



**Implementation Schedule
for Chicago's
10-Year Plan to
End Homelessness:
*Getting Housed,
Staying Housed***

January 2005

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Overview

Chicago's Plan to End Homelessness

Getting Housed, Staying Housed Plan: A Collaborative Plan to End Homelessness in Chicago (the Plan) outlines a 10-year strategic plan to end homelessness in Chicago by 2012. Developed through a comprehensive community process, the Plan calls for a fundamental shift in the Chicago homeless service delivery system from a shelter-based strategy to a housing-based strategy. The Plan focuses on three key tenets including homelessness prevention, rapid re-housing, and wraparound services to support housing stability.

*Vision for Chicago's
10 Year Plan*

In ten years, all individuals and families facing homelessness in Chicago will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

The new strategy requires a comprehensive and deliberate reorientation of Chicago's homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resources, and significant cross-systems collaboration. A copy of the Plan is in Appendix A. One component of the system reorientation involves the conversion of existing homeless services, including the various types of homeless shelters, into program models of services and housing consistent with the Plan. The program models chart, detailing programs consistent with the Plan, is available in Appendix B. Using information and data from 2004, the Continuum has outlined the anticipated conversion pattern of the system. Figures 1 and 2 illustrate the anticipated conversion process for the homeless service system.

Figure 1: Proposed Conversion of the Homeless Service System

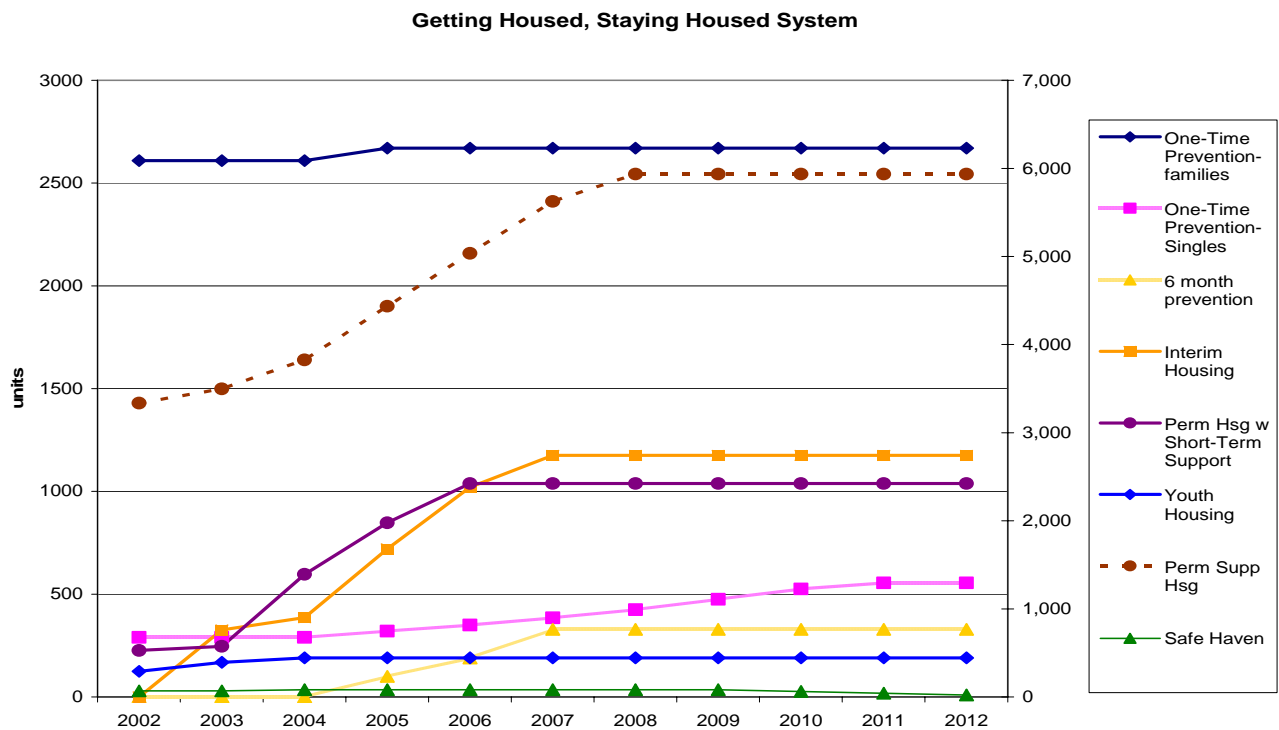
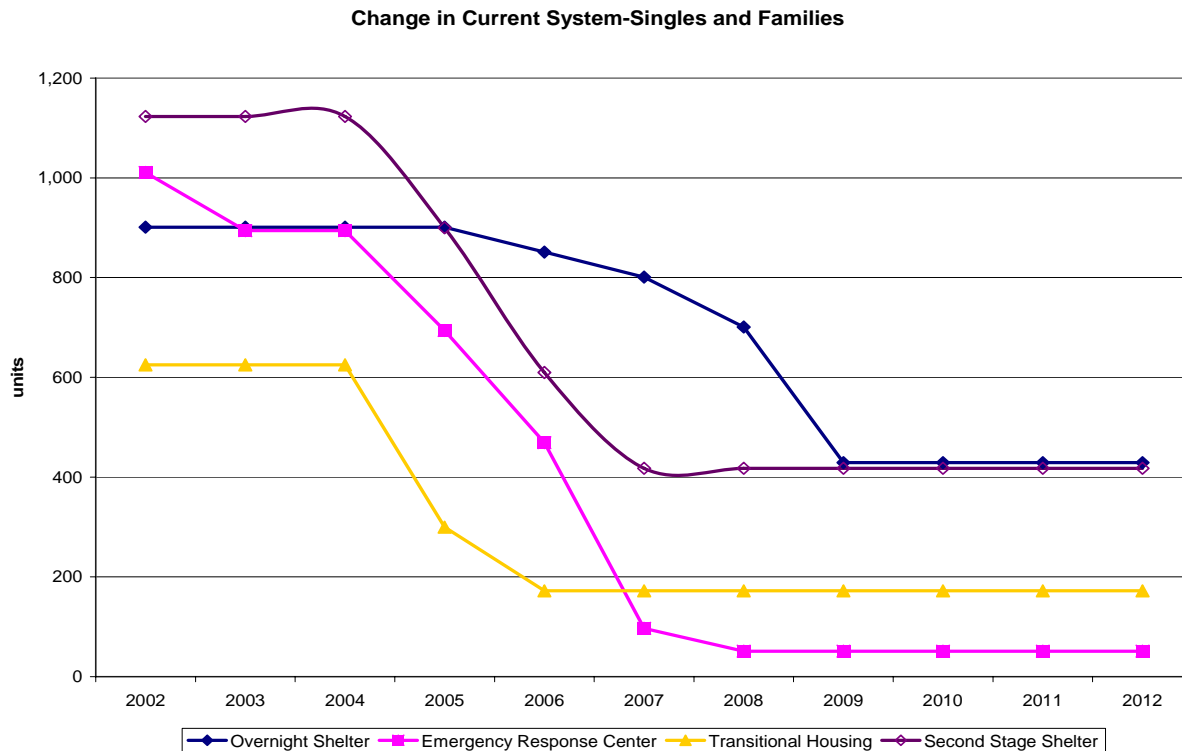


Figure 2: Change in the Current Homeless System for Single and Family Units



For successful implementation of the system's conversion, the Continuum of Care (Continuum) must annually evaluate the impact of the plan, and incorporate flexibility to make mid-course corrections if the initially charted course proves to be ineffective.

The Implementation Schedule Planning Process

To assist the Continuum of Care partners in meeting the Plan's goals, a detailed implementation plan with strong accountability and evaluation provisions are necessary.

To develop these provisions, the Chicago Continuum of Care's Governing Board endorsed an Implementation Schedule Planning Process in October 2004. This process brought together a range of Continuum partners to devise the tasks and measures that would allow stakeholders to track progress, identify and replicate best practices, and ensure progress to the Plan. The resulting document represents the continuing and collaborative efforts of the Chicago Continuum of Care staff and its Governing Board, City of Chicago (City), government agencies, non-profit organizations, consumers of homeless services, advocates, and foundations.

Beginning in November and December 2004, the Continuum of Care staff brought together stakeholder groups engaged in a rigorous planning process to develop the Implementation Schedule. Utilizing the previous work of the Plan, program models, and Conversion Blueprint, the stakeholder groups formulated the assumptions, strategic goals, and tasks for the Plan's implementation over the next eight years.

The first draft presented to nine stakeholder groups, convened by the Partnership to End Homelessness north, south, and west side providers, faith-based leaders, the Chicago Interagency Council, Grantmakers Concerned with Homelessness, the Chicago Community-

Based Black Caucus, the Homeless Caucus of the Continuum, and Chicago Coalition Youth Committee. These groups provided feedback and suggestions for the final draft of the Implementation Schedule.

An Ad Hoc Implementation Committee, comprised of key stakeholders, reviewed and incorporated comments from Continuum partners. In January 2005, the Committee presented a final draft of the document to the Governing Board of the Continuum for approval. In total, over 200 persons participated in the development and/or feedback of the final document. A complete list of the participating stakeholders is in Appendix C.

The Implementation Schedule

Objectives

The Implementation Schedule outlines the strategic goals and necessary tasks to realize the Plan's vision for Chicago's homeless system. Specifically, this Implementation Schedule enables the Continuum to:

1. Provide an annual roadmap of key strategies, initiatives and activities to be updated periodically;
2. Promote stronger coordination and accountability among stakeholders with identified task assignments and related measures and outcomes; and,
3. Serve as a program management and monitoring tool.

Guiding Principles

The Implementation Schedule incorporates several guiding principles outlined in the Plan. These principles include:

- ❑ Consumers of homeless services are integral partners in the Plan and have a voice in development and implementation of all aspects of the Plan
- ❑ The homeless service system will be inclusive, will reduce barriers to access for consumers of homeless services, and will be a demand-based system.
- ❑ Successful implementation depends on a range of community-based services and providers.
- ❑ Implementation of the Plan will not cause homelessness, especially as changes to the system occur over time.

References

The framework of the document, including its goals, responsibilities, and timeframes of this Implementation Schedule build on accomplishments, agreed-upon program models, and ongoing initiatives of the Continuum and other stakeholders since the strategic plan was set in motion over two years ago.

The following baseline documents are key references and are available in the Appendix:

- *Getting Housed, Staying Housed: A Collaborative Plan to End Homeless* (Also referred to as the Ten Year Strategic Plan)
- *2004 Blueprint to Implement Chicago's Collaborative Plan to End Homelessness*
- Fiscal Year 2005 Program Models
- Chicago Continuum of Care Exhibit 1, July 2004

Document Framework

The Implementation Schedule is organized according to three principles outlined in the Plan and eight system-level infrastructure components. The Schedule maps out detailed strategic goals and tasks. As part of the Getting Housed, Staying Housed Plan, the Continuum has outlined three core principles of its housing-based strategy. The Plan states that the most effective solution to homelessness is to provide affordable housing with the supports that make it sustainable to those leaving the shelter system.

The Implementation Schedule builds on the Plan's three core principles:

- Prevention homelessness whenever possible (Prevention and Engagement Services);
- Rapidly re-house people when homelessness cannot be prevented (Housing First: Moving to Permanent Housing); and,
- Provide wraparound services that promote housing stability and self-sufficiency (Wraparound Services).

The Plan's three core principles require an underlying system-level infrastructure in order to be effective and efficient. The Implementation Schedule outlines eight areas where infrastructure must be improved, developed, and utilized in order to reach the Plan's goals:

- Technology Infrastructure
- Systems Transition
- Coordinated Resource Development
- Policy Change and Advocacy
- Evaluation
- Communications
- Mainstream Resources
- Training and Technical Assistance

Responsibilities

Based on a broad collaboration, Chicago's plan brings together government, non-profit organizations, advocates, consumers of homeless services, faith institutions, and citizens of Chicago. The tasks necessary to achieve our goal of ending homelessness in 2012 are vast, and the success of the Plan depends on all of the Continuum partners working together to be successful.

This Implementation Schedule considers the multiple tasks and challenges that are ahead as we continue on our path towards ending homelessness. One primary goal of this Schedule is to clearly articulate who is responsible for determining how to accomplish each task (labeled "Accountable Entities") and who is acting in a supporting role (labeled "Collaborative Partners").

**"It will truly take all
of us to end
homelessness
in Chicago"**

*– Chicago's 10 Year Plan to End
Homelessness, Getting Housed,
Staying Housed*

Those primarily responsible include:

- City of Chicago;
- Continuum of Care Governing Board, acting through its director;
- Continuum partners, including non-profit organizations, advocates, and consumers of homeless services; and
- Work groups including existing Task Groups as well as newly formed targeted work groups convened to address new initiatives.

The Chicago Continuum of Care and its collaborative partners are responsible for the overall implementation and evaluation of the Plan. Each partner has an important role in the successful implementation of the Plan.

Timeframes

The Implementation Schedule includes a series of incremental tasks that, in totality, will yield major systems change. Many of the tasks build on the success of an earlier completed task. The Implementation Schedule includes aggressive timeframes for completion of each strategic goal and task. Inherent in this Schedule is the accountability of the designated person to achieve the task by the outlined date. This timeline is critical to achieving our goal of ending homelessness by 2012.

The Implementation Schedule Strategic Goals and Tasks

Figures 3 and 4 illustrate the 35 strategic goals of the Implementation Schedule, providing a high-level overview of the Implementation Schedule. Figure 5 includes the Implementation Schedule and its strategic goals, sub goals, tasks, accountable entities and collaborative partners, and timeframes for implementing the Plan.

Figure 3: Implementation Schedule Core Principles

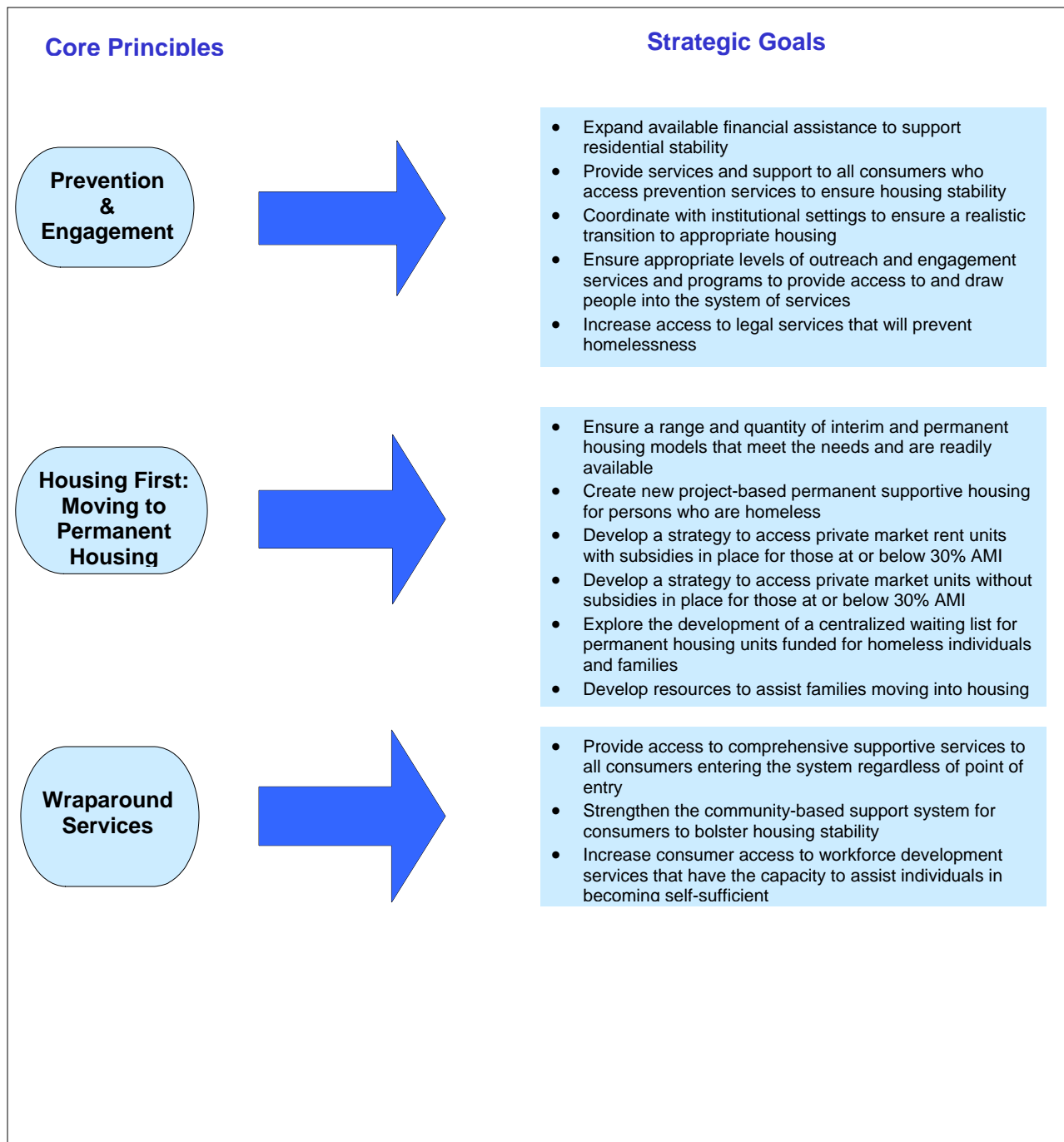


Figure 4: Implementation Schedule System Level Infrastructure Components

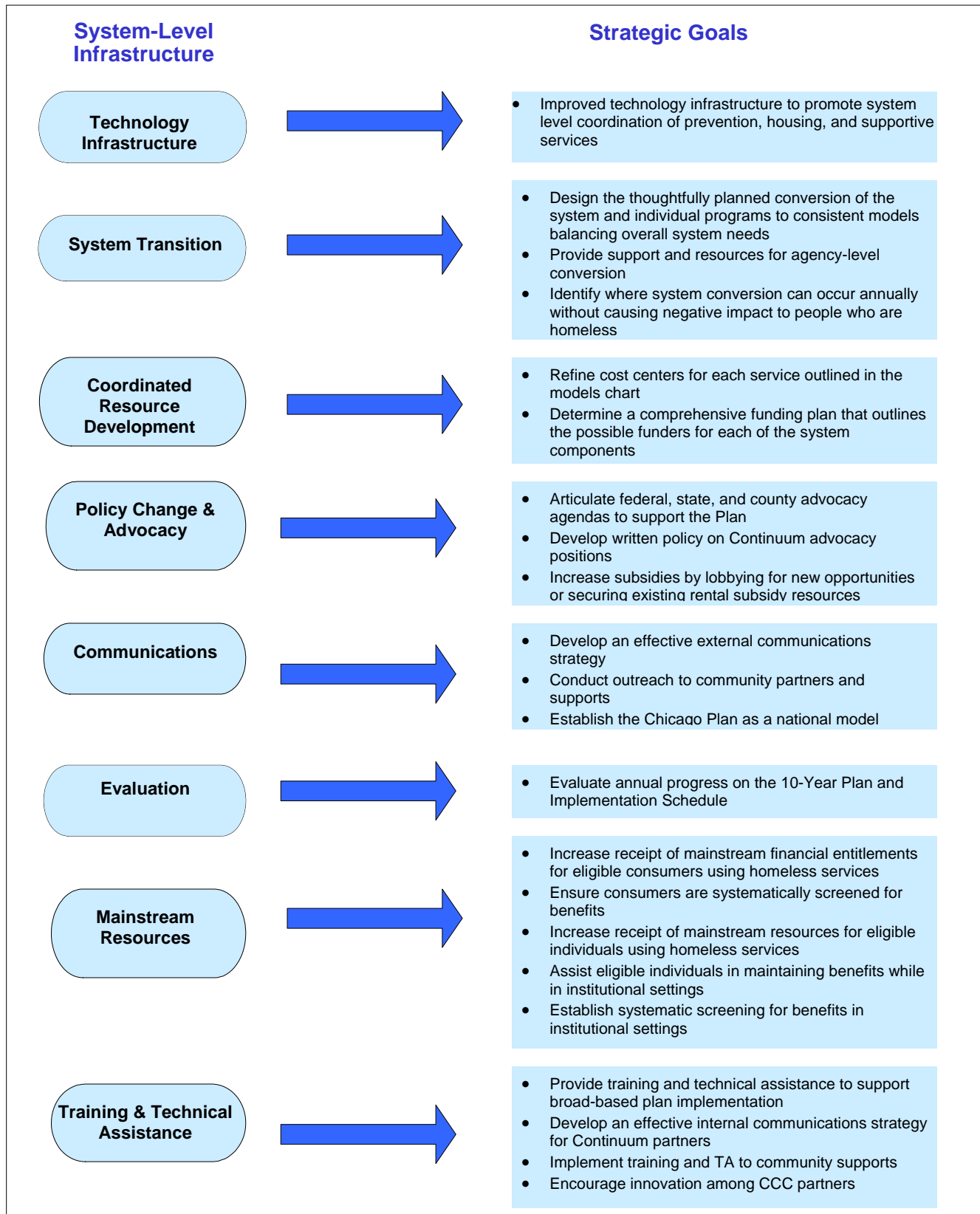


Figure 5: Implementation Schedule

The Implementation Schedule table provides the details of strategic goals, subgoals, and tasks for the Plan. The document is organized into 11 sections, including the three core principles of the plan, and the eight areas of system level infrastructure as outlined in Figures 3 and 4. Each section identifies the vision for 2012 under that area.

