

CHICAGO'S PLAN 2.0



SEMI-ANNUAL PROGRESS REPORT

OCTOBER 2014



INTRODUCTION

On the evening of January 22, 2014, hundreds of volunteers bundled up for the bitterly cold weather to conduct the 2014 Point-in-Time (PIT) count. The PIT count is an annual one-day census of individuals and families experiencing homelessness in Chicago. Surveys were completed with households staying in emergency shelters, short-term housing programs, and places not meant for human habitation. The Chicago Department of Family and Support Services (DFSS) developed the PIT count methodology with researchers from the University of Illinois at Chicago and worked with volunteers from multiple City of Chicago departments, the Chicago Alliance to End Homelessness, myriad partner nonprofit agencies, and numerous community members to complete the count. The goal of the PIT count is to provide a comprehensive survey of people experiencing homelessness and be able to demonstrate the changing face of homelessness in Chicago over time.

Figure 1: Baseline Homeless Population Data

(Source: Point in Time Counts, 2005-2014)

	2005	2007	2009	2011	2013	2014	2005-14 Overall Change
Singles Unsheltered	1,701	1,511	794	1,700	1,197	951	-44%
Singles Sheltered	2,337	2,359	2,548	2,544	2,729	2,748	18%
Total Singles	4,038	3,870	3,342	4,244	3,926	3,699	-8%
Persons in Families Unsheltered	26	65	90	25	22	14	-46%
Persons in Families Sheltered	2,651	1,987	2,808	2,329	2,331	2,581	-3%
Total Persons in Families	2,677	2,052	2,898	2,354	2,353	2,595	-3%
Total Persons	6,715	5,922	6,240	6,598	6,279	6,294	-6%

Chicago’s Plan 2.0 baseline homeless population data presented in Figure 1 is updated to reflect the 2014 PIT count results. **Overall, Chicago has seen a 6% decrease in the number of people experiencing homelessness and a 44% decrease in the number of unsheltered persons since 2005.** However, between 2013 and 2014 Chicago experienced an increase in the number of persons experiencing homelessness, which disproportionately affected households by subpopulation as illustrated in Figure 2.

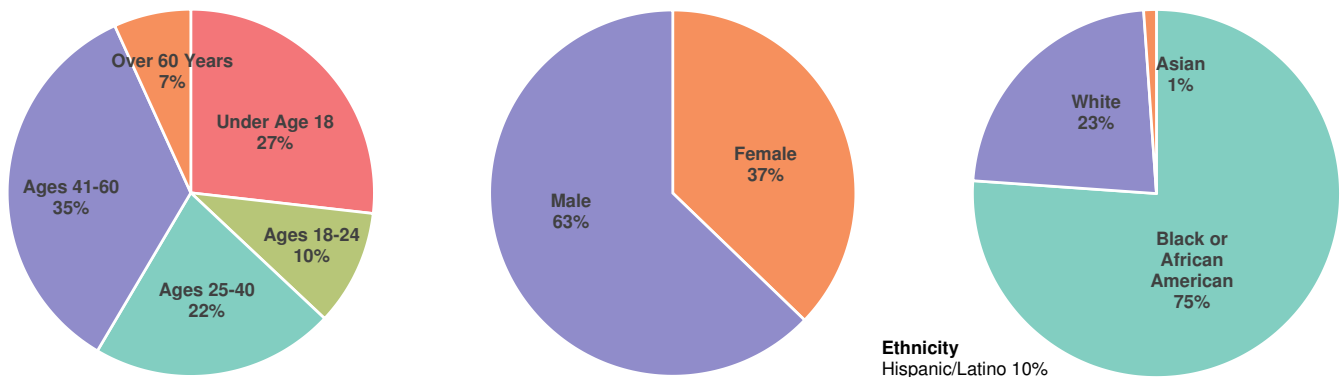
Figure 2: Homeless Population Subpopulations Data

(Source: Point in Time Counts, 2005-2014)

	2011	2013	2014	2011-2014 Overall Change
Chronically Homeless Singles	1,149	557	655	-43%
Chronically Homeless Persons in Families	6	0	0	-100%
Adults with Severe Mental Health Barriers	984	1,302	1,095	11%
Adults with a Substance Use Barrier	1,831	1,707	1,270	-31%
Adults with HIV/AIDS	205	308	158	-23%
Survivors of Domestic Violence	1,241	1,261	1,182	-5%
Veterans	500	712	705	41%

