

## Chicago Plan to End Homelessness Program Models Chart

### 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 Frame	Population	Desired /Expected Outcomes
Homeless-ness Prevention Assistance	<p>Short-term (0-3 months) and medium-term (4-18 months) financial assistance and stabilization services to prevent shelter entrance and promote housing retention.</p> <p>Homelessness prevention can also be services only, or stand-alone financial assistance</p>	<ul style="list-style-type: none"> <li>• Provision of financial assistance based on assessment</li> <li>• Accepts referrals from the Homelessness Prevention Call Center (HPCC)</li> <li>• Assessment of eligibility for other available benefits/resources</li> <li>• Housing stabilization services (based on funding source)</li> <li>• Housing location services (which may include inspection services based on funding source/program requirement)</li> <li>• Intake, assessments, and services provided entered into HMIS</li> <li>• Prevention assistance can include both financial and stabilization services, or separate services (particularly if no funds are available but household needs case management or relocation)</li> </ul>	Varies by funding sources and based on household need from once to multiple months of assistance	<p>Households at imminent risk of homelessness due to 5-day notice, eviction summons, order to vacate, or building foreclosure</p> <p>Households within funder-defined income guidelines</p>	<p>Outputs:</p> <ul style="list-style-type: none"> <li>• 90% of households enrolled in stabilization services will be contacted for one-year after receiving assistance</li> <li>• 70% of households receiving financial assistance only will be reached for one-year follow up</li> </ul> <p>Outcomes (for those reached through follow up):</p> <ul style="list-style-type: none"> <li>• 85% of households receiving financial assistance and supportive services will remain permanently housed</li> <li>• 80% of households receiving financial assistance only will remain permanently housed</li> </ul> <p>Outcome: Clients receive supportive services to assist them in resolving their housing crisis.</p> <p>Indicators: At least 75% of households contacted will remain housed.</p>
Legal Services	Legal representation for low-income tenants facing eviction and potential homelessness.	<ul style="list-style-type: none"> <li>• Legal assistance to delay or dismiss evictions</li> <li>• In-court representation</li> <li>• Collaboration with the Homelessness Prevention Call Center and other homelessness prevention partners to provide financial assistance and supportive services</li> </ul>	Varies by need: either brief intervention or full representation	<p>Tenants at risk of homelessness due to pending eviction actions</p> <p>Tenants who meet funder-defined income guidelines</p>	<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>

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### 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 Frame	Population	Desired /Expected Outcomes
Basic Street Outreach	No or low-demand, street-based services providing basic needs assistance and assessments for mental health, substance abuse, or medical services, etc. The goal of the outreach programs is to develop trust to engage in formal services and provide coordinated services through permanent housing placement.	Provision of or access to the following: <ul style="list-style-type: none"> <li>● Food</li> <li>● Clothing</li> <li>● Transportation</li> <li>● Crisis intervention</li> <li>● Basic client assessment</li> <li>● Housing placement</li> </ul> Needs assessment with evaluation for at least one of the following: <ul style="list-style-type: none"> <li>● Mental health, Benefit eligibility, Housing, Medical care, Substance use, Safety assessment particularly for youth and domestic violence victims</li> <li>● SSI and Medicaid benefits advocacy using SSI Outreach and Access to Recovery (SOAR) model, including pursuing presumptive eligibility</li> <li>● Documentation of encounters and engagement in HMIS per 2009 revised data standards</li> </ul>	None	Persons who are homeless in public spaces	Outcome: Unsheltered homeless clients will engage in services and provided consistent services that result in permanent/stable housing attainment.  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.
Specialized 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"> <li>● Food</li> <li>● Clothing</li> <li>● Transportation</li> <li>● Crisis intervention</li> <li>● Basic client assessment</li> <li>● Housing placement</li> <li>● Referrals to other services (i.e. employment, education, mental health, child care, etc)</li> </ul> Needs assessment with evaluation for at least one of the following: <ul style="list-style-type: none"> <li>● Mental health, Benefit eligibility, Housing, Medical care, Substance use, Safety assessment particularly for youth and domestic violence victims</li> </ul> Based on assessment, provision of or access to the following: <ul style="list-style-type: none"> <li>● Assistance in accessing benefits</li> <li>● Housing placement</li> <li>● Medical care</li> <li>● Assistance in accessing other services</li> <li>● Substance abuse and/or mental health treatment</li> </ul>	None	Persons who are homeless in public spaces. Special population, e.g. persons who are homeless and who have mental illness, chronic health issues or substance abuse, may be addressed by specialized, disability specific, teams	Outcome: Clients have basic needs met.  Indicators: 90% of clients accept one or more basic need assistance services (food, transportation) within the first 2 months of contact.  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 offered assistance will engage in services within six months.  20% of clients engaged in services will obtain more stable housing within six months.