For each area, the document further delineates five items:

1. **ID column:** Identifies if the action is a strategic goal, subgoal or task.
2. **Task Name:** Includes the relevant strategic goal/subgoal/task for the section
3. **Completion Date:** Estimated timeframe for completion for the particular component. All dates are based on a calendar year
4. **Accountable Entities:** Entities responsible for ensuring the task is completed
5. **Collaborative Partners:** Supporting partners which will assist the accountable entity in completing the task at hand

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
1	1. Prevention and Engagement				
2	Vision for 2012: Prevent homelessness whenever possible and engage people into appropriate services. Prevent homelessness by protecting against individual housing loss and by developing seamless transitions to housing for all persons who are homeless.				
3	Strategic Goal 1	Expand availability of financial assistance to support residential stability	4th quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Prevention Task Group
4	Subgoal 1	Identify the amount of emergency resources needed to meet the current needs of the system.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services
5	Task	Finalize projection of prevention resources needed.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services
6	Task	Identify total resources needed for prevention	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services
7	Task	Develop and implement resource development strategies to meet all system needs	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Prevention Task Group
8	Subgoal 2	Execute resource development strategies per comprehensive funding plan (see Coordinated Resource Development)	4th quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Prevention Task Group
9	Strategic Goal 2	Provide services and support to all consumers who access prevention services to ensure housing stability	4th quarter 2006	Chicago Dept of Human Services, Chicago Continuum of Care	Prevention Task Group
10	Subgoal 1	Implement system-wide first contact prevention screening protocols	4th quarter 2005	Chicago Continuum of Care	Prevention Task Group
11	Task	Survey landscape and gather current system screening protocols	2nd quarter 2005	Chicago Continuum of Care	Prevention Task Group
12	Task	Develop uniform screening protocol with providers	3rd quarter 2005	Prevention Task Group, Chicago Dept of Human Services	Chicago Continuum of Care
13	Task	Implement standard protocols	4th quarter 2005	Chicago Continuum of Care, Chicago Dept of Human Services	Prevention Task Group

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
14	Subgoal 2	Continue to explore innovative prevention strategies	Ongoing	Prevention Task Group	Chicago Continuum of Care
15	Task	Understand successful national models related to prevention	Ongoing	Prevention Task Group	Chicago Continuum of Care
16	Task	Examine success (of NYC, Boston, etc) models and find areas for possible replication	Ongoing	Prevention Task Group	Chicago Continuum of Care
17	Subgoal 3	Develop early intervention strategies to help tenants and landlords when / if problems arise	2nd quarter 2006	Chicago Dept of Human Services	Prevention Task Group
18	Task	Increase connection to permanent housing providers to ensure housing stability	2nd quarter 2006	Chicago Dept of Human Services, Chicago Dept of Housing	Prevention Task Group
19	Strategic Goal 3	Coordinate with institutional settings (Prisons, Jails, DCFS, Mental Health Facilities, Substance abuse facilities, and Hospitals) to ensure a realistic transition to appropriate housing	2009-2010	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing, Interagency Council, Dept of Veterans Affairs, relevant state committees, etc
20	Subgoal 1	Develop policy and program analysis with corresponding recommendations for realistic transition to appropriate housing	1st quarter 2006	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing
21	Task	Understand the various discharge policies in Illinois	3rd quarter 2005	Chicago Continuum of Care	Regional Roundtable
22	Task	Work with Regional Roundtable to inform research on discharge planning policies in Illinois	4th quarter 2005	Chicago Continuum of Care	Regional Roundtable
23	Task	Complete analysis and develop a draft final report of policy research	1st quarter 2006	Chicago Continuum of Care	Regional Roundtable

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
24	Subgoal 2	Develop discharge policy recommendations	4th quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
25	Task	Interview IDOC, DCFS, Mental Health and Hospital Stakeholders to understand challenges related to discharge policy and practices as well as feasibility of recommendations	1st quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care, Discharge Planning Task Group
26	Task	Develop policy recommendations and timeframe for implementation	2nd quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Discharge Planning Task Group
27	Task	Present recommendations to Governing Board for inclusion into statewide government agenda	3rd quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	
28	Subgoal 3	Operationalize cohesive and realistic policy on discharge among all concerned institutions	3rd quarter 2009	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Discharge Planning Task Group
29	Task	Initiate regular review process to identify problems and difficulties in reaching housing goals as related to discharge planning	3rd quarter 2009	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Discharge Planning Task Group
30	Strategic Goal 4	Ensure appropriate levels of outreach and engagement services and programs to provide access to and draw people into the system of services	2nd quarter 2009	Chicago Dept of Human Services	Chicago Dept of Housing, Outreach and Engagement Task Group
31	Subgoal 1	Conduct systematic review of system and community need for engagement services	2nd quarter 2007	Chicago Dept of Human Services	Chicago Continuum of Care, Outreach and Engagement Task Group
32	Task	Identify quantity of services needed	3rd quarter 2005	Chicago Dept of Human Services	Chicago Continuum of Care, Outreach and Engagement Task Group
33	Task	Identify communities where greatest need exists	4th quarter 2006	Chicago Dept of Human Services	Chicago Continuum of Care, Outreach and Engagement Task Group

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
34	Subgoal 2	Develop detailed service models for outreach and engagement strategies	4th quarter 2008	Chicago Dept of Human Services, Chicago Continuum of Care	Outreach and Engagement Task Group
35	Task	Develop detailed program models for no demand, low demand, and community hospitality centers; define role of other engagement areas including soup kitchens, food pantries, etc	3rd quarter 2008	Outreach and Engagement Task Group	Chicago Dept of Human Services, Chicago Continuum of Care
36	Task	Provide training and technical assistance to providers on detailed models	4th quarter 2008	Chicago Continuum of Care	Chicago Dept of Human Services
37	Strategic Goal 5	Increase access to legal services that will prevent homelessness	2009	to be determined by legal community	Targeted Task Group as appropriate
38	Subgoal 1	Develop an action plan for legal resources		to be determined by legal community	Targeted Task Group as appropriate
39	Task	Work with Housing Advocacy Consortium to identify how many individuals that first present for legal services need wrap-around services		to be determined by legal community	Targeted Task Group as appropriate
40	Task	Research current models in use that effectively connect legal service clients to comprehensive supportive services.		to be determined by legal community	Targeted Task Group as appropriate
41	Task	Assemble relevant agencies to review recommendation and develop an action plan		to be determined by legal community	Targeted Task Group as appropriate
42	Task	Develop and implement action plan		to be determined by legal community	Targeted Task Group as appropriate

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
43	Subgoal 2	Establish adequate legal representation		to be determined by legal community	Targeted Task Group as appropriate
44	Task	Determine need for legal assistance for homelessness prevention		to be determined by legal community	Targeted Task Group as appropriate
45	Task	Develop protocols for coordination between legal service and prevention providers		to be determined by legal community	Targeted Task Group as appropriate
46	Task	Research the level of need for pro bono legal representation in various areas including but not limited to forcible entry and detainer court; pre-eviction representation; and foreclosure		to be determined by legal community	Targeted Task Group as appropriate
47	Task	Issue research report and recommendations		to be determined by legal community	Targeted Task Group as appropriate
48	Subgoal 3	Establish a strategy for creating adequate legal representation		to be determined by legal community	Targeted Task Group as appropriate
49	Task	Convene stakeholders to determine the best strategy for reaching goal of adequate legal representation in stated areas		to be determined by legal community	Targeted Task Group as appropriate
50	Task	Finalize strategy and timeframes		to be determined by legal community	Targeted Task Group as appropriate

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
51	Housing First: Moving to Permanent Housing				
52	Vision for 2012: Establish a housing system that quickly and intentionally moves individuals and families who are homeless into appropriate, permanent, affordable, and safe housing and provides access to appropriate supportive services to meet the needs				
53	Strategic Goal 1	Ensure a range and quantity of interim housing and permanent housing models (per Models Chart) that meet the needs and are readily available	4th quarter 2007	Chicago Dept of Housing, Chicago Continuum of Care	Corporation for Supportive Housing, Partnership to End Homelessness
54	Subgoal 1	Determine the type of existing supportive housing programs and intake eligibility criteria	3rd quarter 2005	Chicago Continuum of Care	Chicago Dept of Housing, Chicago Dept of Human Services
55	Task	Determine what type or models of supportive housing units that we have available to our system and the gaps of supportive housing models that exist	3rd quarter 2005	Chicago Continuum of Care	Chicago Dept of Housing, Chicago Dept of Human Services
56	Subgoal 2	Create and/or adapt permanent housing units to respond to consumer needs and identified gaps	4th quarter 2007	Chicago Continuum of Care	Chicago Dept of Housing, Chicago Dept of Human Services
57	Task	Work with existing providers to adjust and amend program practices.	4th quarter 2007	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing
58	Task	Determine collaboratively with providers which providers/models can more readily adapted (considering physical plant issues, neighborhood context, etc.)	4th quarter 2007	Chicago Continuum of Care	Chicago Dept of Housing, Chicago Dept of Human Services, Partnership to End Homelessness, Corporation for Supportive Housing
59	Task	Facilitate the development of new units that fill in the gaps where existing models could not be adapted	4th quarter 2007	Corporation for Supportive Housing	Corporation for Supportive Housing, Chicago Dept of Housing, Partnership to End Homelessness, Chicago Continuum of Care

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
60	Subgoal 3	Develop engagement housing for those consumers who may have multiple housing barriers to traditional housing options.	3rd quarter 2006	Partnership to End Homelessness	Chicago Dept of Housing, Chicago Continuum of Care
61	Task	Explore innovative strategies nationwide.	1st quarter 2006	Partnership to End Homelessness	Chicago Dept of Housing, Chicago Continuum of Care
62	Task	Evaluate best practices for applicability in Chicago (either expanded models or new to Chicago).	2nd quarter 2006	Partnership to End Homelessness	Chicago Dept of Housing, Chicago Continuum of Care
63	Task	Support new model development by soliciting proposals and prioritizing funding of the model(s).	3rd quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care	Partnership to End Homelessness
64	Subgoal 4	Ensure interim housing units to respond to consumer needs and identified gaps	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
65	Task	Conduct ongoing evaluation	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
66	Task	Ensure number of units responds to need	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
67	Task	Ensure coordinated a coordinated case management and housing location system	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
68	Task	Incorporate standard case management model practices (see Wraparound Services)	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
69	Subgoal 5	Expand permanent housing with short term support for homeless households through faith-based efforts	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services
70	Task	Develop and coordinate a framework for communities of faith to sponsor homeless families with rental subsidy and community support.	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
71	Task	Meet with faith leaders to discuss merits, opportunities and challenges of initiative.	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
72	Task	Develop initiative components including criteria for family selection and family/community match	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
73	Task	Identify roles of referring service provider, faith community partners and coordinating agency	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
74	Task	Identify mechanism for faith communities to get assistance if family needs more intensive support.	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
75	Task	Solicit faith leaders to join our effort (mailing, presentation in appropriate forums)	1st quarter 2005	Chicago Dept of Housing	Chicago Dept of Human Services, Chicago Continuum of Care
76	Subgoal 6	Develop and increase the availability of age-appropriate permanent housing models for youth and seniors	4th quarter 2006	Chicago Continuum of Care	Youth Committees
77	Task	Conduct census for homeless youth	2nd quarter 2005	City and state-wide youth committees, Chicago Dept of Human Services	Statewide participating stakeholders
78	Task	Conduct needs assessment for homeless seniors	1st quarter 2006	Chicago Dept of Housing	Chicago Dept of Aging, Chicago Dept of Human Services
79	Task	Determine strategies to address gaps including assessment of barriers for providers to create/develop additional programs	2nd quarter 2006	Chicago Continuum of Care	Coalition for the Homeless Youth Committee, Chicago Dept of Housing
80	Task	Work with stakeholders (government agencies, funders, etc.) to decrease these barriers	4th quarter 2006	Youth Committees	Chicago Continuum of Care, Chicago Dept of Housing
81	Task	Outline homeless youth housing best practices and measurable outcomes appropriate for youth.	Ongoing	Youth Committees	Chicago Continuum of Care, Chicago Dept of Housing

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
82	Strategic Goal 2	Create new project-based permanent supportive housing for persons who are homeless	4th Quarter 2008	Chicago Dept of Housing, Chicago Continuum of Care	
83	Subgoal 1	Assist HUD funded, project-based Transitional projects in converting their units to Permanent Supportive Housing for People with Disabilities	4th Quarter 2006	Chicago Continuum of Care	Corporation for Supportive Housing, Chicago Dept of Housing, HUD
84	Task	Provide technical assistance to organizations to help them create a plan for conversion.	2nd quarter 2006	Chicago Continuum of Care	
85	Subgoal 2	Evaluate the merits of master leasing buildings / floors of large buildings to achieve the same purpose of project basing without the construction costs.	4th quarter 2006	Chicago Dept of Housing	Corporation for Supportive Housing
86	Task	Discuss with private owners of real estate to outline pros and cons of such an endeavor.	1st quarter 2006	Targeted work group	Chicago Dept of Housing, Corporation for Supportive Housing
87	Task	Outline responsibilities of each potential party and determine what potential costs may be.	3rd quarter 2006	Targeted work group	Chicago Dept of Housing, Corporation for Supportive Housing
88	Task	If financially feasible, implement master leasing program.	4th quarter 2006	Chicago Dept of Housing	Corporation for Supportive Housing
89	Subgoal 3	Implement project-based developments of the Supportive Housing Initiative	3rd quarter 2007	Chicago Dept of Housing	Supportive Housing Initiative Developers
90	Task	Applications are ranked in fundable position for the appropriate investment during that projected year.	Annually	Chicago Continuum of Care	
91	Task	Developers understand how centralized waiting list will impact their development.	Ongoing	Chicago Dept of Housing	

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
92	Subgoal 4	Work with capital lenders on staggered funding framework.	2nd quarter 2005	Chicago Dept of Housing	Corporation for Supportive Housing, Project Based developers
93	Task	Meet with relevant lenders to discuss funding strategy and explore their issues and limitations with the proposal.	1st quarter 2005	Chicago Dept of Housing	Corporation for Supportive Housing, Project Based developers
94	Task	Develop response to outstanding issues.	1st quarter 2005	Chicago Dept of Housing	Corporation for Supportive Housing, Project Based developers
95	Task	Finalize framework with critical lenders.	2nd quarter 2005	Chicago Dept of Housing	Corporation for Supportive Housing, Project Based developers
96	Subgoal 5	Explore a Second Supportive Housing Initiative to develop additional units of project-based permanent housing through new construction or rehab.	1st quarter 2007	Chicago Dept of Housing	Other capital lenders
97	Task	Develop funding strategy for Supportive Housing Initiative	1st quarter 2007	Chicago Dept of Housing	Other capital lenders
98	Task	Create application and select applicants	1st quarter 2007	Chicago Dept of Housing	Other capital lenders
99	Strategic Goal 3	Develop strategy to access private market units with subsidies in place for those at or below 30% area median income	3rd quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing	New Targeted Task Group
100	Subgoal 1	Cultivate relationships with landlords that have units that could be made affordable with subsidies	2nd quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing	New Targeted Task Group
101	Task	Develop and implement system-wide standards for housing retention support for case managers to inform landlord relationships	1st quarter 2005	Chicago Dept of Human Services	New Targeted Task Group
102	Task	Continue housing specialists training on standards and tips/ways to market program and services to landlords	ongoing	Chicago Continuum of Care	Training & TA Providers

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
103	Subgoal 2	Explore the merits of a citywide database of this type of housing. Investigate expanding AIDS Foundation of Chicago database and others for applicability to our needs.	2nd quarter 2005	Chicago Dept of Housing	New Targeted task group, Chicago Continuum of Care
104	Task	Explore the merits of outsourcing housing placement to organizations that have existing relationships / expertise in this area.	2nd quarter 2005	Chicago Dept of Housing	New Targeted task group, Chicago Continuum of Care
105	Subgoal 3	Explore merits of a housing locator program to access private market units	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	New Targeted task group
106	Task	Understand benefits to systematizing housing locator services and the necessary protocols	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	New Targeted task group
107	Strategic Goal 4	Develop strategy to access private market units without subsidies in place for those at or below 30% area median income	1st quarter 2007	Chicago Continuum of Care, Chicago Dept of Housing	New Targeted Task Group
108	Subgoal 1	Cultivate relationships with landlords with inexpensive market rate units.	4th quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group
109	Task	Develop and implement system-wide standards for housing retention support for case managers to inform landlord relationships	1st quarter 2005	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group
110	Task	Continue housing specialists training on standards and tips/ways to market program and services to landlords	Ongoing	Chicago Continuum of Care	Training & TA Providers
111	Subgoal 2	Explore the merits of a citywide database of this type of housing. Investigate expanding AIDS Foundation of Chicago database and others for applicability to our needs.	3rd quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group
112	Task	Explore the merits of outsourcing housing placement to organizations that have existing relationships / expertise in this area.	3rd quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
113	Subgoal 3	Explore merits of a housing locator program to access private market units	3rd quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group
114	Task	Understand benefits to systematizing housing locator services and the necessary protocols to do so	3rd quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing, New Targeted Task Group
115	Strategic Goal 5	Explore the development of a centralized waiting list for permanent housing units funded for homeless individuals and families	1st quarter 2007	Chicago Dept of Housing	New Targeted Task Group
116	Subgoal 1	With input from HUD and other existing systems, establish a framework for how the centralized waiting list will work.	3rd quarter 2005	Chicago Dept of Housing	New Targeted Task Group
117	Task	Research existing waiting lists and centralized systems to understand opportunities and limitations	2nd quarter 2005	Chicago Dept of Housing	New Targeted Task Group
118	Task	Outline waiting list criteria/system for discussion with HUD, other interested funders and experts. Seek legal advice, as indicated.	3rd quarter 2005	Chicago Dept of Housing	New Targeted Task Group
119	Task	Adapt waiting list criteria/system as appropriate for discussion with existing McKinney funded housing providers.	3rd quarter 2005	Chicago Dept of Housing	New Targeted Task Group
120	Subgoal 2	Develop a system for consumers that are applying for McKinney funded housing	1st quarter 2006	Chicago Dept of Housing	New Targeted Task Group
121	Task	Outline waiting list application process, including draft application	4th quarter 2005	Chicago Dept of Housing	New Targeted Task Group
122	Task	Research and determine appropriate data system that can support the functions our proposed system requires.	1st quarter 2006	Chicago Dept of Housing	New Targeted Task Group

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
123	Subgoal 3	Ensure a waiting list system that is clear and easy for housing providers to understand and for homeless people to use.	2nd quarter 2006	Chicago Dept of Housing	New Targeted Task Group
124	Task	Research existing centralized systems to understand the range of systems for referring potential tenants to housing providers.	2nd quarter 2006	Chicago Dept of Housing	New Targeted Task Group
125	Task	Understand what housing providers need the system to do in order to provide potential tenants who meet their building's tenant selection criteria.	2nd quarter 2006	Chicago Dept of Housing	New Targeted Task Group
126	Task	Determine acceptable criteria for housing provider rejection of potential tenants	2nd quarter 2006	Chicago Dept of Housing	New Targeted Task Group
127	Subgoal 4	Require participation of providers receiving homeless specific resources.	2nd quarter 2006	Chicago Continuum of Care	New Targeted Task Group
128	Task	Develop and pass policy as a condition of funding.	2nd quarter 2006	Chicago Continuum of Care	New Targeted Task Group
129	Task	Submit formal policy to Governing Board for approval	2nd quarter 2006	Chicago Continuum of Care	
130	Subgoal 5	Operationalize McKinney waiting list	4th quarter 2006	Chicago Dept of Housing	New Targeted Task Group
131	Task	Determine and select administrator of the waiting list.	1st quarter 2006	Chicago Dept of Housing	New Targeted Task Group
132	Task	Submit criteria for Waiting List Applicants to Governing Board for approval.	3rd quarter 2006	Chicago Dept of Housing, Waiting list Administrator	New Targeted Task Group
133	Task	Distribute written criteria to all members of the Chicago Continuum of Care and post on website.	3rd quarter 2006	Chicago Continuum of Care	
134	Task	Train all McKinney funded Housing Providers in new system.	4th quarter 2006	Chicago Continuum of Care	Training & TA Providers

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
135	Strategic Goal 6	Develop furniture resources to assist families moving into housing	2005	Chicago Dept of Human Services	Salvation Army
136	Subgoal 1	Develop a furniture and goods donation program	1st quarter 2005	Chicago Dept of Human Services	Salvation Army
137	Task	Work with Salvation Army to develop a furniture voucher system for consumers	1st quarter 2005	Chicago Dept of Human Services	Salvation Army
138	Task	Advertise to the community how to donate furniture for those getting permanent housing	Ongoing	Chicago Dept of Human Services	Salvation Army