Figure 3: Homeless Populations Demographic Data

(Source: Point in Time Count, 2014)



Chicago is pleased to report significant decreases in the number of homeless adults reporting severe mental health and substance use barriers, as well as a 49% decrease in the reported number of adults with HIV/AIDS experiencing homelessness between 2013 and 2014. The number of homeless veterans remained steady between 2013 and 2014. However, the 2014 PIT count reported an 18% increase in individuals experiencing chronic homelessness, with 90 more individuals reported. Of concern, the 2014 PIT count also demonstrates an 11% increase in homeless families between 2013 and 2014.

The following Plan 2.0 update contains examples of many of the efforts that have contributed to these system impacts and promote progress in our collective effort to end homelessness in Chicago.

THE CRISIS RESPONSE SYSTEM

GOAL

Create an effective crisis response system that prevents homelessness whenever possible and rapidly returns people who experience homelessness to stable housing.

- ▶ Charged by Plan 2.0 and the HEARTH Act to improve methods of **matching appropriate resources and interventions with households as they enter the homeless system and adding diversion strategies to prevent homelessness**, the Coordinated Access Steering Committee continued planning through 2014. Chicago's efforts were fast-tracked when the city was selected to participate in the 25Cities Initiative, a collaborative effort sponsored by the U.S. Department of Veteran Affairs (VA), U.S. Department of Housing & Urban Development (HUD) and the U.S. Interagency Council on Homelessness. The goal of the 25Cities Initiative is to help participating communities accelerate progress on coordinated access implementation towards ending chronic and veteran homelessness. Chicago's Leadership Team includes representatives from the Chicago Alliance to End Homelessness (Alliance), Corporation for Supportive Housing, the Chicago Planning Council on Homelessness, Chicago Housing Authority, HUD, Department of Family and Support Services and the Jesse Brown VA Medical Center. This group worked in coordination with the Coordinated Access Steering Committee (CASC) to design goals for a 100-day action plan. To implement the plan, a community team comprised of service agencies, veterans, government agencies and other persons with lived homelessness experience was convened. In the first 100 days, the team made significant progress on key components of coordinated access system design:
 - ▶ **Homeless Management Information Systems (HMIS) implementation**
25Cities Chicago is using new HMIS modules and has created a workflow that allows our system to track a household from assessment through housing placement, including the process of matching to the appropriate housing and services options. The Alliance HMIS team has worked tirelessly to build and adapt the system throughout the 100 days. They have trained 43 users at 17 different agencies on the 25Cities workflow.
 - ▶ **Standardized Assessment Tool**
The community team is testing the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) assessment tool, which was endorsed by the CASC. To date, more than 200 veterans have been assessed. The team has engaged Supportive Service for Veteran Family (SSVF) providers and VA Contract Transitional Housing and Grant and Per Diem (TH & GPD) programs to ensure veterans served in those programs are assessed and have established drop-in hours at different locations throughout the city for assessments.

THE CRISIS RESPONSE SYSTEM

▶ **Housing: Matches and Placements**

At our community launch, housing providers committed more than 300 slots of permanent housing for the 25Cities Initiative. To date, 54 veterans have been matched to housing providers and are in the housing location process and four veterans have moved to permanent housing. The community team holds weekly matching meetings to facilitate the referrals of veterans to housing providers with open units or slots.

▶ **VA and Homeless System Coordination**

Shared data system: Jesse Brown VA Medical Center administration approved the secure sharing of VI-SPDAT assessments conducted by VA staff with a community agency. Through a data sharing agreement, the VA staff send completed assessments to Sarah's Circle, which enters them into HMIS.

The 100-day plan culminated with a sustainability review. At this review, the 25Cities team and Coordinated Access Steering Committee reflected on successful components of the effort and areas that need more focus. Together, the groups will enter into a subsequent 100-day plan to continue to fine tune the system procedures and formalize recommendations for a scaled up coordinated access system in Chicago.



