list-style-type: none"> - 60% of participants exit to stable housing - 50% of participants without a source of reportable income will report an increase in cash benefits or income - 75% of participants with a source of reportable income will report an increase or maintenance of cash benefits or income (i.e. SSI) - 70% of participants without non-cash benefits will obtain non-cash benefits (i.e. Medicaid) - 85% of participants with a source of non-cash benefits will successfully maintain those non-cash benefits if eligible - 40% of participants will exit with employment - 70% of participants will engage in | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment & income - Reduce overall number of households experiencing homelessness in Chicago |

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| | | | <p>programs or services designed to increase employment readiness, such as transitional employment programs, internships, or vocational coursework</p> <ul style="list-style-type: none"> - 40% of participants will exit with a high school diploma or will be enrolled in an educational program. (high school, GED prep classes, vocational training, college) - 60% of participants will increase connections to others/community as evidenced by eco map/comparable item - 60% of participants will demonstrate an increase in independent living skills as evidenced by an increase in scoring on the Ansell Casey Assessment or an evidence-based equivalent | |
| <p>Interim Housing</p> | <p>Target Population</p> <ul style="list-style-type: none"> - Persons who are literally homeless or at imminent risk of homelessness. - Participants who are 14-24 <p>Time Frame</p> <ul style="list-style-type: none"> - Short-term (120 days) | <p>See essential TH Program elements above</p> <ul style="list-style-type: none"> - 24-hour intake | <ul style="list-style-type: none"> - 55% of participants assessed will exit to stable housing including family, friends, longer-term transitional housing programs, DCFS custody, or permanent housing - 60% of participants served will complete a psychosocial assessment and develop an individual case plan - 60% of participants assessed will | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce length of homelessness - Reduce recidivism - Increase employment |

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| | | | <p>increase community connection and support as evidenced through an eco-map or comparable evidence-based tool</p> <ul style="list-style-type: none"> - 15% of participants without a source of reportable income report an increase in cash benefits or income - 75% of participants with a source of reportable income will report an increase or maintenance of cash benefits or income (i.e. SSI) - 15% of participants without non-cash benefits will obtain non-cash benefits (i.e. Medicaid, SNAP) - 75% of participants with a source of non-cash benefits will successfully maintain those non-cash benefits if eligible - 70% of participants served will participate in one or more formal life skills groups - 50% of participants engage in programs or services designed to increase employment readiness, such as transitional employment programs, internships, or vocational coursework - 75% of participants assessed receive information about their educational rights and resources | <p>& income</p> <ul style="list-style-type: none"> - Reduce overall number of households experiencing homelessness in Chicago |
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| | | | - 60% of participants assessed increase connections to others/community as evidenced by eco map/comparable item | |
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Low-Threshold Youth Continuum

The low-threshold youth continuum identifies, engages, and addresses the needs and vulnerabilities of young people experiencing homelessness and housing instability through accessible, low-barrier overnight service provision, drop-in centers, and outreach and engagement on the street and/or in public spaces (i.e. areas where homeless youth frequent)

Essential elements of the program model include:

- Program model identifies and engages unaccompanied homeless youth and pregnant and parenting homeless youth; links them to support services; and places them in stable housing
- Programs must inform participants of their rights, responsibilities, and expectations prior to enrollment into the program
- Engages homeless young people using harm reduction and trauma-informed service delivery
- Uses the elements of positive youth development, i.e. relationship building, youth leadership opportunities, youth-driven program design, and community engagement, to engage young people in strengths-based programs and services
- Participants and staff are trained in conflict mediation, violence prevention and intervention, and community accountability approaches to preventing, interrupting, and transforming violence
- Participants and staff uphold safe space guidelines, including participant rights and responsibilities
- Staff are trained and experienced in working with vulnerable youth and their families, and sensitive to the diverse cultures and backgrounds of young people, including pregnant and/or parenting young people
- Identification is not a requirement for participation at intake
- Coordination with CCBYS providers for unaccompanied youth under age 18
- Programs are safe and welcoming for all youth and engage the range of young people experiencing homelessness and housing instability, including LGBTQQI young people, runaway youth, street-based youth, youth with disabilities, youth impacted by the criminal and/or juvenile legal system, undocumented and immigrant youth, victims of abuse, HIV-positive youth, pregnant and parenting youth, youth involved in the sex trade and street economy, DCFS-impacted youth, and youth with substance use issues
- Participants and staff are trained in conflict mediation, crisis intervention, violence prevention and intervention, and community accountability approaches to preventing, interrupting, and transforming violence to promote long-term engagement
- Programs have policies and procedures that address youth participant issues related to violence, conflict, mediation and other crises and steps to resolve such issues