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
139	Wraparound Services				
140	Vision for 2012: Ensure all persons who are homeless, formerly homeless, or at risk of homelessness have access to a full range of resources and services focusing on community integration, housing retention and housing stability. Infuse this service appr				
141	Strategic Goal 1	Provide access to comprehensive supportive services to all consumers entering the system, regardless of point of entry.	2nd quarter 2007	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	New Targeted task group, Partnership to End Homelessness
142	Subgoal 1	Develop a standard case management model	4th quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	New Targeted task group, Partnership to End Homelessness
143	Task	Define the different levels of case management based on needs of consumers, which considers the spectrum of services ranging from early intervention services as identified by the prevention system to crisis management supports to those stably housed	4th quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	New Targeted task group, Partnership to End Homelessness
144	Subgoal 2	Institute standards for case management system wide	2nd quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing
145	Task	Roll-out standards at provider agencies	2nd quarter 2006	Chicago Dept of Human Services	Chicago Dept of Housing
146	Task	Provide training and technical assistance to providers on new standards	2nd quarter 2006	Chicago Continuum of Care	Chicago Dept of Housing
147	Task	Evaluate progress and use	ongoing	Chicago Dept of Human Services, Chicago Continuum of Care	Chicago Dept of Housing

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
148	Subgoal 3	Develop strategies for transition between levels of service to provide appropriate and continuous services for all consumers moving through the system.	1st quarter 2007	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	New Targeted task group
149	Task	Examine current practices among providers	1st quarter 2006	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services
150	Task	Develop guidelines for client transitions between levels of service, including inter-agency case staffing	2nd quarter 2006	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services
151	Task	Integrate housing placement services for clients	3rd quarter 2006	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	New Targeted task group
152	Strategic Goal 2	Strengthen the community-based support system for consumers to bolster housing stability (examples include churches, community centers, clubhouse sites, senior centers, police stations)	2nd quarter 2009	Chicago Dept of Housing, Chicago Dept of Human Services	Interagency Council, Chicago Continuum of Care
153	Subgoal 1	Develop avenues to reconnect people to community touchstones	2nd quarter 2009	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing, Chicago Continuum of Care, Interagency Council
154	Task	Initiate discussion with community touchstones to understand their interest in being part of the Plan	2nd quarter 2008	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Continuum Partners
155	Task	Develop strategies and resources (i.e. community orientation packages) for connecting consumers to community touchstones	1st quarter 2009	Chicago Dept of Housing, Chicago Continuum of Care, Chicago Dept of Human Services	Continuum Partners
156	Subgoal 2	Provide training and outreach to community touchstones	ongoing	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing, Interagency Council
157	Task	Provide trainings to providers on how to identify and connect with community supports	Ongoing	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing, Interagency Council
158	Task	Provide trainings for community partners on working with service providers	Ongoing	Chicago Continuum of Care, Chicago Dept of Human Services	Chicago Dept of Housing

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
159	Strategic Goal 3	Increase consumer access to workforce development services that have the capacity to assist individuals in becoming self-sufficient	2009-2010	Mayor's Office of Workforce Development	Mainstream Resources Task Group, Workforce Development Partners
160	Subgoal 1	Develop agency capacity to access workforce development system	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
161	Task	Train all agencies in Continuum on how to access Mayor Daley's WorkNet Chicago and other workforce development programs, including mainstream resources	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
162	Task	Formalize relationships with at least one workforce development provider per homeless service agency	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
163	Task	Work with agencies to designate one workforce development liaison for each homeless service provider	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
164	Subgoal 2	Identify supportive employment opportunities for Continuum partners	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
165	Task	Create database of all supportive employment programs, including eligibility requirements, available slots, and other pertinent information.	2009-2010	Mayor's Office of Workforce Development	Workforce Development Partners
166	Subgoal 3	Work with providers to establish a culture of self-sufficiency	2009-2010	Mayor's Office of Workforce Development, Chicago Dept of Human Services	Chicago Continuum of Care
167	Task	Incorporate standard case management model practices (see Wraparound Services)	2009-2010	Chicago Continuum of Care, Chicago Dept of Human Services	Mayor's Office of Workforce Development
168	Task	Provide training to Continuum partners on issues related to self-sufficiency	2009-2010	Chicago Continuum of Care, Chicago Dept of Human Services	Mainstream Resources Task Group, Mayor's Office of Workforce Development

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
169	Technology Infrastructure				
170	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
171	Strategic Goal 1	Improve technology infrastructure to promote system-level coordination of prevention, housing and supportive services	2007-2008	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
172	Subgoal 1	Determine the scope and organization of the proposed helpline services that considers 211, 311, and community solutions.	4th quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
173	Task	Undertake a current state assessment of Information & Referral infrastructure in Chicago.	1st quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
174	Task	Develop a detailed "future state" vision. This will include final outcomes and vision for the infrastructure and goals and objectives.	1st quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
175	Task	Develop a plan to address the gaps and reach the future state.	2nd quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
176	Task	Implement a helpline resource	4th quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Chicago Continuum of Care
177	Task	Ensure 311/211/DV/Youth switchboard community solutions work in conjunction with helpline	4th quarter 2006	Chicago Dept of Housing, Chicago Dept of Human Services	Youth Committees

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
178	Subgoal 2	Establish participation of homeless service providers in HMIS.	4th Quarter 2007	Chicago Dept of Human Services	Chicago Continuum of Care
179	Task	Work with all HUD and CDHS funded agencies to ensure participation in HMIS.	1st quarter 2005	Chicago Dept of Human Services	Chicago Continuum of Care
180	Task	Institute Continuum approved Standard Operating Procedures for HMIS.	1st quarter 2005	Chicago Dept of Human Services	Chicago Continuum of Care
181	Task	Provide ongoing training to providers on HMIS, including TA on confidentiality protocols	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
182	Task	Develop technology assistance grant pool for agencies where technology is a barrier	1st quarter 2005	Chicago Dept of Human Services	Chicago Continuum of Care
183	Task	Devise outreach strategy to invite in agencies that are not HUD or CDHS funded	1st quarter 2007	Chicago Dept of Human Services	Chicago Continuum of Care
184	Task	Support agencies as they continue to enter data and come on-line with HMIS	Ongoing	Chicago Dept of Human Services	Chicago Continuum of Care
185	Subgoal 3	Create an integrated system of bed management for interim housing	1st quarter 2006	Chicago Dept of Human Services	Chicago Dept of Housing, Chicago Continuum of Care
186	Task	Explore usage of HMIS for bed management referrals and reservation system	1st quarter 2006	Chicago Dept of Human Services	Chicago Dept of Housing, Chicago Continuum of Care

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
187	System Transition				
188	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
189	Strategic Goal 1	Design the thoughtfully planned conversion of system and individual programs to consistent models balancing overall system needs	2nd Quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	Chicago Dept of Human Services
190	Subgoal 1	Develop detailed & usable inventory of current system that includes both shelter and supportive housing.	2nd Quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	Chicago Dept of Human Services
191	Task	Gather current data on homeless services sites and supportive housing units	1st Quarter 2005	Chicago Continuum of Care	Chicago Dept of Human Services
192	Task	Update information on current sites by program type and projects in the pipeline	1st Quarter 2005	Chicago Dept of Housing	Chicago Continuum of Care, Chicago Dept of Human Services
193	Task	Create document delineating current system and unmet needs as of January 2005	2nd Quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	Chicago Dept of Human Services
194	Subgoal 2	Develop system analysis and conversion plan to inform for 2005 SuperNOFA	2nd Quarter 2005	New Targeted Task Group	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness
195	Task	Identify where 2005 system conversion can occur without causing negative impact to people who are homeless	2nd Quarter 2005	New Targeted Task Group	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness
196	Task	Create a short term implementation plan with minimized negative impact	2nd Quarter 2005	New Targeted Task Group	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness
197	Task	Establish a conversion process and timetable consistent with approved waivers for 2005.	2nd Quarter 2005	New Targeted Task Group	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
198	Subgoal 3	Create a dynamic planning framework that analyzes system needs each year based on the projection of demand for services categorized by geography, service type, and permanent housing type.	4th quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	
199	Task	Refine and adopt methodology for calculating changing system needs over remainder of 10 year plan (short and mid range)	2nd quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	
200	Task	Determine systems impact from programs who choose not to convert within the anticipated timelines	2nd quarter 2005	Chicago Continuum of Care	
201	Task	Compare data previously assembled with most recent actual data	2nd quarter 2005	Chicago Continuum of Care	
202	Task	Use six month HMIS data to verify projected need for services	3rd quarter 2005	Chicago Dept of Human Services	
203	Task	Complete mapping project to create an updatable visual of systems conversion	3rd quarter 2005	Partnership to End Homelessness	
204	Task	Develop a strategy for agencies to use this framework	3rd quarter 2005	Partnership to End Homelessness	
205	Task	Formulate the framework for implementation for 2006-2012 where system conversion can occur without causing negative impact who are homeless.	3rd quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	New Targeted Work Group
206	Task	Establish a conversion process and timetable consistent with approved waivers for 2006-2012.	4th quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing, Partnership to End Homelessness	New Targeted Work Group

***Getting Housed, Staying Housed* Implementation Schedule**

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
207	Strategic Goal 2	Provide support and resources for agency level conversion	4th Quarter 2006	Chicago Continuum of Care, Partnership to End Homelessness	
208	Task	Determine collaboratively with providers which programs and models can be more readily adapted considering system needs	1st Quarter 2005	Chicago Continuum of Care, Partnership to End Homelessness	
209	Task	Work with agencies throughout the system to develop specific agency conversion plans revisited annually and based on each agency's ability to transition based on their strengths, vision and capacity	2nd Quarter 2005	Chicago Continuum of Care, Partnership to End Homelessness	
210	Task	Connect agencies converting their programs to training and technical assistance opportunities	Ongoing	Chicago Continuum of Care, Partnership to End Homelessness	

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
211	Coordinated Resource Development				
212	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
213	Strategic Goal 1	Refine cost centers for each of the needed services outlined through the models charts (including the expanded models outlining levels of case management services)	3rd quarter 2005	Chicago Continuum of Care, Chicago Dept of Housing	Chicago Dept of Human Services, New Targeted task group
214	Subgoal 1	Build upon the Program Models budget estimates to create cost centers	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, New Targeted task group
215	Task	Analyze existing service delivery costs and develop an acceptable range of costs for each of the service / housing interventions.	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, New Targeted task group
216	Task	Revise models chart to detail acceptable cost centers.	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, New Targeted task group
217	Subgoal 2	Build upon the Systems Transition objectives to outline an estimate for the system each year.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Partnership to End Homelessness, New Targeted task group
218	Task	Blend cost centers with the anticipated system needs to develop an annual budget.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Partnership to End Homelessness, New Targeted task group
219	Task	Consolidate annual budgets into eight year budget projection	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Partnership to End Homelessness, New Targeted task group
220	Task	Utilize usage data from HMIS and other sources to fine-tune budget projections.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Chicago Dept of Human Services, Partnership to End Homelessness, New Targeted task group

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
221	Strategic Goal 2	Determine a comprehensive funding plan that outlines the possible funders for each of the system components.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
222	Subgoal 1	Maximize potential resources by matching priorities with appropriate funding resources	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Partnership to End Homelessness, Chicago Dept of Human Services
223	Task	Identify the spectrum of resources for all of the elements of the Program Models as well as technical assistance, communication strategies, workforce development efforts, community "touchstones" strategies, corporate and private philanthropy initiatives,	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Grant makers Concerned with Homelessness, Chicago Dept of Human Services
224	Task	Identify funding priorities	2nd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Partnership to End Homelessness, Chicago Dept of Human Services
225	Task	Create a matrix with system needs on one axis (in order of priority) and funding opportunities on another axis	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Partnership to End Homelessness
226	Task	Educate funders on the priorities of the Plan	3rd quarter 2005	Chicago Department of Housing, Partnership to End Homelessness, Chicago Continuum of Care	Continuum Partners
227	Subgoal 2	Identify advocacy efforts to use existing funding more efficiently and create additional funding opportunities	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care, Continuum Partners, Chicago Dept of Human Services
228	Task	Analyze existing federal / state funding programs and determine where efficiencies could be realized	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care, Continuum Partners, Chicago Dept of Human Services
229	Task	Advocate for the creation of additional funding resources	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care, Continuum Partners

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
230	Subgoal 3	Implement the comprehensive funding plan	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
231	Task	Articulate the funding raising responsibilities for Continuum, for the City and for individual organizations using the matrix identified above.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
232	Task	Pursue and implement strategy as outlined.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
233	Subgoal 4	Develop a mechanism to track funding raising efforts on all levels	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
234	Task	Develop a mechanism that measures Continuum and City funding raising efforts against the funding strategy matrix.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	
235	Task	Develop a mechanism that tracks organizational fund raising efforts (without interfering) against the funding strategy matrix.	3rd quarter 2005	Chicago Dept of Housing, Chicago Continuum of Care	Partnership to End Homelessness
236	Strategic Goal 3	Implement the APR process and produce the HUD SuperNOFA application with Exhibit 1	Annually	Chicago Continuum of Care, Chicago Dept of Human Services	APR Committee, Chicago Dept of Housing
237	Task	Coordinate application submission by HUD grantees	Annually	Chicago Continuum of Care, Chicago Dept of Human Services	APR Committee, Chicago Dept of Housing
238	Task	Coordinate Exhibit 1 application submission	Annually	Chicago Continuum of Care, Chicago Dept of Human Services	APR Committee, Chicago Dept of Housing

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
239	Public Policy Change and Advocacy				
240	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
241	Strategic Goal 1	Articulate federal agenda that will support the Chicago Ten Year Plan to End Homelessness	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
242	Subgoal 1	Build on strategic alliances to further the Ten Year Plan objectives	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
243	Task	Identify national advocacy efforts with similar agendas to the Chicago Continuum and review their legislative agenda	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
244	Task	Identify areas that support the Chicago Continuum's issues	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
245	Task	Identify avenues for new funding resources	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
246	Task	Submit proposed federal legislative agenda to Governing board for support	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
247	Task	Determine the best way to get involved based on particular item on the agenda.	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
248	Subgoal 2	Secure flexibilities and regulatory relief on barriers that prevent most effective use of federal funds.	1st quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care
249	Task	Develop strategy to secure federal approval on waivers	1st quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care
250	Subgoal 3	Coordinate advocacy efforts among Continuum partners	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care
251	Task	Determine method for coordinating advocacy agendas among Continuum partners	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
252	Strategic Goal 2	Articulate state agenda that will support the Chicago Ten Year Plan to End Homelessness	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
253	Subgoal 1	Build on strategic alliances to further the Ten Year Plan objectives	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
254	Task	Work with the "It Takes a Home" campaign on numerous legislative efforts, including but not limited to the Statewide Rental Subsidy Program and prevention funding.	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
255	Task	Articulate areas of work and join statewide movements	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
256	Task	Identify avenues for new funding resources	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
257	Task	Identify statewide advocacy efforts with similar agendas to the Chicago Continuum and review their legislative agenda	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
258	Task	Determine the best way to get involved based on particular item on the agenda.	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
259	Subgoal 2	Investigate / secure flexibilities and regulatory relief on barriers that prevent most effective use of state funds.	4th quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness, Chicago Continuum of Care	Chicago Dept of Human Services, and Continuum partners
260	Task	Determine what issues exist that could be remedied by through more flexibility	3rd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness, Chicago Continuum of Care	Chicago Dept of Human Services, and Continuum partners
261	Task	Ensure that incarcerated individuals with the Illinois Dept. of Corrections will be suspended from Medicaid during incarceration, not terminated	2nd quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness, Chicago Continuum of Care	Chicago Dept of Human Services, and Continuum partners

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
262	Subgoal 3	Facilitate the creation of research that analyzes the cost effectiveness of supportive housing	2nd quarter 2006	Chicago Dept of Housing, Partnership to End Homelessness, Chicago Continuum of Care	Chicago Continuum of Care and Continuum partners
263	Task	Identify funding sources for research	2nd quarter 2006	Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
264	Task	Issue an RFP for the research to: measure the changed use in public services and the changed public costs for people in supportive housing and identify resources that are now being used to serve homeless individuals and families outside of permanent housi	2nd quarter 2006	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
265	Task	Create and design research project to answer: What is the cost effectiveness of supportive housing in Illinois?	2nd quarter 2006	Chicago Dept of Housing, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
266	Subgoal 4	Coordinate advocacy efforts among Continuum Partners	3rd quarter 2005	Chicago Continuum of Care, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners
267	Task	Determine mechanism for coordinating advocacy agendas	3rd quarter 2005	Chicago Continuum of Care, Partnership to End Homelessness	Chicago Continuum of Care and Continuum partners

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
268	Strategic Goal 3	Articulate a county agenda that will support the Chicago Ten Year Plan to End Homelessness	3rd quarter 2007	Partnership to End Homelessness	Chicago Department of Housing, Chicago Continuum of Care
269	Task	Determine county agenda and approach for advocacy	3rd quarter 2007	Partnership to End Homelessness	Chicago Department of Housing, Chicago Continuum of Care
270	Strategic Goal 4	Develop written policy on Continuum advocacy positions	1st Quarter 2005	Chicago Continuum of Care, Governing Board	
271	Task	Re-visit previous informal policy of the Continuum, make changes, and pass as official policy of the Continuum	1st quarter 2005	Chicago Continuum of Care, Governing Board	Partnership to End Homelessness, Chicago Coalition for the Homeless
272	Task	Tie into legislative alerts forums	1st quarter 2005	CCC Partners	Partnership to End Homeless, Coalition for the Homeless
273	Strategic Goal 5	Increase subsidies by lobbying for new federal/state opportunities or by securing existing rental subsidy resources.	4th quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	Continuum Partners
274	Task	Review promising rental subsidy models for applicability to Chicago.	ongoing	Chicago Dept of Housing, Partnership to End Homelessness	New Targeted Work Group
275	Task	Develop a strategy to secure funding source and build support for action	4th quarter 2005	Chicago Dept of Housing, Partnership to End Homelessness	New Targeted Work Group

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
276	Communications				
277	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
278	Strategic Goal 1	Develop an effective external communications strategy targeted to a range of audiences to increase awareness of and support for the Plan to End Homelessness	3rd quarter 2006	Chicago Dept of Housing	Chicago Continuum of Care, Continuum partners
279	Task	Revise and update the communications strategy	1st quarter 2006	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
280	Task	Work with partners to develop and array of communications materials	3rd quarter 2006	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
281	Task	Implement the communications strategy city-wide	3rd quarter 2006	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
282	Strategic Goal 2	Conduct outreach to community partners and supports	2nd quarter 2009	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
283	Task	Conduct regional meetings with support partners	2nd quarter 2008	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
284	Task	Educate partners on their role in the plan	4th quarter 2008	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
285	Task	Institute strategies to bring them to the table	2nd quarter 2009	Chicago Dept of Housing	Chicago Continuum of Care, Continuum Partners
286	Strategic Goal 3	Establish the Chicago plan as a national model	Ongoing	Continuum Partners	Continuum Partners
287	Task	Participate in national forums	ongoing	Continuum Partners	Continuum Partners

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#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
288	Evaluation				
289	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
290	Strategic Goal 1	Evaluate annual progress on the 10 year Plan and Implementation Schedule	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing	Evaluation Committee
291	Subgoal 1	Issue annual state of the Plan report	Annually	Chicago Continuum of Care, Chicago Dept of Housing	Evaluation Committee
292	Task	Collect data to inform scorecard indicators	4th Quarter	Chicago Continuum of Care	Evaluation Committee
293	Task	Analyze system-wide data	4th Quarter	Chicago Continuum of Care, Chicago Dept of Housing	Evaluation Committee
294	Task	Update progress on implementation schedule	4th Quarter	Chicago Continuum of Care, Chicago Dept of Housing	Evaluation Committee
295	Subgoal 2	Evaluate homeless service delivery system models	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
296	Task	Begin bi-annual evaluation of model case management practice on program level (testing for fidelity) and systemic level (testing overall outcomes)	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
297	Task	Conduct research on program models	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
298	Task	Understand utility and performance of models serving the chronically homeless	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
299	Task	Update research on interim housing	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
300	Subgoal 3	Evaluate the impact of systems transition on homelessness	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
301	Task	Determine the number of clients presenting for services each year	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
302	Task	Fine-tune realistic projection of those at-risk of homelessness	Ongoing	Chicago Continuum of Care, Chicago Dept of Housing, Chicago Dept of Human Services	Evaluation Committee
303	Subgoal 4	Determine the average length of time clients remain in emergency shelters to continually inform system transition	Ongoing	Chicago Dept of Human Services	Evaluation Committee
304	Task	Project the need for emergency shelter and interim housing models over the next 3 years	Ongoing	Chicago Dept of Human Services	Evaluation Committee
305	Task	Inform systems transition projections	Ongoing	Chicago Dept of Human Services	Evaluation Committee
306	Subgoal 5	Update program models to ensure all levels of need are addressed by system	Ongoing	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care
307	Task	Analyze data and issue findings	Ongoing	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care
308	Task	Revise program models as needed	Ongoing	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care
309	Task	Gain approval of revised program models	Ongoing	New Targeted Work Group	Chicago Dept of Housing, Chicago Continuum of Care