Chicago has committed to **coordinating and expanding outreach and engagement resources to ensure a universal approach and coverage** throughout the city, especially to engage individuals who are chronically homeless and living in public spaces. This action item has become a core component of work happening through a Substance Abuse & Mental Health Services Administration (SAMHSA) planning grant. On May 2, the AIDS Foundation of Chicago and the Center for Housing and Health co-sponsored a special **conference for mobile outreach teams and directors**. The conference was supported by grants from SAMHSA, the Michael Reese Health Trust, and the Chicago Community Trust. Over 70 outreach workers, administrators, and funders attended the event, which was the **first intentional gathering of outreach teams in the Chicago area**. The conference was an opportunity to bring together outreach teams, many funded by different public and private funders, to network and share best practices, provide training and resources, and allow conversation between program funders and service providers. Morning plenary sessions included dialogue on plans for an interactive outreach database and on overview of VA homeless programs. The afternoon included two workshop breakout sessions. Participant response was overwhelmingly positive and future events are planned.

ACCESS TO STABLE AND AFFORDABLE HOUSING

GOAL

Create and maintain stable and affordable housing for households who are experiencing or at risk of homelessness.

- ▶ For FY 2013, Chicago was awarded \$53.2 million in HUD CoC funding, including more than \$1.6 million in reallocated funding to create 92 new permanent supportive housing units for households experiencing chronic homelessness. The addition of these units is a significant step toward eliminating chronic homelessness for some of Chicago's most vulnerable neighbors.
- ▶ As a result of advocacy by Sweet Home Chicago, a coalition managed by the Chicago Coalition for the Homeless, the City of Chicago implemented the Tax Increment Financing (TIF) Purchase-Rehab Program to restore foreclosed and vacant apartment buildings into affordable housing. To date, the City has allocated \$1 million in each of four TIF districts. The City's five-year housing plan adopted last February commits \$7 million a year (\$35 million total) to the TIF Purchase-Rehab Program. **The first building financed under this initiative (26 units) began leasing up this summer. A second building in the same TIF is expected to come on line in the coming months with nine additional units for a total of 35 affordable housing units,** critical tools for preventing and ending homelessness in Chicago. Three other TIF districts have \$1 million designated for the rehab program. Projects in these districts will be awarded by the Community Investment Corporation.
- ▶ Rapid Re-housing is a critical tool to assist households in moving from shelter to permanent housing. **Rapid re-housing includes short-to-medium-term rental assistance and housing stability services** as tools to help households living on the streets or in shelters that have some income move to permanent housing. Funded with HUD Emergency Solutions Grant funds, Chicago's Rapid Re-housing Program is coordinated by the Emergency Fund with housing stability case management services and housing location and placement services provided by four partner agencies including Catholic Charities, the Center for Housing and Health, Heartland Human Care Services and La Casa Norte.

ACCESS TO STABLE AND AFFORDABLE HOUSING

The Rapid Re-housing partners along with the Emergency Fund and the Department of Family and Support Services used program data to evaluate project outcomes and program process for the first year of the program (May 1, 2013-April 30, 2014). Key findings include

- ▶ 262 individuals and families moved from shelter to housing.
- ▶ 73% of households remained in permanent housing at exit.
- ▶ 41 individuals received bridge assistance, short-term housing assistance and services for highly vulnerable homeless people who have been approved for permanent supportive housing.
- ▶ The average time from referral to housing was 54.9 days

Project partners used these findings and others to make program process changes in year two of the project, with a focus on reducing the length of time from referral to housing and partnering with resources to address employment and income needs of participating households.

YOUTH HOMELESSNESS

GOAL

Create a comprehensive, developmentally appropriate menu of services for youth who experience homelessness in order to prevent homeless youth from becoming the next generation of homeless adults.