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### Engagement Services

Services that reconnect persons who are homeless or at risk of homelessness to needed social supports.  
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Program Type	Program Description	Essential Program Elements	Time Frame	Population	Desired /Expected Outcomes
Community Hospitality Center (Drop-In Centers)	<p>Low demand, site-based services providing or assisting consumers in accessing the assistance they need.</p> <p>If day-time participants are residing at overnight programs or engaged in other services, the drop-in center will facilitate service coordination to reduce duplication</p>	<p>Provision of Coordinated Service Provision with Shelter/Housing/Outreach Providers</p> <ul style="list-style-type: none"> <li>• Assessment of services client with which the client is already engaged</li> <li>• Ensure housing assessment and placement plan is being achieved (based on communication with other providers)</li> <li>• Assistance in accessing benefits, including conducting benefits advocacy in coordination with other providers</li> <li>• Assistance in accessing employment including training opportunities</li> </ul> <p>Provision of or access to the following:</p> <ul style="list-style-type: none"> <li>• Basic services (e.g. showers, meals, laundry, hygiene products, phone, food pantry)</li> <li>• Transportation</li> <li>• Crisis intervention</li> <li>• Safe day space</li> <li>• Assistance in obtaining clothing and household items</li> <li>• Safety assessment particularly for youth and domestic violence victims</li> </ul>	None	All consumers. Focus on consumers who are not housed or tenuously housed.	<p>Outcome: Clients are safe and have basic needs met.</p> <p>Indicators: 90% of clients accept one or more initially unmet needed services within 1 month (food, transportation, etc.).</p> <p>50% of clients receive a needs assessment within 10 encounters.</p> <p>Of those clients receiving assessments, 80% will accept assistance to address other needs within 6 months.</p> <p>50% of clients offered assistance will engage in services within six months.</p> <p>20% of clients engaged in services will obtain more stable housing within six months.</p>
Engagement 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"> <li>• Brief needs assessment</li> <li>• 24-hour basic services (showers, beds, meals, laundry, hygiene products)</li> <li>• Safe night space</li> <li>• Safe environment</li> <li>• Assist in referral to other housing and services resources or family reunification</li> <li>• Facility license by DCFS (When serving youth under 18 years of age)</li> </ul>	<p>Maximum of 35 consecutive days</p> <p>60 days maximum in one year</p>	Youth, ages 13-21	<p>Outcome: Youth are safe and have their basic needs met.</p> <p>Indicators: 80% of youth accept one or more basic need assistance services (food, transportation etc.).</p> <p>80% of youth receive a referral and are linked to appropriate programs and/or services.</p> <p>50% of youth secure long-term housing (may include family and/or community reunification).</p>

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Emergency Shelter	Low demand, site-based, short-term, housing designed to remove individuals from the imminent danger of being on the street.	<ul style="list-style-type: none"> <li>• Brief needs assessment</li> <li>• Basic services (showers, beds, meals, laundry, hygiene products)</li> <li>• Safe night space</li> <li>• Safe environment</li> <li>• Assist in referral to other housing and services resources or family reunification</li> <li>• Enter data into HMIS (program entry, services provided, program exit) within 24 hours of client interaction.</li> <li>• Ensure that a standardized housing assessment such as the Housing Options Screening Tool is performed on 100% of households upon program entry (within 1 week of program entry) – either through direct service or referral to a program with case management (includes screening and appropriate referrals for HPRP – Homeless Prevention and Rapid Re-housing Program)</li> <li>• Formal linkages with support services providers that can help clients access services such as employment, detoxification, referrals, and case management.</li> <li>• Participate in DFSS Shelter Bed Clearinghouse</li> <li>• Assist DFSS in responding to extreme weather emergencies</li> <li>• Linkages with clinical services providers.</li> </ul>	None	All consumers. May target special populations	<p>Outcome: Clients are safe and have their basic needs met.</p> <p>Indicators: 90% of clients accept one or more initially unmet needed services within 1 month (food, transportation, etc.).</p> <p>50% of clients receive a needs assessment within 10 encounters. Of those clients receiving assessments, 80% will accept assistance to address other needs within 6 months.</p> <p>50% of clients offered assistance will engage in services within six months.</p> <p>20% of clients engaged in services will obtain more stable housing within six months.</p>