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
310	Mainstream Resources				
311	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
312	Strategic Goal 1	Increase receipt of mainstream financial entitlements for eligible consumers using homeless services including prevention	2005-2006		Mainstream Resources Task Group
313	Subgoal 1	Work with public entitlement agencies to increase access to public benefits for homeless consumers			Mainstream Resources Task Group
314	Task	Engage public agencies to commit to meet twice a year for updates on the plan and to discuss barriers, and challenges.			Mainstream Resources Task Group
315	Subgoal 2	Create an outreach team focused on assisting the chronically homeless to apply for and receive public benefits		Chicago Continuum of Care	Mainstream Resources Task Group
316	Task	Identify an agency to take the lead		Chicago Continuum of Care	Mainstream Resources Task Group
317	Task	Meet w/agencies that provide public benefits, specifically SSA, IDHS and IDPA to create procedures for project		Chicago Continuum of Care, Lead Agency for Project	Mainstream Resources Task Group

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
318	Strategic Goal 2	Ensure that all homeless consumers, including those seeking prevention assistance, are systematically screened for public benefits.	2005	Chicago Continuum of Care	Chicago Dept of Human Services
319	Subgoal 1	Ensure that majority of Continuum partners utilize RealBenefits to screen for mainstream financial entitlements		Chicago Continuum of Care	Chicago Dept of Human Services, Mainstream Resources Task Group
320	Task	Providers screen for benefits on first point of contact		Chicago Continuum of Care	Chicago Dept of Human Services, Mainstream Resources Task Group
321	Task	Work with Action for Children to identify agencies that need to be trained		Chicago Continuum of Care	Chicago Dept of Human Services, Mainstream Resources Task Group
322	Task	Identify agencies that are not using RealBenefits		Chicago Continuum of Care	Chicago Dept of Human Services, Mainstream Resources Task Group
323	Task	Increase outreach and training to Continuum providers on mainstream resources		Chicago Continuum of Care	Chicago Dept of Human Services, Mainstream Resources Task Group
324	Subgoal 2	Increase the utility of the RealBenefits program for Continuum partners		Chicago Dept of Human Services, Chicago Continuum of Care	Mainstream Resources Task Group
325	Task	Assist RealBenefits to lobby IDHS to allow electronically filing of applications for state benefits		Chicago Dept of Human Services, Chicago Continuum of Care	Mainstream Resources Task Group
326	Task	Assist RealBenefits to add additional programs to the program		Chicago Dept of Human Services, Chicago Continuum of Care	Mainstream Resources Task Group
327	Task	Ensure public benefits training to all Continuum partners, including those providing prevention assistance		Chicago Dept of Human Services, Chicago Continuum of Care	Mainstream Resources Task Group
328	Subgoal 3	Develop an appeal system with legal services for all denials of public benefits			Chicago Dept of Human Services, Mainstream Resources Task Group
329	Task	Work with legal services providers to develop referral system			Chicago Dept of Human Services, Mainstream Resources Task Group
330	Task	Work with Public agencies to address barriers to appeals			Chicago Dept of Human Services, Mainstream Resources Task Group

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
331	Strategic Goal 3	Increase receipt of mainstream resources for eligible individuals using homeless services	2007-2008		Outreach and Engagement Task Group
332	Subgoal 1	Develop a system that would enable sheltered and unsheltered consumers to receive mainstream resources, including those seeking prevention assistance			Outreach and Engagement Task Group
333	Task	Understand resources and eligibility for resources including substance abuse and mental health treatment			Outreach and Engagement Task Group
334	Task	Create resource and referral protocol for substance abuse and mental health treatment			Outreach and Engagement Task Group
335	Task	Create resource and referral protocol for other mainstream resources in the system (employment, etc)			Outreach and Engagement Task Group
336	Strategic Goal 4	Assist eligible individuals in maintaining benefits while in institutional settings	2007-2008		Mainstream Resources Task Group
337	Task	Understand scope of current practices as related to mainstream benefits and institutional settings			Mainstream Resources Task Group
338	Task	Present recommendations to Governing Board for inclusion in statewide policy agenda			Mainstream Resources Task Group
339	Strategic Goal 5	Establish systematic screening for benefits in institutional settings	2007-2008		Mainstream Resources Task Group
340	Task	Work with institutions to develop protocols for systematic screening for benefit eligibility			Mainstream Resources Task Group
341	Task	Implement protocols system-wide			Mainstream Resources Task Group

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
342	Training and Technical Assistance				
343	Vision for 2012: Ensure the existence of a system infrastructure that will support the objectives of the Plan.				
344	Strategic Goal 1	Provide training and technical assistance to support broad-based plan implementation	Ongoing	Chicago Continuum of Care	Training and TA providers
345	Subgoal 1	Ensure all inconsistent programs receive technical assistance to convert to consistent programs.	Ongoing	Chicago Continuum of Care	Training and TA providers
346	Task	Match inconsistent programs with appropriate technical assistance providers	Ongoing	Chicago Continuum of Care	Training and TA providers
347	Task	Inform inconsistent programs of technical assistance process	Ongoing	Chicago Continuum of Care	Training and TA providers
348	Task	Educate technical assistance providers about the Plan to End Homelessness, models and needs	Ongoing	Chicago Continuum of Care	Training and TA providers
349	Subgoal 2	Ensure all Continuum partners have access to a range of training opportunities related to Plan implementation	Ongoing	Chicago Continuum of Care	Training and TA providers
350	Task	Provide training on components of the Plan's implementation	Ongoing	Chicago Continuum of Care	Training and TA providers
351	Task	Link providers to training opportunities that enhance service delivery	Ongoing	Chicago Continuum of Care	Training and TA providers
352	Strategic Goal 2	Develop an effective internal communications strategy for Continuum partners	2nd Quarter 2005	Chicago Continuum of Care	Training and TA providers
353	Task	Secure the necessary tools and technologies to more effectively communicate	2nd Quarter 2005	Chicago Continuum of Care	Training and TA providers

Getting Housed, Staying Housed Implementation Schedule

#	ID	Task Name	Completion Date	Accountable Entities	Collaborative Partners
354	Strategic Goal 3	Implement training and technical assistance to community supports and institutions including police, courts, hospitals, churches, etc.	Ongoing	Continuum Partners	Chicago Continuum of Care, Chicago Department of Housing, Chicago Dept of Human Services
355	Task	Expand training to educate the community at-large and appropriate systems	Ongoing	Continuum Partners	Chicago Continuum of Care, Chicago Department of Housing, Chicago Dept of Human Services
356	Task	Expand community support by providing technical assistance to new community support partners	Ongoing	Continuum Partners	Chicago Continuum of Care, Chicago Department of Housing, Chicago Dept of Human Services
357	Strategic Goal 4	Encourage innovation and incentives for innovation among Continuum partners	Ongoing	Partnership to End Homelessness	Chicago Continuum of Care
358	Task	Create a forum for facilitating collaboration and partnership (workgroup, expert group, committee, etc)	Ongoing	Partnership to End Homelessness	Chicago Continuum of Care, Chicago Dept of Housing
359	Task	Include innovation and partnership as core values in training and technical assistance provided	Ongoing	Partnership to End Homelessness	Chicago Continuum of Care, Chicago Dept of Housing
360	Task	Work to remove funding disincentives to innovation	Ongoing	Partnership to End Homelessness	Chicago Continuum of Care, Chicago Dept of Housing
361	Task	Ensure that consumers receive effective and efficient services as a result of best practices, new methodologies, and excellence amongst agencies through innovation.	Ongoing	Continuum Partners	Chicago Continuum of Care, Chicago Dept of Housing

Appendices

- ❑ **Appendix A:** Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness
- ❑ **Appendix B:** Fiscal Year 2005 Program Models
- ❑ **Appendix C:** 2004 Blueprint to Implement Chicago's Collaborative Plan to End Homelessness and Conversion Assumptions and Data
- ❑ **Appendix D:** Implementation Schedule Planning Process Participants

Getting Housed, Staying Housed

A COLLABORATIVE PLAN TO END HOMELESSNESS



CHICAGO
CONTINUUM
OF CARE

THE CHICAGO CONTINUUM OF CARE

VISION STATEMENT

In ten years, all individuals and families facing homelessness in Chicago will have access to safe, decent, affordable housing and the resources and supports needed to sustain it.

WHAT WE BELIEVE

Homelessness is a complex social problem, which does not lend itself to simple solutions. Yet we believe that great strides can be made toward ending homelessness if we start by addressing housing issues, then ensure that there are the resources and supports in place to sustain that housing. While we do not have to end poverty in its entirety to end homelessness, ultimately, our ability to end homelessness rests upon the degree to which we are able to wed the efforts of the homeless service delivery system to those of other mainstream programs and systems of care – programs and systems whose failures have contributed to its growth. Only through comprehensive, cross systems strategies will we be able to fully assist people to access and sustain affordable housing and achieve community integration and economic stability.

This effort will take all of us. As this 10-year plan details, Chicago is ready to embrace the challenge of system change and integration necessary to prevent homelessness and end it for the thousands of men, women, and children in shelter or on the streets each night who could and should be sleeping in their own beds.

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EXECUTIVE SUMMARY

Over the past 20 years, the number of shelter beds and the amount of money spent on homelessness in Chicago has increased significantly. Unfortunately, so has the number of individuals and families who become homeless. The Chicago Continuum of Care – an inclusive network of over 200 public and private organizations and individuals concerned with homelessness in Chicago – has come together to create a plan to end homelessness in the next ten years.

This is no small task. Our success hinges upon our ability to mobilize, re-deploy, expand, and coordinate our financial and human resources, with the recognition that *it will truly take all of us to end homelessness in Chicago*.

Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness outlines, in broad strokes, the philosophy that will guide our efforts, the fundamental components of the approach we will take, and three strategic initiatives, which will organize our actions over the next five years.

What We Know

Tens of thousands of Chicagoans face homelessness each year. Many of these utilize the city's publicly funded system of shelter and supports designed to address homelessness. Some stay for brief periods and do not return. Others graduate through multiple programs before exiting. Others move in and out of the system on a fairly regular basis over time. And still others take up residence in the system for years, and during that time, rarely leave it. In addition, there are those who experience homelessness, but for numerous reasons, never find their way into the system. Instead, they are homeless on the streets, in their cars, or on the couches of family, friends, or strangers.

Overall Chicago's homeless population is highly diverse. Yet those facing homelessness have at least two things in common – the experience of abject poverty and the absence of safe and affordable housing.

Our current system and resources have proven inadequate to the challenge of significantly reducing, let alone ending, homelessness. A new approach is needed.

Core Tenets of the New Approach

The most effective solution to homelessness is to provide affordable housing with the supports that make it sustainable. In our efforts to do this we will:

- 1) Prevent homelessness whenever possible;
- 2) Rapidly re-house people when homelessness cannot be prevented;
- 3) Provide *wraparound services* that promote housing stability and self-sufficiency.



Five-Year Strategic Initiatives

The plan outlines three strategic initiatives to begin the process of system change. These initiatives and their objectives form our agenda for change over the next five years. Through them we will:

- 1) Expand the range and availability of prevention strategies, increase their immediate accessibility, and improve their long-term effectiveness.
- 2) Expand the availability of affordable permanent housing; increase its accessibility; and transition the existing tiered shelter system into a Housing First system.
- 3) Provide transitional services that ensure linkage to community resources, and increase the availability and awareness of formal community supports.

Implementing the Plan

A shift as fundamental as the one described in this plan – that entails a complete reorientation of the homeless service delivery system, the gradual redeployment of current resources, the generation of additional public and private resources, and significant cross-systems collaboration – requires an intentional implementation and change management approach. To this end, members of the Chicago Continuum of Care will develop periodic action plans that detail short-term implementation strategies. In addition, hands-on technical assistance strategies are currently being developed to increase the success of this undertaking. The Governing Board of the Chicago Continuum of Care invites you to become a part of the implementation process. Homelessness in Chicago is not acceptable and together we can end it.

INTRODUCTION

Homelessness in Chicago affects all facets of the community, cutting across race, ethnicity, age and education level. However, homelessness¹ is most likely to affect low-income vulnerable populations who experience first-hand a lack of safe and affordable housing, low wages, and limited access to health care. Additionally, job loss, family violence, mental illness, addictions and release from institutional facilities can result in housing loss when people are unaware of or unable to access community support systems.

Over the past 20 years, the number of shelter beds in Chicago has increased to more than 6,500, supported by millions of dollars each year. Both anecdotal and statistical data suggest that homelessness has increased and broadened during this time to include more families with children, non-traditional family types and a greater number of working poor households.

This growth in the size and diversity of the homeless population is the result of a complex interplay of structural trends such as: reductions in the availability of low-cost housing; net losses in employment and employment related benefits income due to economic changes such as deindustrialization; erosion of the real dollar value of public entitlements, and narrowing of benefits eligibility criteria; and the inadequacy of resources directed to house and support community reintegration for persons with serious mental illness in the wake of deinstitutionalization.^{2,3}

Imminent policy and program decisions in welfare and subsidized housing programs are likely to further exacerbate the present situation. Moreover, the cumulative impact of the strains that lead to homelessness makes it very difficult for people who are homeless to become "re-housed". The current situation and projected trends demand new approaches. Chicago must focus on prevention and on permanently re-housing those who become homeless.

How Many People Are Homeless in Chicago?

Counting persons who are homeless is a notoriously difficult task fraught with definitional and technical challenges. As a result, comprehensive and accurate numbers are difficult to generate. In Chicago, the Chicago Department of Human Services (CDHS) tracks the number of persons who access city-funded shelters and homeless service programs and compiles this data annually. City funded shelters account for approximately two-thirds of the 6,500 shelter beds available in Chicago. According to estimates derived from annual CDHS statistics, approximately 15,000 persons were housed in these shelters from July 1, 2000 – June 30, 2001.⁴ For Chicago, this is the only available longitudinal measure of homelessness – that is, a measure of the number of people who are homeless over a period of time. However, it is important to bear in mind that CDHS statistics do not account for those people who annually fill the shelter beds that are not supported by city funds.

Point-in-time data are the best way to understand the magnitude of homelessness on a daily basis. A 2001 point-in-time provider survey conducted by the University of Illinois at Chicago indicates that approximately 6,100 people are served within Chicago's greater homeless system each day.⁵

However, not all persons who are homeless access the shelter system. In addition to those persons in the shelters, many individuals are temporarily housed in institutions such as mental health and substance abuse facilities and jails; living on the streets or in cars; illegally squatting in abandoned public and private housing; or, as is particularly the case with families and youth, precariously doubled up with relatives or friends. A broader definition of homelessness encompasses these households as well. By this broader definition, advocates such as the Chicago Coalition for the

Homeless estimate Chicago's homeless population to be as high as 80,000 over the course of a given year.⁶

Who Experiences Homelessness?

Over time homelessness and our strategies for researching it have changed. Many of the original stereotypes of homelessness were created by examining point-in-time data - historically the most common type of data available on persons who are homeless. Such data focuses on demographic characteristics, whereas, longitudinal data captures patterns of shelter usage over time. Because single adults with serious mental illness and other disabilities tend to remain homeless longer than other populations – such as families – they are generally over-represented in point-in-time counts. For example, if, on any given night, these individuals fill 1,750 of the approximately 3,500 shelter beds for single adults, they appear to represent over 50% of the homeless single adult population. However, since over the course of the year the other 1,750 beds are occupied by a constantly changing census of people, those 1,750 persons with serious disabilities may, in fact, represent a much smaller fraction of the total number of single adult shelter users during the year.

More recent research efforts that have focused upon the analysis of longitudinal data on shelter usage bear this out. Such research, conducted in New York and Philadelphia, indicates that, with regard to shelter utilization, there are three general patterns of homelessness – chronic homelessness, episodic homelessness, and transitional homelessness.⁷

Chronic Homelessness

Chronic homelessness refers to an extended episode of homelessness (generally two or more years). According to longitudinal research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. It is estimated that 10% of the single adult homeless population experiences this persistent homelessness. Because many of these individuals use the shelter system for extended periods of time they have been found to consume 50% of the total shelter days.

Episodic Homelessness

Episodic homelessness refers to recurrent periods of homelessness. People who experience episodic homelessness are younger and use the shelter system more sporadically than those whose shelter use is chronic, often have substance addictions, leave shelters when they get income or use them seasonally, and are more resistant to services. Longitudinal research indicates that approximately 9 percent of the single adult population fits this pattern of homelessness. These individuals use fewer resources than those whose homelessness is chronic, but are still frequent users of the system, staying for extended periods of time and utilizing approximately 30% of the shelter days over the course of a year.

Transitional Homelessness

Transitional homelessness generally refers to a single episode of homelessness that is of relatively short duration. Persons who experience transitional homelessness use homeless resources for brief periods, in times of economic hardship and temporary housing loss. The majority of families and single adults who become homeless over the course of a year fall into this category, and most become homeless due to a housing crisis.

Getting Housed, Staying Housed

Homelessness in Chicago

In 2001, a study was conducted by the University of Illinois at Chicago (UIC) to develop a better understanding of the circumstances and service needs of persons facing homelessness in the Chicago area, and gaps in existing systems of care. The resulting data represent the first regional comprehensive needs assessment focused on homelessness.⁸ As part of the study, over 600 persons who were homeless or at-risk of homelessness were interviewed in the City of Chicago.

Twenty percent of the people interviewed in homeless shelters had been homeless for a period of two or more years, and more than half had experienced repeated episodes of homelessness. In fact, those interviewed had experienced an average of four previous episodes of homelessness. While extended length and frequent episodes of homelessness are primary indicators of chronic and episodic homelessness, persons who experience these two patterns of homelessness are more likely to be over-represented in studies of homelessness like the UIC study, that use point-in-time research methods.

When asked to identify factors that had contributed to their current homelessness, the overwhelming majority of persons interviewed indicated multiple factors, substantiating the premise that people facing a single stressor may be able to avert homelessness, but that multiple stressors overwhelm existing safety net structures. Inability to pay rent (59%), job loss (48%), drug or alcohol problems (43%), family disagreement (40%), being cut off from public aid (25%), overcrowding (21%), domestic abuse (19%), institutional release (ranging from 23% to 17% depending on the nature of institution), residence being torn down or condemned (18%), landlord dispute (16%) and health problems (16%) were the most frequently noted contributing factors. When adults were asked to cite the one most important reason for their homelessness, they most frequently noted addiction (23%), unemployment (17%), the unaffordability of their previous housing (15%), and domestic disagreement (not domestic violence) (12%).

When asked what types of services or assistance they needed in the past 12 months, persons interviewed most frequently reported that they needed help in finding a job (54%) and a place to live (51%). In addition they noted needing transportation assistance, case management services, and a range of health services, such as eye and dental care and assistance with obtaining medication. Many of the people who reported needing these services also reported that they had obtained them. The service needs that people reported the least success in obtaining were dental and eye care, cash rent assistance, help finding a job, help with budgeting, and help finding a place to live.

How our System Evolved and Why It Needs to Change

The homeless shelter and service system in Chicago, like those in most large urban areas, has evolved over the past two decades to address the changing demographic of its homeless population. Currently there are approximately 6,500 shelter beds reflecting a range of shelter models. Initially the system was predominantly comprised of seasonal or overnight facilities designed to harbor people who were homeless against harsh weather, provide some degree of safety, and address basic needs. Today this shelter model represents less than a fifth of the beds in Chicago's system. These programs only serve single adults.

Over the past two decades 24-hour shelter facilities developed for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment. The impetus for these more comprehensive shelter service models has been threefold. It has derived in part from the dramatic influx of families into the system that has occurred since the late 1980s. As families began to join the ranks of the homeless it was almost immediately apparent that children in particular were ill suited to spend 12 hours each day on the city streets or seeking out daytime havens. Secondly, this shift in service philosophy has reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many of those who became homeless were



experiencing repeated and prolonged episodes of homelessness suggested that minimalist, basic needs approaches, while effective at protecting people from the larger hazards of street life, were insufficient to truly move people out of homelessness. Finally, it reflects an attempt on the part of homeless service providers to compensate for the inadequacies of certain mainstream programs and systems by bringing an increasing range of services such as mental health and substance abuse intervention on-site.

Over time, in the absence of responsive, affordable housing alternatives, this approach expanded to a residential service model designed to equip homeless households with the skills and resources to “succeed” in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency.

While this approach is logical on its face, it has ultimately proven ineffective for a variety of reasons. Not the least of these is the fact that a shelter-based response that aims to “fix” the individual factors that have contributed to a household’s homelessness does little to address the larger structural causes of homelessness mentioned earlier. Moreover, many of the problems that deeply impoverished households face, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in such a short amount of time and to the degree that would enable them to succeed in the competitive private housing market. Thus many remain in the system for long periods of time or leave only to return again. To compound this issue, the services and supports tied to shelter end or significantly diminish once the resident leaves the shelter. And, at the same time that shelter programs have become more service-intensive they have frequently adopted more demanding eligibility criteria and stricter program rules that have often effectively barred those households with the greatest needs.