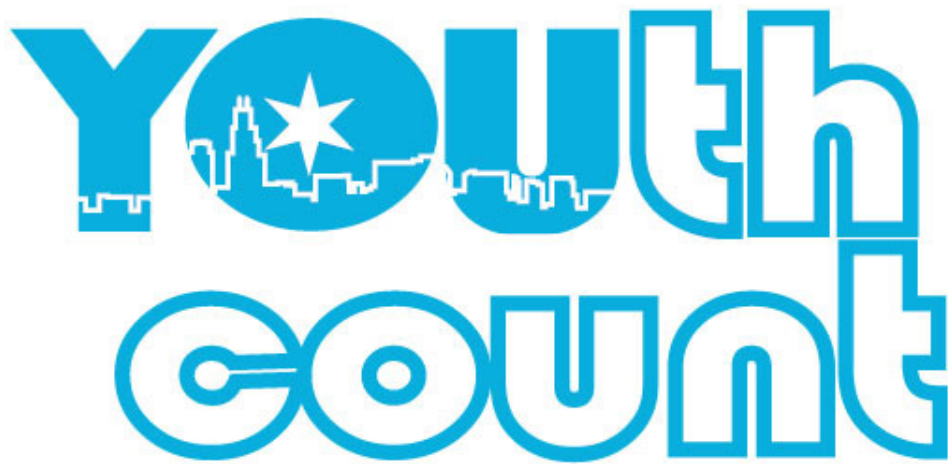
- ▶▶ Results of Chicago's first ever dedicated point-in-time count and survey of youth, YOUth Count, which was conducted in October 2013 were analyzed and released this summer. A subcommittee of the Chicago Task Force on Homeless Youth, comprised of youth-serving organizations, advocates, and DFSS designed a survey and methodology aligned with best practices identified by national youth count initiatives. The survey was conducted online and in person over the span of two weeks. Survey results provide critical information on the demographics, experiences accessing services, and service needs of young people facing housing instability in Chicago. Key findings include:
 - ▶▶ Of the 541 young people who completed the survey, 400 (74%) were unstably housed.
 - ▶▶ The population of unstably housed youth was 51% female, 45% male, and 3% transgender, while 1% selected other or did not answer.
 - ▶▶ The majority of youth (65%) were between the ages of 16 and 21, with 17% between 22 and 25, and 14% under 16 years of age. The average age of all respondents was 18.7 years old and 18 years of age represented the largest age group (16%). The youngest respondents were 12 years old.
 - ▶▶ Sixty-one percent of unstably housed youth identified themselves as straight or heterosexual, 13% bisexual, 10% gay or lesbian, 1% queer, 1% questioning, and 2% other.
 - ▶▶ Overall, 26% of unstably housed youth identified as LGBTQ.
 - ▶▶ The LGBTQ population was defined as those respondents that selected Gay/Lesbian, Bisexual, Questioning, or Queer under the sexual identification category, and/or Transgender/Gender Queer/Gender Non-Conforming under the gender category.

The Chicago Task Force on Homeless Youth and the Youth Count Subcommittee are developing a strategy to strengthen the way Chicago counts youth during the traditional Point-in-Time Count in January of 2015.

YOUTH HOMELESSNESS

STRATEGIC PRIORITY 3

- ▶ The Chicago Task Force on Homeless Youth, through its Prevention Subcommittee, hosted a cross-training workshop for youth-serving homeless providers and child welfare providers. The daylong event explored the strengths and needs of homeless youth, the connections between homeless services and child welfare systems, and opportunities for meeting the service needs of youth experiencing homelessness. Homeless service and supportive housing providers received introductory training on child welfare while child welfare workers received training on the homeless and supportive housing system. The sessions included topics such as LGBTQ youth, McKinney-Vento/Fostering Connections, Pregnancy and Parenting, Harm Reduction, Financial Literacy, Juvenile Justice, Trafficking, Comprehensive Community-Based Youth Services (CCBYS) for youth in high-risk situations, and the Department of Children and Family Services (DCFS) Statewide Database System. Bryan Samuels, Executive Director of Chapin Hall gave the keynote address and challenged the community to build a system that meets the housing needs of homeless youth. More than 100 people participated in this successful day of information sharing.



EMPLOYMENT

GOAL

Increase meaningful and sustainable employment opportunities for people experiencing or most at risk of homelessness.

- ▶ In May 2014, Mayor Rahm Emanuel established the Minimum Wage Working Group to develop a balanced plan to increase the minimum wage in Chicago. The working group was tasked with evaluating options for both short and long-term wage increases for Chicago's workers. In July, this group of business, labor, and elected leaders submitted its final report recommending a minimum hourly wage of \$13 by 2018. This increase would raise wages for approximately 410,000 workers and add \$800 million to Chicago's economy over four years. For individuals at risk of or experiencing homelessness, a wage increase would provide financial support to help divert households from entering into homelessness. In September, Mayor Emanuel signed an executive order raising the minimum hourly wage to \$13 for all city contractors and subcontractors for contracts executed starting October 1, 2014 or later.
- ▶ The Plan 2.0 Employment Task Force is currently working toward finalizing a universal employment readiness assessment to be conducted by providers at intake to quickly match persons of lived experience to the appropriate employment programming and optimize successful employment outcomes. Recommendations are being developed for the implementation of this assessment across Chicago's homeless assistance system.
- ▶ The Employment Task Force is examining approaches to improve data collection on the employment needs and outcomes of homeless services program participants in order to set targets and increase the number of adults exiting programs with an earned income. By the end of the year, the Employment Task Force plans to make recommendations to the Chicago Planning Council on Homelessness regarding effective strategies to increase the systems' capacity for connecting people experiencing homelessness to employment opportunities.