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### 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 Frame	Population	Desired /Expected Outcomes
Interim Housing	<p>Short-term housing program that rapidly re-houses persons who are homeless into appropriate permanent housing.</p> <p>Interim housing is not defined by a time limit on length of stay. The framework of the intervention is intended to provide direct exit to permanent or stable housing, without moving homeless households from one program to another.</p>	<p>Housing-focused services</p> <ul style="list-style-type: none"> <li>• Ensure that a standardized housing assessment such as the Housing Options Screening Tool is performed on 100% of households within 1 week of program entry</li> <li>• Promote family preservation by accepting families of all sizes and ages, or making alternative arrangements if the whole family cannot be served by the shelter</li> <li>• Provision of or formalized partnership to housing referrals and placement services</li> <li>• Linkage to community supports and/or wraparound system of services in relation to housing placement</li> </ul> <p>Supportive Services Coordination</p> <ul style="list-style-type: none"> <li>• Engagement strategies should be guided by stages of change or similar model</li> <li>• Access to crisis intervention</li> <li>• Safety assessment particularly for youth</li> <li>• Public benefits screening and acquisition</li> <li>• Provision of or linkage to psychosocial assessment</li> <li>• Linkage to mental health services as appropriate</li> <li>• Provision of or linkage to physical health assessment</li> <li>• Linkage to medical services as needed</li> <li>• Provision of or linkage to substance abuse assessment</li> <li>• Linkage to treatment services as appropriate</li> <li>• Linkage to employment assessment and job training programs as appropriate</li> <li>• Provision of or linkage to child focused assessment</li> <li>• Assistance in accessing housing relocation resources/supports (security deposits, utilities)</li> <li>• 24-hour basic services (showers, beds, meals, laundry, hygiene products)</li> <li>• Free of charge (no fees or rent)</li> </ul> <p>In addition, for programs serving youth under 18 years of age:</p> <ul style="list-style-type: none"> <li>• Facility license by DCFS</li> </ul> <p>In addition, for interim housing specialized for domestic violence:</p> <ul style="list-style-type: none"> <li>• Access to crisis intervention</li> <li>• Crisis and domestic violence counseling</li> <li>• Safety planning and assessment</li> <li>• Safe, undisclosed location for both services and housing</li> <li>• Legal advocacy for Orders of Protection</li> </ul>	120-days during which time homeless households are stabilized, assessed, and connected with a viable permanent housing plan.	All consumers.	<p>Outcome: Clients will secure appropriate permanent housing based on availability.</p> <p>Indicators: 30% of adult-headed households will exit to permanent, stable housing within 120 days</p> <p>50% of adult-headed households will exit to permanent, stable housing within 180 days</p> <p>90% of adult-headed households will exit to permanent, stable housing within 270 days</p> <p>Less than 5% of program exits will be to another homeless location</p> <p>90% of clients at exit will have a documented location type</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.</p> <p>65% 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.</p> <p>80% of clients learn about the cycle of violence.</p>

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Program Models Chart**

**Permanent Housing**

Housing that is coupled with supportive services that are appropriate to the needs and preferences of residents. Individuals have leases, must abide by rights and responsibilities, and may remain with no program imposed time limits. Housing may include various combinations of subsidy resources and services.

**Essential Elements to all Permanent Supportive Housing types:**

- *Provision of rent subsidies (may be time limited or permanent)*
- *Coordination between property management or landlord and service provider*
- *Client assessment of housing and service needs*
- *Provision of or linkage to child focused assessment and appropriate services*
- *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 intensive community-based case management services, which may scale down over time as the household becomes more independent.*
- *Benefits acquisition (assessment, application, and follow up)*
- *24-hour on call services/on-site supervision if appropriate*
- *Community-building activities*
- *Housing placement if desired /expected by client*
- *Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc)*
- *Strives to meet the Illinois Dimensions of Quality's core practices*