“We need effective welfare and affordable housing policy that results in true economic self-sufficiency, family stability and well-being for all families.”

- John Bouman
The National Center on Poverty Law

“I’m not sure I could have stayed in school without stable housing. I’d be back staying with friends and in and out of shelters.”

- Cedric Nesbitt
Lakefront SRO 2001 Tenant of the Year

“It is time to commit the multitudes of talents and resources that bless this nation to the task of providing appropriate support, and finding homes—permanent homes—for the chronically homeless.”

- Mel Martinez
HUD Secretary

THE CONTINUUM OF CARE STRATEGIC PLAN

Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness outlines a public-private framework for change. To end homelessness in Chicago by 2012, we will dramatically shift our current approach to addressing homelessness from a shelter-based strategy to a housing-based strategy. This housing-based strategy has three emphases:

- 1) prevention efforts to forestall homelessness for those at imminent risk;
- 2) rapid re-housing of those who are homeless (a Housing First approach); and,
- 3) the provision of wraparound services and supports to promote housing stability and self-sufficiency.

Prevention

It has long been argued that the most humane strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. Prevention efforts include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, and housing placement services. They also include more systemic strategies that seek to prevent homelessness by ensuring that people leaving institutions such as jails, prisons, or treatment facilities are not discharged to the streets or shelter system, as well as strategies that seek to forestall homelessness in cases of family crises such as domestic violence. By far the most common prevention approach is the provision of one-time or short-term financial assistance. Currently in Chicago, approximately three million dollars of government funding are invested in one-time rent, mortgage, and utility assistance annually.

Five-Year Prevention Strategic Initiative

Over the next five years, Chicago's Continuum will significantly increase resources directed to prevention efforts as the first line of defense in its strategy to combat homelessness. Through this initiative, the Continuum will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness.

To expand the range and availability of prevention strategies, we will:

- Better coordinate and expand legal assistance and housing resources available for one-time, short-term and transitional financial assistance that can be used to avert eviction.
- Increase linkage to permanent housing and services for persons leaving institutions.

To increase timely access to prevention resources, we will:

- Establish a 24-hour prevention and referral Hotline, coordinated with 3-1-1, assessment, transportation, and prevention resources.
- Improve and expand mobile assessment capabilities to immediately identify appropriate shelter alternatives and facilitate their access for persons at imminent risk of homelessness.

To improve the long-term effectiveness of prevention strategies, we will link households assisted by prevention programs to ongoing community resources to support their sustainability.

Housing First

For those who are already homeless or for whom homelessness cannot be prevented, the Continuum will employ a Housing First strategy. As described in the National Alliance to End Homelessness's 10-year plan, a Housing First approach seeks to assist persons to exit homelessness as quickly as possible by placing them in permanent housing and linking them to needed services.⁹ This approach assumes that *the factors that have contributed to a household's homelessness can best be remedied once the household is housed*. It also accepts that for some lifelong support may be required to prevent the reoccurrence of homelessness. Hence it seeks to maximize utilization of mainstream resources. But for most, the model seeks long-term self-sufficiency, promoted through a wraparound service philosophy (described below).

For Chicago, this approach requires a fundamental shift in its shelter strategy, away from its current tiered system of care to an **Interim Housing** model in which short-term housing is provided for the minimum time needed to access permanent housing, with services focused on an immediate and comprehensive needs assessment, resource acquisition (i.e., public benefits and other forms of assistance), and housing placement.

Within this Housing First model, two core principles define permanent housing: choice regarding the location and type of housing, and no predetermined limit on the length of time that the household can remain in the housing unit. Accordingly, the form of permanent housing will vary according to the needs and desires of each household. For some, permanent housing will mean a Safe Haven, eventually moving to a Single-Room Occupancy (SRO) unit within a project-based development with on-site supportive services. For others, permanent housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent housing may change over time.

Five-Year Housing First Strategic Initiative

Over the next five years, Chicago's Continuum must undertake three efforts simultaneously in order for its new Housing First approach to be successful. It must expand the availability of affordable permanent housing; increase its accessibility; and transition the existing tiered shelter system into a Housing First system.

To expand the **availability** of affordable permanent housing, we will:

- Create new project-based permanent supportive housing units for persons with serious and persistent disabilities.
- Expand permanent supportive housing subsidies for persons with serious and persistent disabilities who can live independently in market rate housing with appropriate supportive services.
- Develop additional engagement housing, such as safe havens and harm reduction programs for those who need permanent housing, but are resistant to traditional service models.
- Expand transitional rent subsidies for households who can be placed in community-based permanent housing with integrated services, in which the tenant holds the lease or assumes the lease over the period of the transitional subsidy.
- Develop and increase the availability of appropriate Housing First models of permanent housing for youth who are homeless.

To increase the **accessibility** of affordable permanent housing, we will:

Getting Housed, Staying Housed

- Develop an affordable housing clearinghouse that will be used to link households in interim housing with appropriate market housing.
- Expand and increase coordination of street outreach for persons who are homeless and not requesting services to provide assessment and linkage to engagement housing and permanent supportive housing.

To **transition** the existing shelter system to a Housing First system, we will:

- Develop standards for Interim Housing and permanent housing models that promote housing placement in the most suitable, least restrictive settings possible.
- Use local public funding to encourage, and eventually mandate, existing shelter programs to convert to the new Housing First model.

Wraparound Services

In many respects, housing stability is a function of a household's ability to access fundamental resources and supports that assure that, when a crisis occurs, it does not threaten the security of that housing. For all of us, these supports include affordable healthcare with mental health and substance abuse services; livable wage employment and/or other income supports; and for families, childcare. These supports are all the more critical for poor households, for whom a crisis often means choosing between addressing essential needs for housing, food, or medical care.

Chicago's Continuum is dedicated to ensuring that households have access to a full range of resources and services to protect the stability of their housing. This will be accomplished through the implementation of a **wraparound services** approach. Wraparound services refer to a comprehensive service provision model that guarantees that any and all services needed by an individual or family are integrated through a cohesive, individualized service plan that guides all service provision. Chicago's Continuum will infuse this service approach across all components of its homeless service delivery system – prevention, interim housing, and permanent housing.

Currently, service referral is a component of most homeless service provision, but in the absence of more active and integrated case management, referral-based case management often results in fragmented care. The implementation of a wraparound services approach will mean that case managers across agencies must work together to develop one plan of action for each client, with each agency contributing, according to its strengths and resources, to support the individual or family in achieving housing stability and long-term self-sufficiency. Because service intensity is determined based upon client need, this may also mean that initially an agency provides daily or weekly case management, which may shift to monthly or on-call assistance over an extended period of time. For some, services will always remain an integral part of the residential environment. For others, this support will be transitional, sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.

Five-Year Wraparound Services Strategic Initiative

Over the next five years, this initiative will simultaneously strengthen community supports and safety net systems for persons at-risk of homelessness and for those who are being re-housed, and increase their accessibility. This will be accomplished by providing transitional services that ensure linkage to these community resources, and increasing the availability and awareness of formal community supports.



To ensure linkage to available community resources, we will:

- Expand the provision of community-based case management services that embody a wraparound services approach.
- Develop formal systems integration strategies between the Housing First system and mainstream service systems, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement, public health, community mental health, and substance abuse, to ensure that formerly homeless households have streamlined access to the array of formal supports available in the community.

To increase the availability and awareness of formal community supports, we will:

- Identify alternative resources to fund targeted supportive services for persons with severe and persistent disabilities placed in permanent supportive housing.
- Implement follow-up strategies to work with households assisted with basic prevention strategies to increase their housing stability and reduce their future risk of homelessness.
- Develop a broadly disseminated community education program on various factors that contribute to homelessness and methods to mitigate their impact. For example a campaign on the cycle of violence could promote options for addressing spousal abuse, elder abuse and other forms of domestic violence so that they do not result in homelessness.

System Infrastructure

The three initiatives described above will require an underlying system-level infrastructure in order to be effective and efficient. To support the planned activities for each of the initiatives, we will:

- Implement a homeless information management system with information and referral, case management, and benefits screening functionality to collect information about the people who become homeless, improve the effectiveness of service delivery, and understand the relationships between service utilization and client outcomes over time. The affordable housing clearinghouse can also be seamlessly linked with the homeless information management system.
- Consolidate housing assistance resources into a Housing Assistance Fund that can be coordinated centrally, with minimal overhead, and serve prevention, housing placement, and long-term subsidy purposes.

How Is the Getting Housed, Staying Housed Model Different?

Under the *Getting Housed, Staying Housed* model, current agencies in Chicago's homeless service system will need to redefine how services should be provided and how, as service providers, they will evolve. Some existing shelter providers may choose to shift their shelter program model to the new interim housing model by offering short-term residential care with 'Housing First'-oriented services, such as comprehensive needs and resource assessment, permanent housing placement and community service linkage. Others may move away from residential programs and provide permanent community-based supportive services, and still others may shift their operations to provide permanent supportive housing. This housing and service system shift will be challenging – it will require agency and program-level reorganization, Board and staff training, and deliberate system-level change management. To be successful, it will require a committed public and private

Getting Housed, Staying Housed

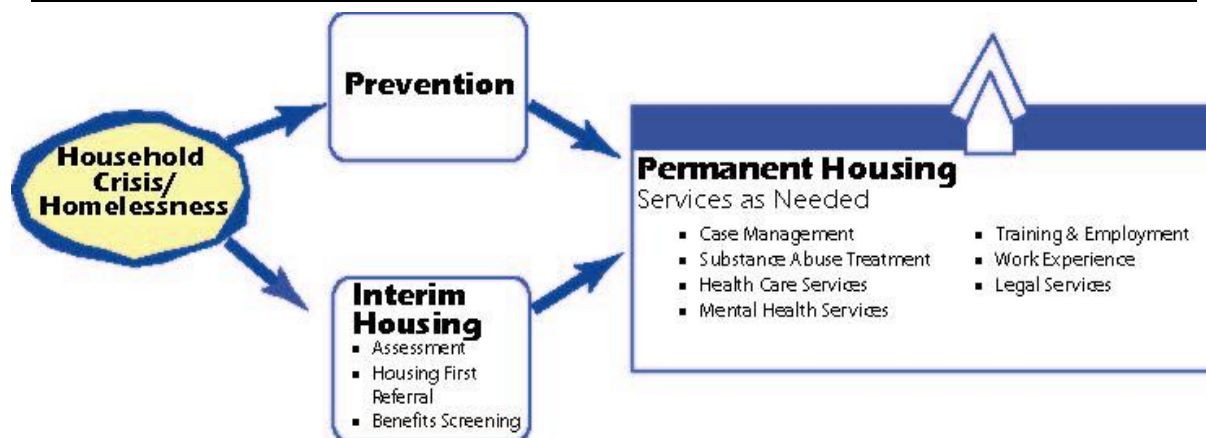
partnership to increase and reallocate resources. Finally, it will require significant systems integration efforts to coordinate and network services at all levels – client, agency, neighborhood and system.

The difference between the existing service approach (Figure 1) and the new Getting Housed, Staying Housed approach (Figure 2) are conceptually diagrammed below.

Figure 1: Current Shelter Model



Figure 2: Getting Housed, Staying Housed Model





“The issue is not to just serve the homeless, but also to work with others to end the crisis we are facing relating to our homeless population. The shelter system is a quick fix to get people out of a bad situation, but we have to address the core issues.”

- Ray Vázquez
Commissioner of CDHS

“Whereas the debate for the last few years has been about work programs, what we’re seeing now is that work isn’t enough to keep people out of the shelter system. The \$5.15 per hour minimum wage is not enough to cover rents greater than \$700 or \$800 a month.”

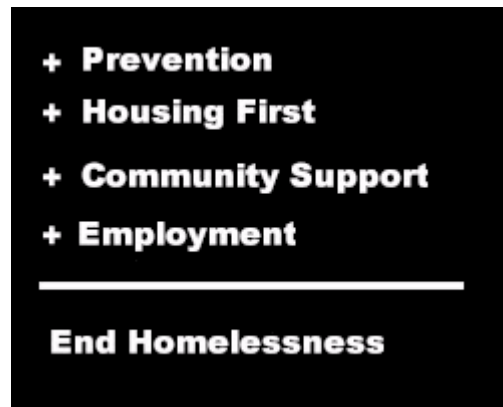
- Steven Banks
Counsel to the Coalition for the Homeless

“I don’t think you can address the other problems that people have unless you give them a decent place to live. We believe that an awful lot of people who end up homeless are just poor people with a housing crisis; and it would be a lot cheaper to get them back into housing.”

- Denise Rogers
Minnesota Housing Finance Agency

There’s no question that housing prices have been going up several times the rate of inflation, and that is clearly having an impact on their exiting the homeless system.”

- Dennis Culhane
University of Pennsylvania



PLAN IMPLEMENTATION

Efforts to implement *Getting Housed, Staying Housed* are already underway by the Chicago Continuum of Care. The five-year plan presents a framework for implementation through the Prevention, Housing First, and Wraparound Services strategic initiatives. Each of these elements must be developed in lockstep with one another. Without implementing prevention strategies, there will continue to be an intense need for emergency shelter. Without expanding the availability of affordable housing, it will be hard to assist people to leave the system quickly. Without developing employment strategies, it will be difficult to keep people in permanent housing. Equally as important, the transition process must be carefully managed to ensure that people who are homeless do not experience any interruption in services or additional hardship, as a result. We envision three stages to the implementation process:

Assessment & Preparation. The Continuum has begun the analysis that will be used to develop a “roadmap” for change. Assessment activities will include a detailed examination of the current system, which will consider how programs are currently structured, how resources are now used, and the nature of existing resources and their regulatory constraints. During this stage, the Continuum will also concretely define program standards, develop education materials on the new approach, identify ways to efficiently model the transition to maximize the impact and minimize the challenges of each change, and build public understanding and support for the new approach.

Transition. The Continuum will manage a well-organized transition process that supports a dual-operating system that will incrementally evolve from the current model to the new one over a period of several years. This transition will be guided by the analysis and plans developed during the assessment stage. These stages will overlap, as there will be a continuing need for assessment and evaluation of plan models throughout the transition period. Technical assistance resources will need to be an integral part of this process to ensure that the transition is effectively managed, and that people and agencies are not displaced in the process. Initial steps in the transition phase will include creation of key infrastructure elements required to support the new system; commitment of additional resources for the development of permanent housing and expansion of mainstream services; legislative advocacy to build broader State and Federal support; and proactive outreach to other housing and human systems to begin systems integration efforts.

Full Implementation. This final stage represents the complete implementation of the plan. By this point, the Continuum should experience reductions in the numbers entering the interim housing system, and an increase in the number of households exiting the system to permanent self-sufficiency. As a result, significant reductions in expenditures on the core “shelter” system will be recognized, and a majority of the resources will be directed to supporting households’ housing stability. To ensure the viability of the Housing First model, ongoing evaluation activities will be conducted to determine the effectiveness of the new approach, and to guide the development of the second five-year strategy toward our 10-year goal to end homelessness in Chicago.

Evaluation

Evaluation will be an important part of plan implementation. Each action plan will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and funders. Key to the evaluation effort will be the development of the homeless information management system, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system will also collect data that can be used to generate point-in-time and longitudinal counts of homelessness in Chicago.



THE CHICAGO CONTINUUM OF CARE

The Chicago Continuum of Care is a consortium of community organizations, private and public, not-for-profit and for-profit entities committed to ending homelessness in Chicago. It includes schools, faith organizations, local businesses and employers, civic organizations, and concerned individuals. However, the core of the Continuum, particularly for the purposes of developing the Strategic Plan, includes public and private providers and funders of services that help address the needs of people who are homeless. Shelter providers, mental health organizations, substance abuse treatment programs, domestic violence counseling centers, employment assistance groups, housing developers, and state and city government offices—all have played key roles in creating the Plan.

The Chicago Continuum of Care is many things – it is the system of housing, services, and supports for those facing homelessness; the governance structure that oversees the planning process for ending homelessness in Chicago; and the group responsible for overseeing the HUD funding process that brings roughly 30 million dollars of federal support to homeless programs in Chicago each year.

The Chicago Continuum of Care would like to acknowledge the efforts of the members of the strategic planning committee, chaired by Jean Butzen, president of Lakefront SRO, and Arturo Valdivia Bendixen, former Executive Director of Interfaith House.

THE NATIONAL PLAN TO END HOMELESSNESS

This Plan is highly influenced by the work of *The National Alliance to End Homelessness* and its Ten Year Plan to End Homelessness. In January 2001, the full Continuum membership came together for the first time to analyze the current status of homelessness in Chicago. At this meeting members were briefed on a campaign drafted by the National Alliance to End Homelessness. *The National Plan to End*

Homelessness, like the Chicago plan suggests that any plan to end homelessness must include four components: planning for outcomes, closing the front door to homelessness through prevention, opening the back door from homelessness by streamlining the process of re-housing, and strengthening the web of community supports to keep people housed.

CHICAGO CONTINUUM OF CARE LEADERSHIP

The Chicago Continuum of Care is overseen by a Governing Board, which coordinates and facilitates the planning process and oversees the distribution of funding. The Governing Board is comprised of both elected and appointed members representing the range of organizations and groups needed to end homelessness, including homeless service providers, consumers and advocates, city, county and state agencies, and business and foundation leaders. Twenty government slots on the board are permanent. There are also twenty service provider slots and twenty community slots, which are elected for two-year terms. The Governing Board is overseen by a nine member Executive Committee elected from its membership. One co-chair represents the public sector and one represents all other sectors. One seat is set aside for a consumer representative. The 2001-2002 Governing Board adopted the Five-Year Plan.

Organizations that are represented on the 2001-2002 Governing Board are as follows:

- Advocates for Prostituted Women & Girls
- AIDS Foundation of Chicago
- Apostolic House of Prayer
- CARA
- Catholic Charities
- Chicago Anti-Hunger Federation
- Chicago Community Trust
- Chicago Department of Housing
- Chicago Department of Human Services
- Chicago Department of Planning & Development
- Chicago Department of Public Health
- Chicago Health Outreach
- Chicago House
- Chicago Housing Authority
- Chicago Jobs Council
- Chicago Low-Income Housing Trust Fund
- Chicago Public Schools—Homeless Education Program
- Chicago Rehab Network
- Chicago Workforce Board
- Coalition for the Homeless
- Cook County Sheriff's Office
- Corporation for Supportive Housing
- Deborah's Place
- Donor's Forum—Grantmakers Concerned with Homelessness
- Enterprising Kitchen
- Family Rescue
- Featherfist
- Haymarket Center
- Heartland Alliance
- IDHS—Office of Alcoholism & Substance Abuse
- IDHS—Office of Mental Health
- Illinois Housing Development Authority
- Inner Voice
- Interfaith Council for the Homeless
- Interfaith House
- Jay-Medicare
- Lakefront SRO
- Legal Assistance Foundation
- Mayor's Office on Workforce Development
- Night Ministry
- O'Hare Marriott Hotel
- Olive Branch Mission/Church of the Good Shepherd
- Partnership to End Homelessness
- Polk Bros. Foundation
- Southwest Women Working Together
- San Jose Obrero Mission
- St. Killian Parish
- St. Sabina Church
- Thresholds
- University of Illinois at Chicago
- U.S. Department of Veterans Affairs
- Consumers and other interested individuals

ENDNOTES

¹ For the purposes of this plan, the Chicago Continuum of Care used the *Illinois Regional Continuum of Care Roundtable Needs Assessment* definition of homelessness, “being without a bed, room, apartment, or other place of one’s own to live for at least one night”. Both the Chicago Continuum of Care and Illinois Regional Continuum of Care Roundtable reference the Federal McKinney Act for the formal definition of homelessness.

² Burt, M. (1997). Causes of the growth of homelessness during the 1980s. In D. P. Culhane & S. P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 169-203). Washington, DC: Fannie Mae Foundation.

³ Wright, J. & Rubin, B. (1997). Is homelessness a housing problem? In D. P. Culhane & S. P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 205-224). Washington, DC: Fannie Mae Foundation.

⁴ Estimates are based on the *CDHS FY2001 Homeless Services and Prevention Programs Annual Report*, which reports that 32,000 persons were housed within the CDHS-funded shelter system over the course of the year. However, since the data are reported to CDHS by programs in aggregate form, these statistics reflect duplicated client counts across programs – that is, when one person uses more than one shelter program within the year, they are counted separately at each program. Internal departmental estimates for an unduplicated count were derived using the following assumptions:

- That, for the single adult population, the number of individuals who enter transitional and second stage shelter programs without using an overnight shelter program is minimal. Thus, the level of duplication across overnight shelter programs cancels out the number of individuals who enter transitional or second stage programs without using an overnight program.
- That most families who are homeless are served by a transitional shelter program. That only 25% of families who use warming centers do not go on to use transitional shelter. That the majority of families who enter second stage programs have been referred from a transitional shelter program.