ADVOCACY AND CIVIC ENGAGEMENT

GOAL

Engage all of Chicago in a robust plan that creates a path to securing a home for everyone in our community.

- ▶ On June 25, 2014 more than 150 members of the Chicago Continuum of Care (CoC) unanimously ratified the CoC's first governance charter. The charter is the result of more than 18 months of development by the Governance and Structure Steering Committee which included several opportunities for community input and discussion. The charter includes the core values of a clear and logical grievance process, transparent decision making, an open and accessible CoC, compliance with federal regulations, communication between all members, and ensuring the flexibility to respond to emerging ideas and challenges. Charter implementation will be completed over the next year and overseen by the Chicago Planning Council on Homelessness and designated committees.
- ▶ For FY 2015, the State of Illinois General Assembly continued to demonstrate a commitment to fund homeless services programming. Overall, line items for affordable housing and homeless services were flat funded, including flat funding for the Emergency and Transitional Housing Program and Homelessness Prevention Program. The Homeless Youth Program and Supportive Housing Services saw a collective increase of more than \$3.7 million dollars. The committed advocacy efforts of engaged stakeholders and advocacy partners has greatly contributed to preserving these resources and the efforts to increase funding for homeless services will require the full commitment of the CoC as the FY2016 state budget planning season approaches.
- ▶ The funding for fifteen Supportive Services Only (SSO) programs was not renewed by HUD for FY2013, totaling a loss of \$2.8 million in vital programming for households experiencing homelessness. The defunded programs provided employment, therapeutic, mental health, substance use, domestic violence, and other specialized services that are essential for ensuring the housing stability for persons with lived experiences of homelessness. In response, the Chicago Planning Council on Homelessness created the SSO Task Group to develop strategies to mitigate the negative impact of these funding cuts. The Planning Council endorsed the Homeless Services Strategic Plan in August and implementation will begin over the next year.

CROSS-SYSTEMS INTEGRATION

GOAL

Work across public and private systems of care to ensure ending homelessness is a shared priority.

- ▶ The Affordable Care Act (ACA) and Medicaid expansion offer new opportunities for innovation in health care delivery as well as health care coverage for vulnerable individuals who have gone without health insurance in the past. To date 468,000 Illinoisans have enrolled in the expanded Medicaid program.

Several action steps are moving forward on the state and local level to explore all opportunities under implementation of the ACA to provide comprehensive physical and behavioral health care to people experiencing homelessness, including care coordination with housing and services.

- ▶ On June 4, 2014 Illinois submitted an 1115 Waiver to the Centers for Medicare and Medicaid Services (CMS), the federal Medicaid agency. As a result of significant advocacy from providers and advocates, the waiver request proposes to expand access to supportive housing by creating incentives for managed care entities to invest in permanent supportive housing and services.
- ▶ In preparation for opportunities under the 1115 Waiver if approved and other potential collaborative ventures, The Center for Housing and Health and Michael Reese Health Trust convened a special session “Healthcare Transformation: Opportunities and Options to Increase Supportive Housing for the Homeless” in March 2014 which brought together representatives from the State, County, and City of Chicago, managed care leadership, supportive housing providers, the foundation community and consultants to:



COVER PHOTO: STEPHANIE SIDEMAN

CROSS-SYSTEMS INTEGRATION

STRATEGIC PRIORITY 6

- 1** Educate participants on the costs and value of supportive housing units, and how Chicago's supportive housing system works as it engages homeless persons in the streets and shelters, houses them, and when possible, graduates them out of supportive housing with intensive services;
 - 2** Learn how other states are using Medicaid and health plan insurance funds to support the work of supportive housing providers and to increase the capacity of the system to house the homeless who are highly vulnerable and costly to Medicaid; and
 - 3** Give participants a chance to begin a dialogue and planning with our supportive housing providers on how Medicaid insured members can access our housing programs.
- ▶ The Homeless Youth Prevention Planning project is a two-year federally funded planning project to develop a model intervention to prevent homelessness among current and former child-welfare involved youth and young adults. The project allows Illinois to undergo a comprehensive planning effort to address older adolescents' needs for stable housing, permanent connections, education and employment, and social-emotional well-being. More than 100 people representing more than 50 child welfare and homeless youth organizations, private foundations and state and local government agencies are participating in the planning process. Broad stakeholder participation has already enabled resource sharing and improved collaboration between sectors to better meet the needs of Illinois' youth. In early 2015, the Illinois Collaboration on Youth, in partnership with the Illinois Department of Children and Family Services, will apply to the Administration on Children, Youth and Families for a five-year grant to implement and evaluate the intervention model.

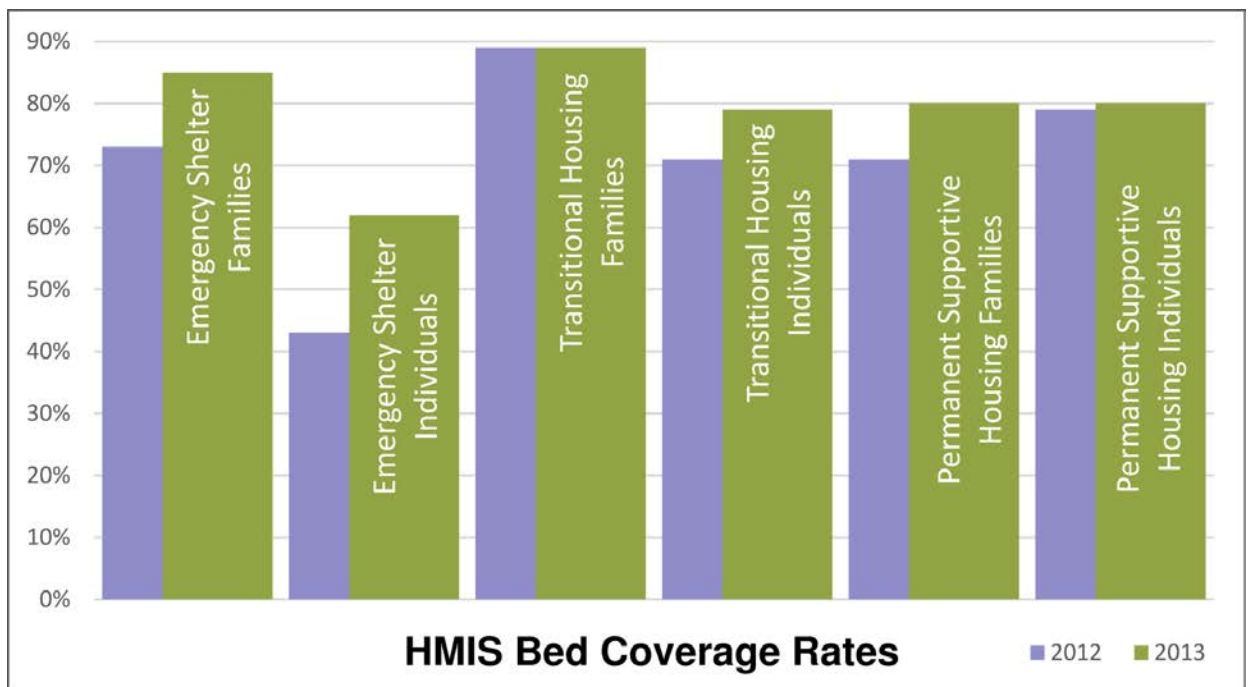
CAPACITY BUILDING

GOAL

Ensure a strong homeless assistance system capable of implementing Plan 2.0 goals and HEARTH Act performance standards.