- Provision of or linkage to ongoing supportive services beyond provision of basic needs including educational/ vocational support, case management and systems advocacy, housing assistance, life skills programming, mental health and substance use services, medical, self-care and children’s services
- Provision of or linkage to basic needs (food, clothing, hygiene supplies, showers, safer sex items, technology –e.g. phone/internet access)
- Provision of leadership and community-building activities

| Program Type | Program Description | Essential Program Type Elements | Expected Outcomes | System Outcomes |
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| <p>Low Threshold Youth Overnight Shelter</p> | <p>Provides overnight emergency housing and basic needs to young people on a nightly basis for 12 consecutive hours</p> <p>Target population Youth, ages 18 to 24 (up to 25th birthday), not presenting with a parent or guardian and either living on the street, in shelter (emergency or interim, but not 24 month HUD-defined transitional housing program), or “couch surfing” (i.e. meaning that they are securing housing on a night-by-night basis, with no secure place to stay on a regular basis)</p> <p>Time Frame - None</p> | <ul style="list-style-type: none"> - Operates seven days a week - Employ a staff to youth participant ratio of at least one staff person on-site at all times for every 50 young people (1:50) - Provision of safe space that meet the needs of youth experiencing homelessness (laundry, showers, resting space, personal storage) - Conduct brief needs assessment and establish individualized case plans for each participant - Perform or link to benefits screening and linkage to resources - Ensure that a housing assessment is performed | <ul style="list-style-type: none"> - 50% of participants connect to supportive services at drop-in centers or other community providers - 50% of participants participate in leadership development and community building activities - 25% of participants move to more stable housing (family, friends, longer-term shelter/housing programs or permanent housing) | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce overall number of households experiencing homelessness in Chicago <p>Additionally, the following youth outcomes apply to this program model:</p> <ul style="list-style-type: none"> - Stable housing - Permanent Connections - Education and employment - Safety and wellbeing |

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| | | <p>with participants either through direct service or referral to a program with case management</p> <ul style="list-style-type: none"> - Assess participants for rapid-re-housing options (either through direct service or through referral to another program that conducts this screening) - At least one low-threshold overnight shelter is equipped to meet the needs of parenting youth - Coordination with other Youth Drop-In Centers and shelter programs - Mediation support and crisis intervention - Violence prevention and intervention strategies increase community accountability, mitigate conflict, and promote long-term engagement - Staff and youth participants trained in mediation skills and crisis intervention strategies - Programs have policies | | |
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| | | and procedures that address youth participant issues related to violence, conflict, mediation and other crises and steps to resolve such issues | | |
| Youth Outreach Program | <p>No or low-demand, street-based services providing basic needs assistance and assessments for mental health, substance abuse, or medical services, etc., in places where youth congregate</p> <p>Flexible hours of operation with a mix of daytime and evening hours that meet the needs of youth served</p> <p>Target population Youth, ages 12 to 24 (up to 25th birthday), living on the street, precariously housed, or “couch surfing” (i.e. meaning that they are securing housing on a night-by-night basis, with no secure place to stay on a regular basis)</p> <p>Time Frame - None</p> | <ul style="list-style-type: none"> - Access to age-appropriate housing and drop-in centers - Conduct brief needs assessment and establish individualized service plans for each participant engaged in enriched individual services - Develop trust with young people in order to engage them in case management and/or enriched individual work leading to improved safety | <ul style="list-style-type: none"> - 50% of participants will engage in case management and/or enriched individual services - 75% of participants receiving case management and/or enriched individual services will connect to formal and informal support systems at drop-in centers or other community providers - 15% of participants move to more stable housing (family, friends, shelter, housing programs or permanent housing) | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce overall number of households experiencing homelessness in Chicago <p>Additionally, the following youth outcomes apply to this program model:</p> <ul style="list-style-type: none"> - Stable housing - Permanent Connections - Education and employment - Safety and wellbeing |
| Youth Drop-In Center | <p>Provides flexible hours of operation with a mix of daytime and evening hours that meet the needs of youth served</p> <p>Target population</p> | <ul style="list-style-type: none"> - Provision of safe space that meet the needs of youth experiencing homelessness (laundry, showers, resting space, personal storage, child- | <ul style="list-style-type: none"> - 80% of participants receiving a comprehensive assessment engage in ongoing services, including education, | <p>The expected outcomes for this program type contribute to the following system outcomes:</p> <ul style="list-style-type: none"> - Reduce overall number |