Thus for the single adult population, only the CDHS statistics for overnight programs are considered for the unduplicated count. For families, the count is generated by adding the number of families served in transitional programs with 25% of the number served within warming centers. Based on calculations derived from these assumptions, CDHS estimates that annually approximately 10,000 households (8,000 individuals and 2,000 families) comprised of 15,000 people are served by the CDHS-funded shelter system.

⁵ *Illinois Regional Continuum of Care Roundtable (RRT) Regional Homeless Needs Assessment* – This assessment, conducted by the University of Illinois at Chicago, pairs a point-in-time provider survey of metropolitan Chicago shelter and service providers with a statistical sample of individuals served at these provider sites to develop an understanding of the extent and nature of homelessness and homeless services in the metropolitan Chicago region.

⁶ Chicago Coalition for the Homeless. (June, 1999). 80, 000: Estimating Chicago’s homeless population.

Getting Housed, Staying Housed

⁷ Khun, R. and Culhane, D. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26(2), 207-232.

⁸ University of Illinois at Chicago (2002). *Developing a homeless needs assessment methodology for the Chicago region: Appendix F, weighted client survey data*. Manuscript in progress.

⁹ National Alliance to End Homelessness (2000). *A plan: Not a dream. How to end homelessness in ten years*. Washington, DC: Author.

THANK YOU

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We are especially grateful for financial support from the following donors:

- Anonymous Donors
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- Lloyd A. Fry Foundation
- McCormick-Tribune Foundation
- Michael Reese Health Trust
- Polk Bros. Foundation



Fiscal Year 2005 Program Models

Prevention

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

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
One-Time Financial Assistance	One-time financial assistance for rent, utilities, or other major expenses that assist the household in alleviating the impending crisis.	<ul style="list-style-type: none"> Provision of one-time financial assistance based on assessment Screening for income supports using RealBenefits or other online screening/application software Referrals to community-based case management programs and related services to enhance long-term housing retention(may include legal assistance, tenant rights education, financial literacy) Coordination with Prevention Helpline Coordination of assistance with mainstream benefits including LIHEAP and Share the Warmth 	One-time aid	All consumers. Assistance is targeted to households that live paycheck to paycheck but have a major expense or arrearage that cannot be met within their monthly budget	<p>Outcome: Clients maintain permanent housing.</p> <p>Indicators: 90% of clients remain permanently housed.</p> <p>60% of clients who access assistance increase knowledge of mainstream benefits and services.</p>
Short-term Rent Support	Limited financial assistance and wraparound services to address a household's underlying issues threatening housing stability.	<ul style="list-style-type: none"> Provision of rent subsidy based on assessment Screening for income supports using RealBenefits or other online screening/application software Referrals to community-based case management programs and related services to enhance long-term housing retention(may include legal assistance, tenant rights education, financial literacy) Coordination with Prevention Helpline Coordination of assistance with mainstream benefits including LIHEAP and Share the Warmth 	Up to 6 months of rental assistance	All consumers. Assistance is targeted to households requiring more than one-time support, but that can maintain their current housing and avoid homelessness with short-term rental support.	<p>Outcome: Clients maintain permanent housing.</p> <p>Indicators: 90% of clients remain permanently housed.</p> <p>75% of clients who access assistance increase knowledge of mainstream benefits and services.</p>
HOPWA Short-Term Rent Support	Limited financial assistance and to address a household's issues threatening housing stability.	<ul style="list-style-type: none"> Provision of rent assistance based on assessment Referrals to community-based case management Coordination with Prevention Helpline Coordination of assistance with mainstream benefits including LIHEAP and Share the Warmth 	21 weeks	Consumers living with HIV/AIDS.	<p>Outcome: Clients maintain permanent housing.</p> <p>Indicators: 90% of clients remain permanently housed.</p>
Legal Services	Legal representation for low-income tenants facing eviction and potential homelessness.	<ul style="list-style-type: none"> Legal representation Provision of or linkage to short-term rent support Provision of or linkage to community-based case management and related services to enhance long-term housing retention Coordination with Prevention Helpline Coordination of assistance with mainstream benefits including LIHEAP and Share the Warmth 	Six months	Low-income tenants at risk of homelessness due to pending eviction actions	<p>Outcome: Clients maintain permanent housing.</p> <p>Indicator: 80% of clients maintain current housing or move to alternative, affordable unit without period of homelessness or instability.</p>



Fiscal Year 2005 Program Models

Engagement Services

Services that reconnect persons who are homeless or at risk of homelessness to needed social supports.

Activities range from low-demand basic services to clinical services, and provide needed support to reconnect persons to necessary services.

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
No Demand Outreach and Engagement Services	No demand, street-based services providing needed food, clothing, and social interaction with isolated, untrusting individuals. Programs may be specialized to focus on particular populations (e.g. youth or adults)	Provision of or access to the following: <ul style="list-style-type: none"> • Food • Clothing • Transportation • Crisis intervention • Basic client assessment • Housing placement • Referrals to other services (i.e. employment, education, mental health, child care, etc) • Emergency hotel vouchers (except for minor-aged youth) 	None	Persons who are homeless in public spaces	Outcome: Clients have basic needs met. Indicators: 90% of clients accept one or more basic assistance services (food, transportation) within the first 2 months of contact. 75% of clients connect to community-based case management, housing, or other appropriate situations/settings (i.e. hospital, family reunification) in first 3 months.
Low Demand Outreach and Engagement Services	Low demand, street-based services providing or assisting consumers in accessing the assistance they need.	Provision of or access to the following: <ul style="list-style-type: none"> • Food • Clothing • Transportation • Crisis intervention • Basic client assessment • Housing placement • Referrals to other services (i.e. employment, education, mental health, child care, etc) • Emergency hotel vouchers (except for minor-aged youth) Clinical assessment with evaluation for at least one of the following: <ul style="list-style-type: none"> • Mental health, Benefit eligibility, Housing, Medical care, Substance use, Safety assessment particularly for youth and domestic violence victims Based on assessment, provision of or access to the following: <ul style="list-style-type: none"> • Assistance in accessing benefits • Housing placement • Medical care • Assistance in accessing other services • Substance abuse and/or mental health treatment 	None	Persons who are homeless in public spaces. Special population, e.g. persons who are homeless and who have mental illness or substance abuse, may be addressed by specialized, disability specific, teams	Outcome: Clients have basic needs met. Indicators: 90% of clients accept one or more basic need assistance services (food, transportation). 50% of clients receive an in-depth needs assessment within 15 encounters. Of those clients receiving assessments, 70% will accept assistance to address other needs within 3 months. 50% of clients improve their housing status within 6 months.



Fiscal Year 2005 Program Models

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Community Hospitality Center (Drop-In Centers)	Low demand, site-based services providing or assisting consumers in accessing the assistance they need.	Provision of or access to the following: <ul style="list-style-type: none"> • Client assessment • Basic services (showers, meals, laundry, hygiene products, phone, food pantry) • Transportation • Crisis intervention • Safe day space • Referrals to other services (i.e. employment, education, mental health, child care, etc) • Assistance in obtaining clothing and household items • Assistance in accessing benefits • Emergency hotel vouchers (except for minor-aged youth) • Safety assessment particularly for youth and domestic violence victims • Provision of or formalized partnership to housing referrals and placement services 	None	All consumers. Focus on consumers who are not housed or tenuously housed.	Outcome: Clients are safe and have basic needs met. Indicators: 90% of clients accept one or more initially unmet needed services within 1 month (food, transportation, etc.). 50% of clients receive an in-depth needs assessment within 5 encounters. Of those clients receiving assessments, 80% will accept assistance to address other needs within 6 months. 50% of clients improve their housing status within 6 months.
Triage Housing for Youth	Low demand, site-based, short-term, protective housing designed to remove youth from imminent danger of being on the street.	<ul style="list-style-type: none"> • Brief needs assessment • 24-hour basic services (showers, beds, meals, laundry, hygiene products) • Safe night space • Safe environment • Assist in referral to other housing and services resources or family reunification • Facility license by DCFS (When serving youth under 18 years of age) 	Maximum of 35 consecutive days 60 days maximum in one year	Youth, ages 13-21	Outcome: Youth are safe and have their basic needs met. 80% of youth accept one or more basic need assistance services (food, transportation etc.). 80% of youth receive a referral and are linked to appropriate programs and/or services. 50% of youth secure long-term housing (may include family and/or community reunification).



Fiscal Year 2005 Program Models

Interim Housing					
Program of stabilization and assessment, focusing on re-housing all persons, regardless of disability or background as quickly as possible in appropriate permanent housing.					
Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Interim Housing	Short-term housing program that rapidly re-houses persons who are homeless into appropriate permanent housing.	<ul style="list-style-type: none"> • Housing assessment • Provision of or formalized partnership to housing referrals and placement services • Linkage to community supports and/or wraparound system of services • Access to crisis intervention • Safety assessment particularly for youth • Public benefits screening and acquisition • Provision of or linkage to psychosocial assessment • Provision of or linkage to physical health assessment • Provision of or linkage to child focused assessment • Assistance in accessing housing relocation resources/supports (security deposits, utilities) • 24-hour basic services (showers, beds, meals, laundry, hygiene products) • Free of charge (no fees or rent) <p>In addition, for programs serving youth under 18 years of age:</p> <ul style="list-style-type: none"> • Facility license by DCFS <p>In addition, for interim housing specialized for domestic violence:</p> <ul style="list-style-type: none"> • Access to crisis intervention • Crisis and domestic violence counseling • Safety planning and assessment • Safe, undisclosed location for both services and housing • Legal advocacy for Orders of Protection 	120-day goal.	All consumers.	<p>Outcome: Clients are placed in permanent housing.</p> <p>Indicator: 50% of adult clients are placed in permanent housing. 70% of clients remain housed at the six-month follow-up.</p> <p>75% of youth are placed in permanent housing (includes family and/or community reunification, long-term housing, and residential programs).</p> <p>Outcome: Clients are connected to needed services and/or resources.</p> <p>Indicators: 85% of clients are assessed for benefits eligibility. 65% of youth are enrolled in benefits programs.</p> <p>Outcome: Clients are assisted to safety from domestic violence.</p> <p>Indicators: 80% of clients learn safety planning 80% of clients learn about the cycle of violence</p>



Fiscal Year 2005 Program Models

Permanent Housing

Housing where individuals may remain with no program imposed time limits. Housing may include various combinations of subsidy resources and services.

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Project-Based, Age Appropriate Stable Housing for Youth	Shared living or clustered apartments with on-site supportive services.	<p>The following services or characteristics should be located on-site, as part of the program:</p> <ul style="list-style-type: none"> • Age-appropriate intake assessment, including child focused assessment for resident's children (if appropriate) • Age-appropriate individualized service plan • Mental health crisis intervention • Substance abuse services • Education and vocational assistance • Independent living skills training • On-site, 24 hour supervision and Facility license by appropriate DCFS (when serving youth under 18 years of age) <p>The provision of site-based intensive community-based case management services which are required to include the provision of, directly or through linkage agreements:</p> <ul style="list-style-type: none"> • Intensive parenting training (if appropriate) • Primary health care • Substance abuse services 	Through 21 years of age	Youth ages 16-21	<p>Outcome: Youth remain in stable housing.</p> <p>Indicator: 50% of clients remain appropriately housed for at least 12 months.</p> <p>50% will demonstrate increased income levels.</p> <p>75% will demonstrate increase independent living skill levels.</p>
Permanent Housing with Short-Term Support (PHwSS) Rolling Stock Permanent Housing	Housing and service model that provides a short-term housing subsidy (up to 2 years) with wrap-around supportive services. Units may be scattered-site or project-based. At end of program subsidy term, client assumes lease. Housing subsidy transitions to new client.	<ul style="list-style-type: none"> • Client assessment of housing and services needs • Provision of rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services scaling down over time as household becomes more independent. • Provision of or linkage to child focused assessment • Housing placement • Assistance in accessing housing relocation resources/supports (security deposits, utilities) 	Up to 2 years of housing subsidy and intensive case management. 6 months of follow-up services provided. No time limit on housing unit.	All consumers. Persons who are able to live independently in scattered-site or project-based apartment models with supportive services.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 75% of clients assume the apartment lease (or maintain other independent, stable housing) within 2 years.</p> <p>75% of clients increase their incomes (through entitlements or employment) within 2 years.</p>
Permanent Housing with Long Term Support	Housing and services model that provides a long-term housing subsidy with wrap-around supportive services. Units may be scattered site or project based.	<ul style="list-style-type: none"> • Client assessment of housing and services • Provision of rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services scaling down over time as household becomes more independent. • Benefits acquisition • Assistance in accessing housing relocation resources/supports (security deposits, utilities, etc) • Provision of or linkage to child focused assessment • 24-hour on call services/on-site supervision if appropriate 	No time limit on housing unit.	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 85% of clients remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>30% of clients increase their incomes (through entitlements or employment) within the first year.</p>



Fiscal Year 2005 Program Models

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Project-Based Permanent Supportive Housing	Permanent apartments with on-site supportive services for persons who are formerly homeless and have a disability.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Client assessment of housing and services • Permanent housing property management • Case management offered on-site • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) • Benefits acquisition (follow-up on assistance initiated in interim housing) • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Provision of or linkage to child focused assessment • 24-hour on call services or on-site supervision if appropriate • Community-building activities 	No time limits	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicator: 85% of clients will remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of those with serious mental illness and/or substance users will avoid inpatient treatment.</p> <p>75% of clients will avoid incarceration annually.</p>
Scattered-Site Permanent Supportive Housing	Permanent apartments dispersed within the community for people who are formerly homeless and have a disability. Provision of supportive services is on-site or in easily accessible community locations.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Case management offered on-site at housing unit or at community-based location (must be available at housing unit if clinically indicated/as needed) • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) • Benefits acquisition (follow-up on assistance initiated in interim housing) • Direct provision of or linkage to range of needed services including medical care, mental health care, substance abuse treatment, employment training/placement, legal assistance, parenting support, etc. • Provision of or linkage to child focused assessment • 24-hour on call services or on-site supervision if appropriate • Community-building activities 	No time limits	All consumers. Eligibility may be determined by subsidy provided.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicator: 85% of clients will remain permanently housed for 12 months. 65% of clients will remain permanently housed for 24 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of those with serious mental illness and/or substance users will avoid inpatient treatment.</p> <p>75% of clients will avoid incarceration annually.</p>



Fiscal Year 2005 Program Models

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
HOPWA Long-Term Rental Assistance	Housing and services model that provides a long-term housing subsidy with wrap-around supportive services to persons living with HIV/AIDS.	<ul style="list-style-type: none"> • Client assessment of housing and services needs • Provision of permanent rent subsidies • Provision of or linkage to agency-based Permanent housing property management • Provision of or linkage to intensive community-based case management services • Provision of or linkage to child focused assessment • Housing placement • Assistance in accessing housing relocation resources/supports (security deposits, utilities) 	No time limit.	Persons living with HIV/AIDS.	<p>Outcome: Clients remain in permanent housing.</p> <p>Indicator: 85% of clients remain permanently housed for 12 months. 65% of clients remain permanently housed for 24 months.</p>
Harm Reduction Permanent Housing	Voluntary supportive living environment based on the principles of consumer choice. Recognizes that consumers can be at different stages of recovery, and that the choices they make will not adversely affect their housing status or treatment options.	<ul style="list-style-type: none"> • No requirement for sobriety or substance treatment. • Provision of permanent rent subsidies • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Public benefits screening and acquisition • Service enriched environment with case management and clinical services offered on site • 24 hour on-site supervision 	No time limit	Consumers with chronic substance abuse or dual diagnosis	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators: 85% of clients will remain permanently housed for 12 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of clients will avoid inpatient treatment. 75% of clients will avoid incarceration annually.</p>
Abstinence-Based Permanent Housing	Housing that provides a structured, sober environment for individuals recovering from addiction to alcohol and/or other drugs. These programs emphasize recovery and treatment within a structured, therapeutic setting. Residents are encouraged to integrate with the community and to access community resources, including self-help groups and employment.	<ul style="list-style-type: none"> • Sobriety requirement • Provision of permanent rent subsidies • DASA licensed as appropriate or as required • Client assessment of housing and services • Provision of or linkage to agency-based Permanent housing property management • Public benefits screening and acquisition • Service enriched environment with case management and clinical services offered on site • Linkage to treatment centers, both residential and outpatient • Medical, psychological assessment and referrals to services • Linkage to community supports and/or wrap-around system of services 	No time limit	Consumers in substance abuse recovery. May be enrolled in residential or outpatient treatment.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators: 85% of clients will remain permanently housed for 12 months.</p> <p>85% of those without a reliable source of income at program entry will increase their income within the first year through acquisition of benefits, employment, or a combination of both.</p> <p>70% of clients will avoid inpatient treatment. 75% of clients will avoid incarceration annually.</p>



Fiscal Year 2005 Program Models

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Safe Haven	Safe Havens are open stay, no demand, and service enriched housing programs for persons with serious mental illness or dual disorders (MI/SA), who are hard to engage in services. Designated to be safe, non-intrusive, living environments in which skilled staff works gradually over time to engage persons in housing and needed services. No requirement for clients to participate in services.	<ul style="list-style-type: none"> • Provision of permanent rent subsidies • Engagement/relationship building • Crisis intervention • Provision of basic needs services • 24 hour care availability • Client assessment of housing and service needs • Benefits screening and acquisition • Maintenance and management of income and benefits • Linkage to mental health and substance abuse treatment and other services desired by client • Housing placement if desired by client • Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc) 	No time limits	Hard to engage persons with serious mental illness or dual disorders (MI/SA) who are not currently engaged in housing or systems of care.	<p>Outcome: Clients will remain in permanent housing.</p> <p>Indicators:</p> <p>100% of clients will have their basic needs for shelter, food, and safety met.</p> <p>95% of clients without reliable sources of income at entry will increase their income through acquisition of benefits or employment.</p> <p>90% of all participants will avoid incarceration.</p> <p>80% of clients access permanent housing at program departure.</p> <p>80% of clients will be successfully engaged in mental health and/or substance abuse treatment and other services desired by client</p>
<p>Wraparound System of Services</p> <p>Continuum of supports focusing on community integration, housing retention, and housing stability. Services are individualized and community driven, based on the identified needs of the consumers.</p>					
Community-Based Case Management (CB-CM)	CB-CM provides ongoing support to households to stabilize and maintain their living situation as they move to permanent housing. CB-CM links households to services and supports (e.g. employment, healthcare, childcare, and MH or SA treatment) as needed. Programs can be specialized to focus on particular populations.	Provision of or access to the following: <ul style="list-style-type: none"> • Assessment for mental health, safety, substance use, medical care, employment • Child focused assessment • Intensive case management scaled down as household becomes more independent • Housing placement • Referrals to mainstream resources 	Up to 30 months of intensive case management. Can be extended based on individual need and availability of mainstream resources.	All consumers.	<p>Outcome: Program participants access and retain housing and access mainstream services.</p> <p>Indicator: 70% of clients improve their functioning, as measured by a functional status instrument.</p> <p>50% of clients increase their incomes within one year.</p>



Fiscal Year 2005 Program Models

Program Type	Program Description	Essential Program Elements	Time Limits	Population	Fiscal Year 2005 Outcomes
Clinical Services	<p>Programs designed to address a consumer's clinical needs not immediately addressed by existing community supports.</p> <p>Programs can be specialized to focus on particular populations.</p>	<ul style="list-style-type: none"> Assessment for mental health, safety, substance use, medical care Provision of clinical services addressing client need Linkage to housing if needed by client Linkage to community-based case management system 	Up to 3 months intensive clinical services or until community supports can be accessed.	All consumers.	<p>Outcome: Clients receive individualized services based on their specific needs that will result in improved level of functioning and retention in the community.</p> <p>Indicator: 70% of clients improve functioning, as measured by a functional status instrument.</p> <p>70% of clients will successfully access community supports within 3 months.</p>
Specialized Services	<p>Program designed to address a consumer's specific barrier not immediately addressed by existing community supports. Programs can be specialized to focus on particular populations. Programs may include specialized employment and employment training services, therapeutic communities, clubhouse models, peer mentoring supports or other services and supports needed to promote ongoing stability.</p>	<ul style="list-style-type: none"> Provision of services addressing a consumer's specific need Client assessment of housing and services Linkage to housing if needed by client Linkage to community-based case management system 	Up to 6 months of specialized services or until other community supports can be accessed.	All consumers.	<p>Outcome: Clients receive individualized services based on their specific needs that will result in improved level of functioning and retention in the community.</p> <p>Indicator: 70% of clients improve their functioning, as measured by a functional status instrument.</p> <p>70% of clients will successfully access community supports within 6 months.</p>
Housing Services	<p>Services, provided by a housing specialist, designed to assist consumers in locating and obtaining appropriate affordable housing units throughout the community.</p>	<ul style="list-style-type: none"> Housing placement services Formal linkage to program for services Provision of or access to housing relocation resources including security deposits, utilities, and furnishings 	Not Applicable	All consumers	<p>Outcome: Clients are placed into permanent housing</p> <p>Indicator: 85% of clients receiving housing placement services receive a permanent housing placement.</p>
24-Hour Mobile Crisis Intervention	<p>On-call mobile team that provides crisis assessment and intervention disposition. Services are available in conjunction with any of the program models.</p>	<ul style="list-style-type: none"> Crisis assessment including mental health and substance abuse Access to alternative housing and/or hospital resources as needed 	Not Applicable	All consumers	<p>Outcome: Clients receiving services are stabilized.</p> <p>Indicator: 90% of clients experiencing crisis will be stabilized.</p>

**Fiscal Year 2005 Program Models****System Resource Components**

System-wide resources necessary to facilitate a cohesive homeless system.