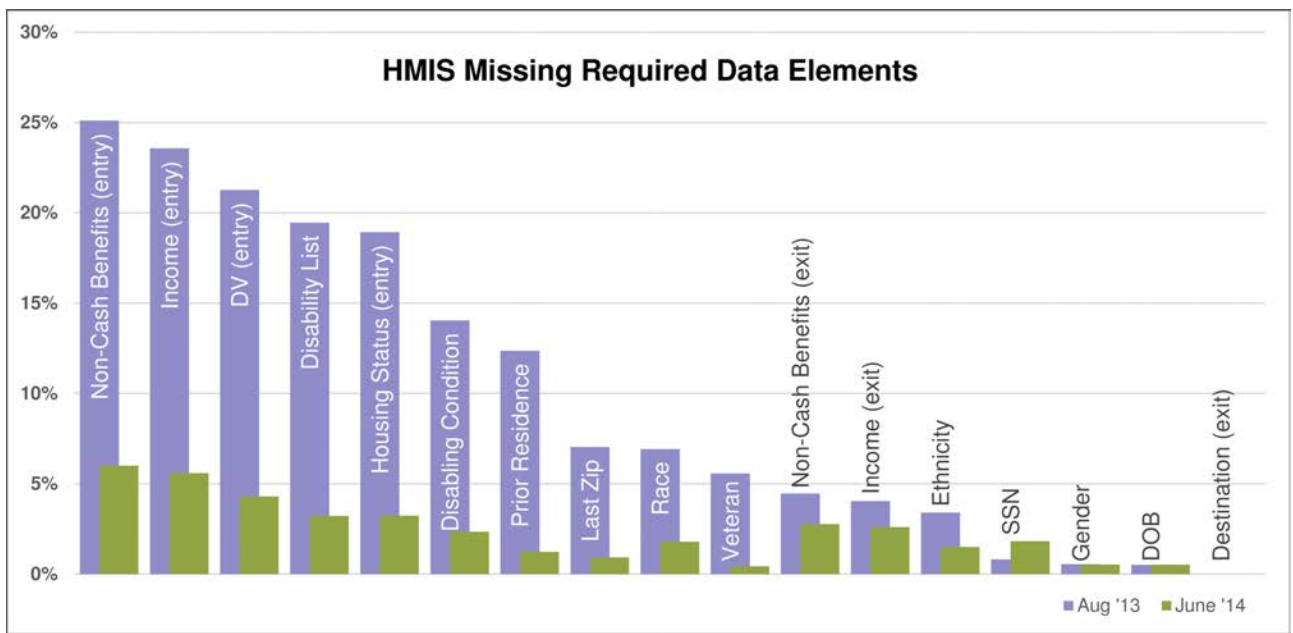
- ▶ One of the primary goals of Plan 2.0 is to accurately report on bed coverage throughout the Continuum of Care (CoC). The Annual Homeless Assessment Report (AHAR) is a report to the U.S. Congress on the extent and nature of homelessness. The report is based primarily on HMIS data about persons who experience homelessness during a 12-month period. Since 2012, Chicago has shown significant increases in bed coverage, especially emergency shelter beds (families and individuals), transitional housing beds (individuals), and permanent supportive housing beds (families).

In 2013, for the first time, all categories were of sufficient data quality to be accepted by HUD, meaning that all of Chicago's data will be used in determining the extent of homelessness across the nation. As of July 2014, there are 321 active programs with a total of 18,219 unique clients in HMIS for Chicago. The chart below illustrates the improvement of bed coverage rates since 2012.



CAPACITY BUILDING

- ▶ As the HMIS lead agency for the CoC, the Chicago Alliance to End Homelessness has revised the data quality process to ensure that the Chicago can utilize data analyses to better understand the landscape of homelessness, identify unmet needs, and inform system-wide planning processes. A high quality of data is required to meet this goal and communities must have a low level of missing values for data to be accepted into the AHAR. As illustrated in the chart below, the Chicago CoC has seen significant decreases in the amount of missing HMIS data since August of 2013, thus indicating vastly improved data quality.



- ▶ As a part of Plan 2.0's capacity building efforts to effectively engage young people experiencing homelessness, the Chicago Homeless Youth Taskforce, Illinois Collaboration on Youth and the Learning Center of All Chicago hosted a day of free trainings for permanent supportive housing providers, housing case managers, and housing specialists. This training sought to improve youth service delivery in programs with predominately adult clients. The morning session focused on Positive Youth Development, an intentional approach that engages youth within their communities, schools, organizations, peer groups, and families in inclusive and life affirming ways. The afternoon session, "Engaging Youth People in Adult Housing Programs: Adolescence, Trauma, and the Brain" explored brain structure and function. This workshop provided an introduction to understanding how the adolescent brain is changing both by design and also through the experience of trauma. Participants learned about strategies to provide developmentally appropriate, trauma-informed services to effectively engage young people in adult housing programs. Thirty providers attended the trainings, representing thirteen organizations serving homeless youth, adults, and families.