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| | <p>Youth, ages 12 to 24, not presenting with a parent or guardian and either living on the street, in shelter (emergency or interim, but not 24 month HUD-defined transitional housing program), or “couch surfing” (i.e. meaning that they are securing housing on a night-by-night basis, with no secure place to stay on a regular basis)</p> <p>Time Frame</p> <ul style="list-style-type: none"> - None | <p>friendly space)</p> <ul style="list-style-type: none"> - Ensure that a housing assessment is performed with participants either through direct service or referral to a program with case management - Conduct benefits screening and linkage to mainstream resources - Develop individualized case plan for each household that enrolls in case management - Case manager to participant ratio should not exceed 1 case manager to 25 participants (1:25) - Program location must be accessible to public transportation - Coordination with other Youth Drop-In Centers and shelter programs - Mediation support and crisis intervention - Violence prevention and intervention strategies increase community accountability, mitigate | <p>vocational services and life skills programming</p> <ul style="list-style-type: none"> - 25% of participants engaged in services move to more stable housing (family, friends, longer-term shelter/housing programs or permanent housing) - 50% of participants participate in leadership development and community building activities - Determine an accurate estimate of young people experiencing homelessness in Chicago and utilize HMIS and quarterly tracking and monitoring efforts to assess service and program needs - Demonstrate the overall and individual impacts of the low-threshold continuum model through HMIS and quarterly tracking and monitoring of outcomes, including: <ul style="list-style-type: none"> - Changes in housing - Increasing or maintaining income - Increasing or maintaining | <p>of households experiencing homelessness in Chicago</p> <p>Additionally, the following youth outcomes apply to this program model:</p> <ul style="list-style-type: none"> - Stable housing - Permanent Connections - Education and employment - Safety and wellbeing |
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| | | <p>conflict and promote long-term engagement</p> <ul style="list-style-type: none"> - Staff and youth trained in mediation skills and crisis intervention strategies - Programs have policies and procedures that address youth participant issues related to violence, conflict, mediation and other crises and steps to resolve such issues - Equipped to meet the needs of pregnant and parenting youth | <p>cash and non-cash benefits</p> <ul style="list-style-type: none"> - Changes in employment and/or employment goals - Changes in education/vocation or related goals - Increased leadership and community engagement | |
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Resources:

† [HEARTH Homeless Definition Final Rule](#)

* HUD Requirements: <https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>

Dimensions of Quality Supportive Housing: http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf

Introduction to System Performance Measurement

With the passage of the HEARTH Act and its subsequent implementation regulations, Continuums of Care are expanding from evaluating program performance to evaluations of the performance of the entire homeless system. To support the federal strategic plan, Opening Doors, focus on ending youth homelessness, the United States Interagency Council on Homelessness (USICH) created a youth framework that includes four major youth-specific outcomes for youth program models. Individual program performance remains important; however Chicago's updated Program Models Chart strives to demonstrate how each program model and its performance contributes to the outcomes of the overall system. The PMC also connects youth program model outcomes to the USICH Youth Framework outcomes to which each model contributes.

The chart on the following pages illustrates at a macro level the connections between the program model categories and broad indicator categories with HEARTH system performance goals and USICH Youth Framework outcomes (for youth models only). As the chart demonstrates, our system is comprised of models that are part of a continuum of critical services that range from preventing homelessness to engaging and quickly transitioning individuals and families back to permanent housing if they do become homeless. Each model serves a particular function in our system and therefore may be connected to system outcomes or youth framework outcomes and/or may contribute at different levels than other models. The chart can be considered an introduction or cover page to the Program Models Chart. Each individual program model will also reference the system performance measures and youth framework outcomes connected to the model.

HEARTH System Performance Measures

- A. Reduce length of homelessness (<30 days)
- B. Reduce rates of return to homelessness
- C. Increase employment and income for homeless
- D. Reduce the number who become homeless for the first time
- E. Reduce the overall number of homeless in Chicago
- F. Thoroughness in reaching homeless populationⁱ

USICH Youth-specific Outcomes

- A. Stable Housing
- B. Permanent Connections
- C. Education and Employment
- D. Safety and Wellbeing

| CoC System Performance Outcomes | | | | | | Youth-specific Outcomes | | | |
|---|--------------------------------|-------------------|--------------------------------|--|--|-------------------------|-----------------------|--------------------------|----------------------|
| | Reduce length of time homeless | Reduce recidivism | Increase employment and income | Reduce the number of first-time homeless | Reduce overall number of homeless in Chicago | Stable housing | Permanent connections | Education and employment | Safety and wellbeing |
| Program Models | | | | | | | | | |
| Permanent Housing | x | x | x | | x | x | x | x | x |
| Prevention | | x | | x | x | | | | |
| Engagement/overnight shelters | x | | | | x | x | x | x | x |
| Interim Housing | x | x | x | | x | x | x | x | |
| Transitional Housing (Youth) | | x | x | | x | x | x | x | |
| Specialized Services | x | x | x | | x | | | | |
| Indicators | | | | | | | | | |
| Length of stay in housing | x | x | | x | | x | | | |
| Exit to more stable housing | x | | | | | x | | | x |
| Exit to permanent housing | x | | | x | | x | | x | |
| Successful income measures | | x | x | | | | | | |
| Successful employment measures | | x | x | | | | | | |
| Length of time to housing placement | x | | | | | | | | |
| Increased connection to services | | x | | | | | x | | |
| Increased independent living skills | | x | | | | | | x | x |
| Engagement in leadership development activities | | | | | | x | | x | |

This outcome will be measured using other system tools and is not reflected in the Program Models Chart.