Components work in tandem with program models to provide comprehensive services that assist consumers in accessing the homeless service system.

Affordable Housing	Housing where the occupant is paying no more than thirty percent (30%) of gross income for gross housing costs, including utility costs.
Chicago 311 Information and Referral	City of Chicago information and services hotline. Citizens can dial 311 from any phone and request various City services including shelter. Citizens can also obtain general information about services and events in and around Chicago. Citizens are also linked the Prevention Helpline, Domestic Violence Helpline, and Housing Resource Database as appropriate.
Discharge Planning	Coordinated agreements and planning with mainstream agencies to avoid discharge into homelessness. Includes system advocacy, coordination, and cooperation of mainstream agencies.
Domestic Violence Helpline	Operated by the Chicago Metropolitan Battered Women's Network, this city-wide referral helpline is a toll-free phone number exclusively devoted to domestic violence calls. The Helpline operates 24 hours a day, seven days a week, and is staffed by certified domestic violence trained counselors. The helpline accepts inquiries from police officers, hospitals, prosecutors and victims of domestic violence.
Homeless Management Information System (HMIS)	Computerized data collection system for Chicago designed to capture client-level information on characteristics and service needs of households experiencing homelessness.
Homeless Prevention Helpline	Single access point to Continuum of Care services whose mission is to prevent and end homelessness. Based on needs assessment, households receive appropriate information and referral and/or linkage to prevention resources. This may include one-time financial assistance, rent support, or legal services.
Housing Resources Database	Housing clearinghouse designed to improve access to available permanent, affordable housing units region-wide. Provides real-time, internet accessible information to homeless service providers.
Mainstream Resources	Services made available to the general population. Includes a wide array of resources such as mental health services, substance abuse treatment and counseling, income supports, health care, education resources, job training, public transportation, and childcare. Churches, community groups, schools, community centers, and city and state government may provide resources.
RealBenefits	RealBenefits helps enroll clients in publicly-sponsored programs including health care, nutrition, child care, utilities, and other vital services. RealBenefits is accessibly thorough a single Internet website, www.realbenefits.org . Continuum of Care providers can access training and technical assistance related to RealBenefits.
Training and Technical Assistance	Range of training and technical assistance available to Continuum of Care members on topic such as conversion, Housing First, program development, and capacity-building. Sponsored through the Continuum of Care office, and provided by various community experts including CESO, CSH, and private consultants.
Transportation to housing and interim housing	Provides transportation to interim housing within a reasonable timeframe. Services are linked through 311.

“GETTING HOUSED, STAYING HOUSED”

**A BLUEPRINT TO IMPLEMENT
CHICAGO’S COLLABORATIVE PLAN TO END HOMELESSNESS**

INTRODUCTION

Over the last several months, the Conversion Task Group (CTG) has undertaken a major effort to:

1. Develop the Program Models to be supported under the Plan. The Program Models provide guidelines that will standardize program descriptions, outcomes and other details necessary to facilitate transforming the current system into one that will support ending homelessness;
2. Develop general conversion principles and strategies;
3. Examine the current homeless service delivery system;
4. Adopt assumptions about the number and profile of the homeless we serve - based on two key sources of information: a) the Regional RoundTable's Research on homelessness in Chicago; and b) CDHS FY'02 Annual Report which contains data reported by 20 Overnight/Emergency Shelters, 35 Transitional Shelters, 20 Second Stage Shelters, 49 Supportive Service Programs and all the Shelter Plus Care programs;
5. Project the number and types of housing units needed when the Plan is fully implemented; and
6. Make the first set of conversion recommendations for the 2004 SuperNOFA application process.

It is important to recognize that the Conversion Blue Print and Program Models are "living" documents that are meant to be revised and updated as more data become available through the Homeless Management Information System (HMIS) and through lessons learned from executing the Plan.

The CTG believes this report represents the best data and thinking currently available to the Continuum. The work reflected here is the result of many hours of collaborative work among seasoned providers from both the private and public sectors. It provides us with a platform to make change within our system and to make the case for the resources we need to make the Plan a reality.

EXECUTIVE SUMMARY

The proposed conversion strategies are built on the following key guiding principles of the Chicago Plan to End Homelessness:

1. Increase prevention activities;
2. Reduce the use of shelters through consolidating three types of shelters (i.e. emergency/overnight, transitional and second stage) into Interim Housing where “Housing First” approach will be used to rapidly re-house homeless individuals and families;
3. Increase permanent housing resources through housing subsidies and new construction;
4. Place those who are chronically homeless in permanent supportive housing.

I. Methodology

In order to develop conversion strategies, data on the current system are paired with projections of future needs and assumptions about service strategies are made. The steps for system projection & conversion assumptions included:

1. Calculated the point-in-time estimated # of people currently sheltered by the homeless system based on Shelter Inventory (Appendix A, Table 1)
2. Calculated the estimates of sub-populations (i.e. homeless households w/ disabilities, long-term/chronic homeless households, youth) served by the current homeless system annually based on RRT and providers’ service reports to CDHS collected for FY’02 Annual Report (Appendix A, Table 1A)
3. Determined the level of turnover (new households presenting for services each year) at a point-in-time as well as annually by subtracting the long-term homeless (RRT %) from the # of people currently sheltered to estimate the # of beds that typically shelter the short-term homeless, and dividing the number of households that experience short-term homelessness by the number of units that house them (Appendix A, Table 2)
4. Developed assumptions about the best service strategies to prevent and rehouse persons who present for services each month based on experience of providers participating in the CTG as well as findings from on RRT and providers’ service reports to CDHS collected for FY’02 Annual Report (Appendix A, Table 3)
5. Developed assumptions about the best service strategies for the people who are currently sheltered by the homeless system (Appendix A, Table 4)
6. Based on the projected length of stay/support, calculated the # of units that would be needed to meet the monthly demand when the permanent housing needs of the homeless households are met and the system is fully converted. (Appendix A, Table 5)

II. Conclusion on System Projections

Based on the methodology used, the CTG has arrived at the following projections of the types of programs and units the Chicago Continuum of Care will need when the system is converted:

SYSTEM PROJECTIONS

Program Types	Point-in-Time Resources Needed		
	Units for Individuals	Units for Families	Total Units
One-time Prevention Grants (per month)	22	5	27
6 mo Prevention Assistance	242	89	331
Interim Housing	1,392	450	1,842
Perm. Housing w Short-term Support	633	405	1,037
Safe Haven	21	0	21
Triage Housing for Youth	24	0	24
Interim Housing for Youth	47	0	47
Perm. Housing for Youth	106	0	106
<hr/>			
PSH (current system need)	2,349	252	2,601
PSH (annual need)	341	66	407

Note: Need to verify Youth bed conversion picture, based on further discussions with the Youth TG.

The “ideal Getting Housed, Staying Housed system” assumes that the Continuum will have:

- created significant units of permanent supportive housing to end homelessness for those who currently experience chronic homelessness;
- developed more extensive and appropriate prevention support;
- shifted the focus of the homeless system from shelter to permanent housing, as evidenced by fewer “shelter/interim housing” units and increased permanent housing support via both PHwSS and wrap-around services to help formerly homeless households maintain housing stability; and
- reduced Safe Haven units over time based on the expectation that the rate of persons with disabilities staying on the street will be substantially lower in the future once those who are currently on the street are engaged and placed in appropriate permanent supportive housing.

III. Implications for System Conversion

Based on the system projections and assessment of the current inventory, the following tables illustrate how the system will need to change over time in order to achieve the long-term system model.

Singles			
Program Type (Pt-in-time Unit Count)	Current System (Units)	"GH, SH' System Need (Units)	Conv Variance (Units)
One-time Prev (\$/Mo)			
6-mo Prev "Units"			
Overnight Shelter	1,523		-1,523
Emergency Response Centers			0
Transitional Shelter	323		-323
Interim Housing	181	1,392	1,211
Second Stage	874		-874
PHwSS		633	633
Safe Havens	68	21	-47
Youth – Triage Housing		24	
Youth – Interim Housing	124	47	53
Youth – Perm Housing		106	
TOTAL	3,093	2,222	-995

PSH (current system need) ^{(4) (5)}	2,953	5,302	2,349
PSH (annual need)		341	

Families			
Program Types (Pt-in-time Unit Count)	Current System (Units)	"GH, SH' System Need (Units)	Conv Variance (Units)
One-time Prev (\$/Mo)			
6-mo Prev "Units"			
Overnight Shelter			0
Emergency Response Centers	318		-318
Transitional Shelter	274		-274
Interim Housing	117	450	333
Second Stage	295		-295
PHwSS	39	405	365
TOTAL	1,044	854	-189

PSH (current system need)	494	746	252
PSH (annual need)		66	

IV. Conversion Principles and Strategies

The CTG recommends that the following principles be used to guide the conversion process:

1. The conversion process should be gradual to avoid any disruption of services that may cause harm to the service delivery system and loss of services to the homeless households.
2. The Overnight and Emergency Shelters should be kept in place as the safety net until there are adequate permanent housing units, or subsidies, to support the transition from shelters to housing.
3. Resources should be allocated to prevention programs for the 15% that can be diverted from using the shelters.
4. Resources must be prioritized to develop the number of permanent housing units needed, either through construction/rehab of new units or subsidies to be used in the private rental market. Traditional and creative financing to support permanent housing (development, subsidies, and services) must be fully identified including, but not limited to, the following homeless-specific and mainstream resources:
 - Shelter Plus Care
 - SRO
 - HOPWA
 - VA
 - Medicaid
 - SAMHSA
 - Low Income Housing Trust Fund
 - HOME
 - Tax Credits
 - Section 8 Vouchers
 - Public housing
 - HHS Runaway Youth and other youth programs

Also, the Continuum must explore ways to commit subsidies for new development in advance, such that subsidy grants do not need to be secured until they are needed to assist clients.

5. The development of Interim Housing will be synchronized with the conversion of Transitional Shelters (120 day programs) and Transitional Housing (Second Stage/2 year programs).
6. A key priority will be placed in converting Transitional Housing (Second Stage/2 year programs) to Permanent Housing with Short-term support (PHwSS) or Permanent Supportive Housing (PSH)

V. Where We Are with The Conversion Process

Steps have been taken over the last two SuperNOFA funding cycles to begin the conversion process. Additionally, Chicago has been successful in obtaining new funding which will make new units available to the system.

Program Type	Singles							Short-term Units Needed to house those currently in the Shelter System
	Current System (Units)	"GH,SH' System Need (Units)	Conv Variance (Units)	FY04 (2002 CofC App) Impact	FY05 (2003 CofC App) Impact	Other New Housing Funds (FY04)	Rem. Conv Variance	
One-time Prev (\$/Mo)								
6-mo Prev "Units"								
Overnight Shelter	1,523		-1,523				-1,523	
Emergency Response Centers			0				0	
Transitional Shelter	323		-323				-323	
Interim Housing	181	1,392	1,211	60			1,151	
Second Stage	874		-874				-874	
PHwSS		633	633	20	68		545	652 ⁽¹⁾
Safe Havens	68	21	-47		15		-62	169 ⁽²⁾
Youth – Triage Housing		24					-13	
Youth – Interim Housing	124	47	53	36				
Youth - Perm Housing		106		8	22			63 ⁽³⁾
TOTAL	3,093	2,222	-995	124	105		-1224	884
PSH (current system need) ⁽⁴⁾ ⁽⁵⁾	3,447	5,302	2,349	148	75	253 ⁽⁶⁾	1,873	
PSH (annual need)		341						
PSH (Capital for future hsng)				40	60			

Considerations:

- (1) One approach to meet immediate need is to select agencies to develop/sustain 633 units, but add subsidy capacity to those agencies to address peak FY05 needs.
- (2) 169 SH are needed for a 6-mo period to house those who are currently living on the street who are successfully engaged. Since developing such a high number of units for a short period of time is not very practical nor is it likely that the entire group can be engaged immediately, perhaps use of SH for this population should be reconsidered or we could reconsider the timeframe during which these individuals are engaged. If the # of SH remains level and the average period of engagement is 6mo, then the current street population would be engaged in roughly two years.
- (3) Youth need for Triage Housing may be underestimated, since neither the inventory nor the projected demand includes the system currently supported by HHS, independent of the homeless system. The Conv TG needs to work with the Youth TG to finalize this information.
- (4) Conservative need for PSH assumes that there is only a 5% turnover rate among available PSH units. However, providers have reported that turnover rate for PSH for singles is as high as 20%.
- (5) Permanent Supportive Housing units currently in the system includes all units – not just those targeted for homeless individuals and families, but units for all low-income persons.
- (6) 59 new S+C are being developed by the CH NOFA award. 194 HOPWA rental subsidies are being developed for people living with HIV/AIDS.

Conversion Blue Print
Revised Report from the Conversion Task Group
Updated February 2, 2004

Program Types (Pt-in-time Unit Count)	Families						Short-term Units Needed to house those currently in the Shelter System
	Current System (Units)	"GH, SH' System Need (Units)	Conv Variance (Units)	FY04 (2002 CofC App) Impact	FY05 (2003 CofC App) Impact	Remaining Conv Variance	
One-time Prev (\$/Mo)							
6-mo Prev "Units"							
Overnight Shelter			0			0	
Emergency Response Centers	318		-318			-318	
Transitional Shelter	274		-274			-274	
Interim Housing	117	450	333			333	
Second Stage	295		-295			-295	
PHwSS	39	405	365		283	82	545
TOTAL	1,044	854	-189	0	283	-472	545
PSH (current system need)	494	746	252	13		239	
PSH (annual need)		66					
PSH (Capital for future hsng)							

V. Recommendations for 2004 SuperNOFA Conversion Consideration

Because of the steps taken in the 2002 and 2003 SuperNOFA applications, as well as the result of the success in obtaining additional resources under the Federal Joint Initiative on Chronic Homeless and HOPWA funds, changes can be made in the 2004 SuperNOFA application without negative impact on homeless households having a place to stay:

	Current System	Under Development	# that can be converted without adversely affecting the current level of shelter
Units for Individuals	3,093	511 (705 inc. HOWPA units)	511 – 705
Units for Families	1,044	296	296
TOTAL Units	4,137	807 - 1001	807 – 1001

The CTG prepared five recommendations based on the numbers and assumptions included in this blueprint. These recommendations were presented to the Governing Board on January 12, 2004. The recommendations were modified and approved by the Governing Board.

The approved resolutions include:

1. The homeless service delivery system, especially programs funded by HUD and CDHS, must be transformed as one system. Understanding that the Continuum of Care’s 10 year plan to end homelessness requires transitions in program structure, service delivery and funding sources, these transitions must be coordinated between CDHS and the SuperNOFA process to ensure that the continuum of services and housing initiatives are funded to the greatest extent as possible.
2. HUD money that currently funds supportive services will need to be gradually shifted over to other funding sources (including new resources) to make the Plan work and to make Chicago’s HUD application more competitive (HUD requires 50% or less of HUD funds allocated to supportive services – in past years our application has been penalized because we allocate more than 50% of Chicago’s HUD dollars to supportive services). For 2004 SuperNOFA application, 10% of the total supportive services line item from renewal budgets will be shifted to fund permanent housing. The Implementation and APR committees will be responsible for developing options to implement this shift of funds.
3. The Chicago Continuum of Care, members, and staff will develop and begin to implement a plan to secure funding from other public and private resources for supportive services by September 1, 2004. Furthermore, the Chicago Continuum of Care, members, and staff will support collaborative efforts and advocate for increased funding from other public and private resources for supportive services.
4. Thirty-five (35%) of the second stage units (aka Transitional Housing) funded by HUD will be converted to permanent housing, either as Permanent Supportive Housing (PSH) or Permanent Housing with Short-term Support (PHwSS). Conversion means making available new permanent housing units through competitive applications between existing and new programs.

5. SuperNOFA funds will be organized by program category, as indicated below, and applications will be ranked within each category.
 - a. Engagement Services
 - b. Interim Housing
 - c. Second Stage Shelter
 - d. Permanent Housing with Short-term Support (TH)
 - e. Permanent Supportive Housing
 - f. Safe Haven
 - g. Youth
 - h. Services Only (SSO)

APPENDIX A

DETAILS ON METHODOLOGY USED TO PROJECT SYSTEM CONVERSION

CURRENT DOCUMENTED HOMELESS POPULATIONS, NUMBER OF SHELTER BEDS AVAILABLE IN THE SYSTEM AND THE PATTERN OF SHELTER USAGE

Table 1: Point-in-time Estimates

Shelter Type	# Beds Singles	Av. Occ Rate	Total Singles (persons)	# Beds Families	Av. Occ Rate	Total Persons in Families
Overnight Shelter	1,523	0.93	1,416			
Emergency Response Centers				1,050	0.99	1,040
Interim Housing[1]	181	0.99	179	386	0.99	382
Transitional Shelter	397	0.88	349	903	0.88	795
Second Stage	924	0.95	878	1014	0.95	963
Safe Havens	68	0.95	65			
Point-in-Time Estimates	3,093		2,887	3,353		3,180

[\[1\] The average occupancy rate for Emergency Response Centers is used since there is not FY occupancy data for Interim Housing yet.](#)

Point-in-time estimates are based on the Shelter Inventory as of August 26, 2003.

	Indiv Households	Family Households
Average # Persons/Family	1.0	3.3

Based on findings from the Regional Roundtable Study and CDHS FY'02 Annual Report, the following assumptions have been adopted by the Conversion Task Group:

Table 1A: Estimates of Subpopulations

	Total Hslds (%)	Total Hslds (#)	Indiv (% Hslds)	Indiv (# Hslds)	Families (% Hslds)	Families (# Hslds)
Estimate of pt-in-time hslds		3,850		2,887		964
RRT Pt-in-time % with Disabilities	48%	1,848				
% of Disabled HOHs that are Indiv vs Family HOHs			90%	1,663	10%	185
Estimate of long-term homeless	71%	2,734				
% of Long-term Hmls HOHs that are Indiv vs Family HOHs			90%	2,460	10%	273
Long-term hslds who remain homeless throughout the year	95%	2,597				
% of Hmls HOHs throughout year that are Indiv vs Family HOHs			90%	2,337	10%	260
Persons aged 14-21 (pt-in-time)	3%					

Table 2: Estimated Monthly System Turnover

	Total Units (#)	Indiv Units	Family Units	Youth Units
A/ Pt-in-time System	3,985	2,969	1,016	124
a) Estimate of # units used by long-term homeless hsls	2,734	2,460	273	
b) Estimate of # units used by short-term hmls	1,251	509	743	124

	Total Hslds (#)	Indiv (# Hslds)	Families (# Hslds)	Youth (# Hslds)
B/ Annual # Hslds Served	9,429	7,299	1,847	283
a) Estimate of long-term hslds that remain hmls throughout the year	2,597	2,337	260	
b) Estimate of # short-term homeless served in system each yr	6,832	4,962	1,587	283
c) Estimate of # short-term hslds that present ea month	569	413	132	24

The CTG also deliberated on findings of the RRT HNAP and the pattern of shelter usage currently seen in the system and adopted the following assumptions about the needs of the homeless households:

Table 3: Service Assumptions for New Homeless Households Presenting for Services each Month

Service Strategies	Individuals			Families			Youth		
	Of those becoming hmles ea mo	Detail Estimates	Of those becoming hmles ea mo	Of those becoming hmles ea mo	Detail Estimates	Of those becoming hmles ea mo	Of those becoming hmles ea mo	Detail Estimates	Of those becoming hmles ea mo
Hmles can be prevented w One-time \$	15%	35%	5%	15%	25%	4%	0%		0%
Hmles can be prevented w 6mo Subsidy		65%	10%		75%	11%			0%
% who only need Triage Hsng for Youth (THFY)			0%			0%		50%	50%
% who need Interim Hsng for Youth (IHFY), through THFY	0%		0%	0%		0%	100%	25%	25%
% who need Proj Stable Hsng for Youth (PHFY), through THFY and IHFY			0%			0%		25%	25%
% who only need Interim Housing (Note 1)	64%	100%	64%	55%		55%	0%		0%
% who Need PHwSS (av 12 mo)	13%	100%	13%	26%	100%	26%	0%	0%	0%
% who Need PSH, accessed through Safe Havens	9%	10%	1%	4%	0%	0%	0%	0%	0%
% who Need PSH, accessed through IH		90%	8%		100%	4%		0%	0%

Note 1: Represents 75% of overall sheltered pop: 10% will need VA hsng asst; 5% will need HIV/AIDS hsng asst; 30% will access mainstream hsng (market rate, Sect 8, nursing homes, in-patient care,...), and 30% will self-discharge

Note 2: Youth numbers are not included here but will be added in upon submission from the Youth Task Group

	Interim Housing	PH Support	Monthly (undup)						Annually (undup)		
			% of Indiv Population	Individuals (Hslds)	% of Family Population	Families (Hslds)	% of Youth Population	Unaccomp. Youth (Hslds)	Individuals (Hslds)	Families (Hslds)	Unaccomp. Youth
Prevention - One-time Subsidy	0	1	5%	22	4%	5	0%	0	260	60	0
Prevention - 6 mo Subsidy	0	6	10%	40	11%	15	0%	0	484	179	0
Triage Hsng for Youth (only)	15	0	0%	0	0%	0	50%	12	0	0	141
Interim Housing for Youth (through THFY)	120	0	0%	0	0%	0	25%	6	0	0	71
PHFY (through THFY and IHFY)	60	18	0%	0	0%	0	25%	6	0	0	71
Interim Housing (only)	90	0	64%	264	55%	73	0%	0	3,163	877	0
PHwSS (av 12 mo)	60	12	13%	53	26%	34	0%	0	633	405	0
PSH (through IH)	60	60	8%	32	4%	6	0%	0	380	67	0
PSH (through SH)	180	60	1%	4	0%	0	0%	0	42	0	0
TOTAL		7	100%	413	100%	132	100%	24	4,962	1,587	282.87

Table 4: Service Assumptions for People Currently in the System

Individuals	Total Singles (hsls)	% who will leave without needing other assist.	% who need IH	% who need 12 mo PHwSS	% who need PSH	% who need SH	TOTAL
Overnight Shelter	1,595	15%		20%	65%		100%
Emergency Response Centers							
Interim Housing							
Transitional Shelter	349	20%		20%	60%		100%
Second Stage	878	30%		30%	40%		100%
Safe Havens	65				100%		100%
Currently on Street	847		10%		70%	20%	90%
Point-in-time Need	3,733	572	0	652	2255	169	3649

Families	Total Families (hsls)	% who will leave without needing other assist.	% who need IH	% who need 12 mo PHwSS	% who need PSH	% who need SH	TOTAL
Overnight Shelter	0						
Emergency Response Centers	315	20%		50%	30%		100%
Interim Housing	116	20%		50%	30%		100%
Transitional Shelter	241	25%		64%	11%		100%
Second Stage	292	30%		60%	10%		100%
Currently on Street	289				25%		25%
Point-in-time Need	1,253	234	0	545	257	0	2289

Unaccompanied Youth	Total Youth (hsls)	% who will leave without needing other assistance	% who leave for Foster Care system	% who need Triage Hsng	% who need IHFY	% who need PHFY	TOTAL
Overnight Shelter	0						0%
Emergency Response Centers	0						0%
Interim Housing	0						0%
Transitional Shelter	75	50%				50%	100%
Second Stage	50	50%				50%	100%
Currently on Street	38						
Point-in-time Need	163	63	0	0	0	63	288

Service Projections for Persons Currently Homeless	Placement Length (Days)	Length of PH Support (days)	% of those in current system				Total (Hslds)
			Total Pop. (%)	Indiv (%)	Families (%)	Youth (%)	
Triage Housing for Youth (only)	15	0					0
Interim Housing for Youth (through THFY)	120	0					0
PHFY (through THFY and IHFY)	60	549				38%	63
Interim Housing (only)	90	0					0
PHwSS (av 12 Mo)	60	365		17%	43%		1,197
PSH (directly from current hsng)	60	1,825		60%	21%		2,512
PSH (through SH)	180	1,825		5%			169
TOTAL							3,941

TYPES OF SHELTERS/HOUSING NEEDED WHEN THE IDEAL NEW SYSTEM OPERATES

Based on the assumptions presented the previous pages, the CTG estimates that the implementing the Plan to End Homelessness in Chicago will mean that the new service delivery system will have the following types of housing units available when the conversion and implementation is completed in ten years

Table 5: System Projections

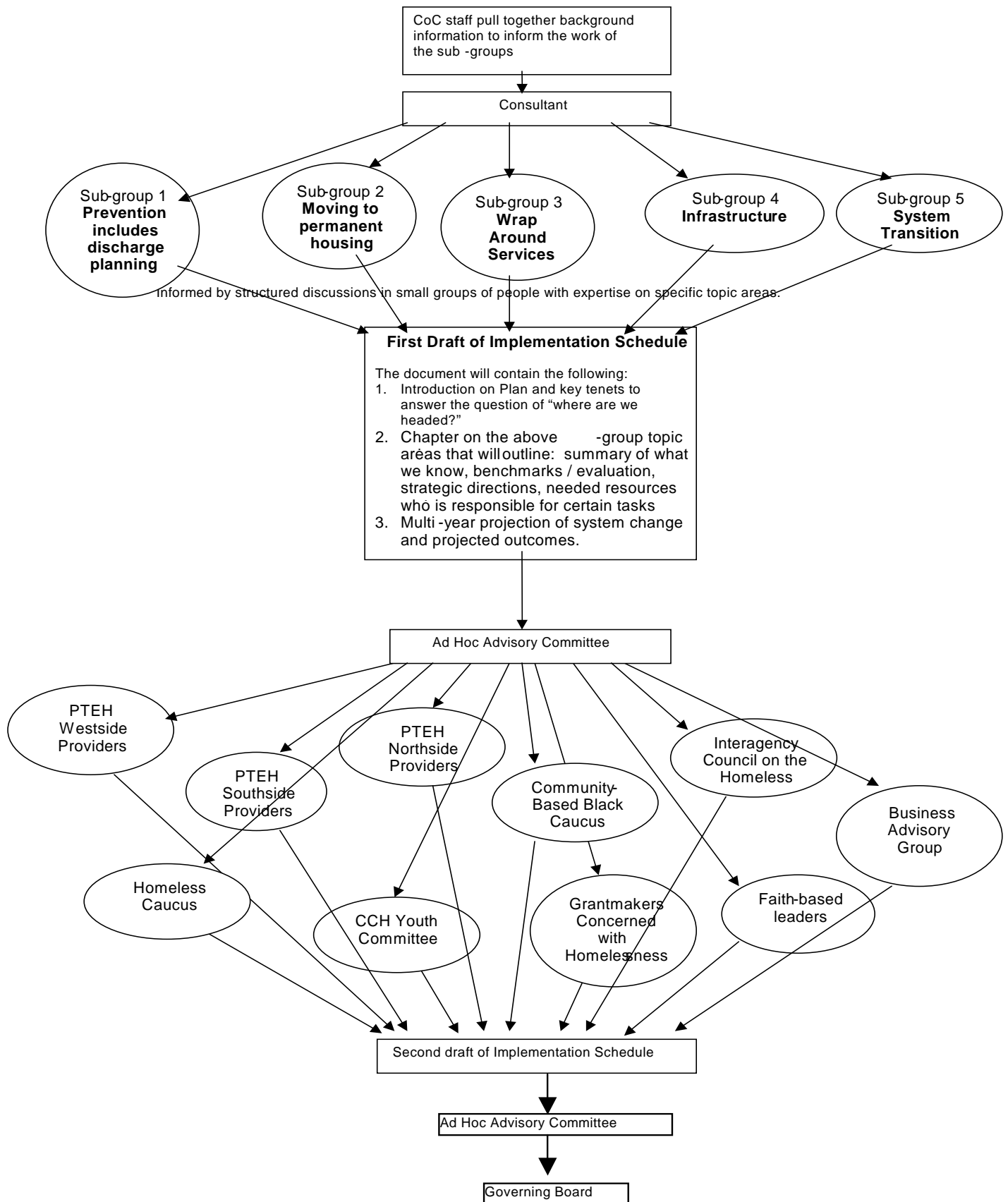
Program Types	Units for Individuals	Units for Families	Total Units
One-time Prevention	22	5	27
6 mo Prevention	242	89	331
Interim Housing	1,392	450	1,842
PHwSS	633	405	1,037
Safe Haven	21	0	21
Triage Housing for Youth	24	0	24
Interim Housing for Youth	47	0	47
Perm. Housing for Youth	106	0	106

PSH (current system need)	2,349	252	2,601
PSH (annual need)	341	66	407

Note: Need to verify and add in Youth bed conversion picture.
 (Current: 124 youth beds; future: 177)

Appendix D: Implementation Schedule Participants

Proposed Planning Process to Develop Implementation Schedule



Implementation Schedule Participants

Ad Hoc Committee

An ad hoc committee of ten members was formed to review and finalize the various drafts of the Implementation Schedule. Working in conjunction with the staff, the 10 member group was comprised of one member from each of the expert groups, 2 at large members, and the Governing Board co-chairs. The group met at least 6 times to review drafts, incorporate comments, and finalize the document for the Governing Board. The Continuum of Care staff (Gabe Bodzin and Liz Drapa) participated in and provided support for all ad-hoc committee meetings.

Ad Hoc Committee Members

	Name	Organization
1	Joan Schwingen	Heartland Human Care Services (Prevention Expert Group)
2	Melanie Anewishki	Featherfist (Moving to Permanent Housing Expert Group)
3	Chris Persons	Inspiration Corporation (Wraparound Services Expert Group)
4	Sue Augustus	Corporation for Supportive Housing (Infrastructure Expert Group)
5	John Hobbs	Interfaith Council for the Homeless (Systems Transition Expert Group)
6	Nancy Radner	Partnership to End Homelessness (At-Large Member)
7	Fred Friedman	Next Steps (At-Large Member, Consumer Representative)
8	Art Bendixen	AIDS Foundation of Chicago (Governing Board Co-Chair)
9	Ellen Sahli	Chicago Department of Housing (Governing Board Co-Chair)
10	Joyce Grangent	Corporation for Supportive Housing (Governing Board Co-Chair)

Implementation Schedule Participants

Expert Groups

The Chicago Continuum of Care convened five expert groups to formulate the preliminary vision, goals, tasks, and outcomes for the Implementation Schedule. The five groups included Prevention and Discharge Planning, Moving to Permanent Housing, Wraparound Services, Technology, and Systems Transition. Over 60 individuals participated in the development of the first draft. The Chicago Continuum Co-Chairs (Art Bendixen, AIDS Foundation; Joyce Grangent, Corporation for Supportive Housing; and Ellen Sahli, Chicago Department of Housing) and the Chicago Continuum of Care staff (Liz Drapa and Gabe Bodzin) were considered at-large members for each group. Staff and co-chairs participated in all five groups.

Expert Group 1: Prevention including Discharge Planning; November 3rd and November

	Name	Organization
1	Joan Schwingen	Heartland Human Care Services
2	John Fallon	Thresholds
3	Les Brown	Chicago Coalition for the Homeless
4	Bill Kohl	McCormick-Tribune Foundation
5	Doug Schenkleberg	Lawyers Committee for Better Housing
6	Jane Higgins	Lutheran Social Services
7	John Egan	Department of Children and Family Services
8	Thomas Flores	Consumer
9	Rev. Doris Green	AIDS Foundation Chicago
10	Howard Robinson	Illinois Department of Corrections
11	Robert Dougherty	St Leonard's Ministries

Expert Group 2: Moving to Permanent Housing

	Name	Organization
1	Jean Butzen	Lakefront Supportive Housing
2	Katrina Van Valkenburgh	Corporation for Supportive Housing
3	Shelley Hughley	Southwest Women Working Together
4	Kaaneli Makundi	Bethel New Life
5	Olga Becker	Chicago Abused Women's Coalition
6	Ronald Williams	Heartland Human Care
7	Fred Macklin	CCHC
8	Jill Garcia	The Night Ministry
9	Clara Kirk	West Englewood United Organization
10	Judy Siaba	Humbolt Park Social Services
11	Melanie Anewishki	Featherfist
12	Cesar Hill	Consumer
13	Perry Vietti	IHDC

Implementation Schedule Participants

Expert Group 3: Wrap Around Services

	Name	Organization
1	Stacey Anewishki	Featherfist
2	Chris Persons	Inspiration Corporation
3	Carlos Freytes	Healthcare Alternative Systems
4	Christine Achre	Beacon Therapeutic
5	Michael Banghart	Renaissance Social Services
6	Inita Powell	New Phoenix Assistance Center
7	Jeff Lewelling	Mayor's Office of Workforce Development
8	Mark Bradley	The Night Ministry
9	Ann Koplou	Consumer
10	Debbie Pavick	Thresholds
11	Rev Sanja Stinston	Matthew House
12	Tami Cole	Chicago Department of Human Services

Expert Group 4: Infrastructure

	Name	Organization
1	Shelly Ebbert	AIDS Foundation
2	Brady Harden	Inner Voice
3	Sue Augustus	Corporation for Supportive Housing
4	Nonie Brennan	Emergency Fund
5	Fred Friedman	Next Steps/Consumer
6	Randall Doubet King	Commission on Human Relations
7	Megan Kashner	Deborah's Place
8	Chris Mastin	New Phoenix
9	Eileen Donnersberger	Chicago Department of Human Services
10	Paul Selden	Next Steps

Expert Group 5: System Transition

	Name	Organization
1	Julie Dworkin	Chicago Coalition for the Homeless
2	Nancy Radner	Partnership to End Homelessness
3	Britt Shawver	Housing Opportunities for Women
4	Rebecca Willis	Prince Charitable Trusts
5	David Crump	San Jose Obrero Mission
6	Pat Crowley	Consultant
7	Liz Burgess	Lincoln Park Shelter
8	Sol Flores	La Casa Norte
9	Audrey Thomas	Deborah's Place
10	Ceandra Daniels	Innervoice
11	Felix Matlock	Chicago Christian Industrial League
12	Heather Fitzpatrick	Interfaith House
13	Fred Friedman	Consumer/Next Steps
14	John Hobbs	Interfaith Council for the Homeless

Implementation Schedule Participants

Chicago Continuum of Care Implementation Schedule Focus Groups

As part of the Implementation Schedule planning process, Chicago Continuum of Care partners hosted and facilitated focus groups with targeted audiences to solicit input on the Implementation Schedule draft. Each group had an opportunity to review and comment on the components of the Implementation Schedule. The Chicago Continuum Staff and Governing Board co-chairs were invited to attend all focus group meetings on behalf of the Continuum.

PTEH Southside Partner Collaborative, Wednesday, December 8, 2004

Host: Partnership to End Homelessness; Facilitator: Nancy Radner

Participants

	Name	Organization
1	Sheree Steward	Heartland Alliance
2	Bob Haennicke	Catholic Charities
3	Kathey McGrath	Southwest Chicago Pads
4	Carlos Freytes	Healthcare Alternative Systems
5	Amanda Deisch	Action for Children
6	Angela Hicks	Institute for Women Today
7	Maria Davis	Su Casa
8	Leslie Hill	Unity and Parenting
9	Elizabeth Prado	Su Casa
10	Reggie Harden	Mathew House
11	Faye Stauber	Inspiration Corporation
12	Christine Achre	Beacon Therapeutic
13	Midielle Haughee	Beacon Therapeutic

Implementation Schedule Participants

PTEH Westside Partner Collaborative, Thursday, December 9, 2004

Host: Partnership to End Homelessness; Facilitator: Nancy Radner

	Name	Organization
1	Audrey Thomas	Deborah's Place
2	Slavek Czajkowski	Polish American Association
3	Steve Millier	Renaissance Social Services
4	Carin Weingarten	La Casa Norte
5	Donna Werner	New Moms
6	Audelee McLoughan	New Moms
7	Rosa Abarea	Mujeres Latinas En Accion
8	David Crump	San Jose Obrero Mission
9	Hector Candelaria	Bethel New Life
10	Kaana Makundi	Bethel New Life
11	Judy Siaba	Humboldt Park Social Services
12	Shannon Scallon	Sisters House
13	Jennifer Santana	Humboldt Park Social Services
14	John Lafly	YMCA
15	Yolanda Fields	Breakthrough Urban Ministries
16	Heather Fitzpatrick	Interfaith House
17	Johnny Henderson	CCIL
18	Jill Valbuena	Thresholds
19	Ken Woods	Circle Urban Ministries
20	Felicia Finley	The Renaissance Collaborative
21	Shannon Fahy	Inspiration Corporation
22	Alberta Ludington	Bethel New Life
23	Michael Banghart	Renaissance Social Services

Implementation Schedule Participants

PTEH Northside Partner Collaborative, Friday, December 10, 2004

Host: Partnership to End Homelessness

	Name	Organization
1	Dannella Holden	Haymarket
2	Tom Behrens	The Night Ministry
3	Catherine Calabrese	Breakthrough Urban Ministries
4	Ella Phillips	Sarah's Circle
5	Ric Martel	AIDS Foundation
6	Sherise Alexander	Lakeview Shelter
7	Erica Parker-Johnson	EZRA
8	Dorota Lewandoska	Polish American Association
9	Molly Lovelock	Good News Partners
10	Jan Otwell	Good News Partners
11	Andrea Dakin	Housing Opportunities for Women
12	Geraldo Pilarski	REST
13	Chris Kralik	Action for Children
14	Katie Cousino	Lincoln Park Community Shelter
15	Sue Heiss	Cornerstone Community Outreach
16	Tina White	AIDS Foundation
17	Maura McCauley	Heartland Human Care Services
18	Anne Bergen-Aurand	EZRA
19	Margaret House	Heartland Health Outreach
20	Lisa Kuklinski	Lakefront Supportive Housing
21	Angie Lobo	Lakefront Supportive Housing
22	Tejal Shah	Apna Ghar
23	Jonit Bookheim	Inspiration Corporation
24	Randall Doubet-King	Chicago Commission on Human Relations
25	Arturo Bendixen	AIDS Foundation
26	Johanna Dalton	Goldie's Place
27	Jill Garcia	The Night Ministry

Implementation Schedule Participants

CCH Youth Committee, Tuesday December 14, 2004

Host: Chicago Coalition for the Homeless

	Name	Organization
1	Brian Dunlop	Aunt Martha's Youth Services
2	Daria Mueller	Chicago Coalition for the Homeless
3	Brain Pipkin	Counseling Centers of Lakeview (Consumer Representative)
4	Crysten Dixon	Counseling Centers of Lakeview (Consumer Representative)
5	Anne Holcomb	The Night Ministry
6	Leslie Hill	Unity Parenting and Counseling
7	Flora Koppel	Unity Parenting and Counseling
8	LaTanya Wheat	Unity Parenting and Counseling
9	Carin Weingarten	La Casa Norte
10	Caesar Hill	Consumer
11	Sandra Reyes	Counseling Centers of Lakeview
12	Anika Watkins	La Penseur Youth Services
13	Jill Garcia	The Night Ministry
14	Aaron Banman	Neon Street Dorms
15	Julie Dworkin	Chicago Coalition for the Homeless

Community-Based Black Caucus, Wednesday, December 15, 2004

Host: Featherfist

	Name	Organization
1	Tyrone Marshall	Vision House
2	Carolyn Smith	The Technologist
3	Yolanda Caudle	Southwest Women Working Together
4	Ceandra Daniels	Inner Voice
5	Dan Musto	Featherfist
6	Carlos Freytes	Healthcare Alternative Systems
7	LaTonya Walker	Sarah's Circle
8	LaTanya Wheat	Unity Parenting
9	Brady Harden	Inner Voice
10	Nita Marchant	Consumer
11	Alicia Washington	Teen Living Programs
12	Sanja Stinson	Mathew House
13	Leslie Hill	Unity Parenting
14	Flora Koppel	Unity Parenting
15	Melanie Anewishki	Featherfist
16	Sheri Allen Reeves	Bethel New Life
17	Angela Hicks	Institute of Women Today
18	Deborah Benford	Institute of Women Today

Implementation Schedule Participants

Grantmakers Concerned with Homelessness, Wednesday, December 15, 2004

Host: Polk Brothers Foundation

	Name	Organization
1	Debbie Reznick	Polk Brothers Foundation
2	Tom Owens	Owens Foundation
3	Elizabeth Lee	Michael Reece Health Trust
4	Rebecca Willis	Prince Charitable Trusts
5	Ngoan Le	Chicago Community Trust
6	Rosanna Marquez	Eleanor Foundation
7	Art Bendixen	AIDS Foundation Chicago
8	Bill Kohl	McCormick Tribune Charities
9	Mae Hong	Field Foundation

CCC Homeless Caucus, Monday, December 20, 2004

Host: Chicago Continuum of Care

	Name
1	Ann Kaplow
2	Fred Friedman
3	Stanley Scherling
4	Garfield Human
5	Caesar Hill

Faith-Based Focus Groups, Wednesday, January 5, 2005

Host: Chicago Continuum of Care

Interagency Council on the Homeless, Thursday, December 16, 2004

Host: Chicago Department of Housing



This Implementation Schedule is the result of the committed group of Continuum Partners who dedicate endless hours to ensuring the success of the Plan.

In particular, we thank the City of Chicago and its staff, the Chicago Continuum of Care Governing Board and its staff, expert group and focus group participants, consumer participants, and Ad Hoc Committee members, for all their hard work.

For more information on the Continuum of Care, please contact the staff or visit our website at www.chicagocontinuum.org.