<b>Program Type</b>	<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired /Expected Outcomes</b>
Project-Based, Age Appropriate Stable Housing for Youth	Shared living or clustered apartments with on-site supportive services.	See Essential Program Elements listed above.	Through 24 years of age	Youth ages 16-24	<p>Outcome: Youth remain in stable housing.</p> <p>Indicators: 75% of youth departing the program, exit to permanent, stable housing.</p> <p>55% of clients remain appropriately housed including placements into permanent housing outside of the program for at least 12 months.</p> <p>50% will demonstrate increased income levels.</p> <p>75% of youth will demonstrate increase independent living skill levels.</p>

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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.	See Essential Program Elements above.	Up to 2 years of housing subsidy and intensive case management. 6 months of follow-up services provided.  Client has ability/goal to maintain lease after subsidy ends.	Persons who are able to live independently in scattered-site or project-based apartment models with supportive services.	Outcome: Clients remain in permanent housing.  Indicators: 85% of clients assume the apartment lease (or maintain other independent, stable housing) within 2 years.  75% of clients departing the program to permanent housing retain housing for at least 6 months  75% of clients increase their incomes through entitlements, employment, education or training within 2 years.
Permanent Supportive Housing	Long-term rental assistance with supportive services for persons who are coming from the street or shelter/interim housing. Majority of programs serve households with a disabled head-of-household, but disability requirement will be based on subsidy source requirements.  Programs can operate on a project-based or scattered-site model.  Programs should not require sobriety or medication/treatment compliance as a condition of housing attainment or retention.	See Essential Program Elements listed above, as well as the following:  <ul style="list-style-type: none"> <li>Provision of permanent rent subsidies</li> </ul> Project-based Services <ul style="list-style-type: none"> <li>Permanent housing property management</li> <li>Case management must be offered on-site</li> </ul> Scattered-site Services <ul style="list-style-type: none"> <li>Case management may be offered on-site at housing unit or at community-based location, but must be available at housing unit if clinically indicated or needed</li> </ul>	No time limits	All consumers. Eligibility may be determined by subsidy provided.	Outcome: Clients will remain in permanent housing.  Indicators: 85% of clients will remain permanently housed for 12 months.  65% of clients will remain permanently housed for 24 months.  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.  75% of clients will avoid incarceration annually.

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Housing that is coupled with supportive services that are appropriate to the needs and preferences of residents. Individuals have leases, must abide by rights and responsibilities, and may remain with no program imposed time limits. Housing may include various combinations of subsidy resources and services.

<b>Program Type</b>	<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired /Expected Outcomes</b>
Harm Reduction Permanent Housing	Voluntary supportive living environment based on the principles of consumer choice. Recognizes that consumers can be at different stages of change and that the choices they make will not adversely affect their housing status or treatment options or access to supportive services.	See Essential Program Elements listed above, as well as the following: <ul style="list-style-type: none"> <li>No requirement for sobriety, mental health and/or substance treatment.</li> <li>Participation in supportive services is voluntary.</li> <li>Use of motivational interviewing or other like approaches for engagement services (i.e., substance abuse treatment, mental health services, sobriety, medical services and/or HIV treatment)</li> <li>Use of eviction prevention strategies.</li> </ul>	No time limit	All populations	Outcome: Clients will remain in permanent housing and reduce the harm associated with other behaviors that threaten housing stability.  Indicators: 85% of clients will remain permanently housed for 12 months.  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.  75% of clients will avoid incarceration annually.
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.	See Essential Program Elements listed above, as well as the following: <ul style="list-style-type: none"> <li>Sobriety requirement</li> <li>Provision of permanent rent subsidies</li> <li>DASA licensed as appropriate or as required</li> <li>Client assessment of housing and services</li> <li>Provision of or linkage to agency-based Permanent housing property management</li> <li>Public benefits screening and acquisition</li> <li>Service enriched environment with case management and clinical services offered on site</li> <li>Linkage to treatment centers, both residential and outpatient</li> <li>Medical, psychological assessment and referrals to services</li> <li>Linkage to community supports and/or wrap-around system of services</li> </ul>	No time limit	Consumers in substance abuse recovery. May be enrolled in residential or outpatient treatment.	Outcome: Clients will remain in permanent housing.  Indicators: 85% of clients will remain permanently housed for 12 months.  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.  75% of clients will avoid incarceration annually.

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Program Models Chart**

**Permanent Housing**

Housing that is coupled with supportive services that are appropriate to the needs and preferences of residents. Individuals have leases, must abide by rights and responsibilities, and may remain with no program imposed time limits. Housing may include various combinations of subsidy resources and services.

<b>Program Type</b>	<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired /Expected Outcomes</b>
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.	<p>See Essential Program Elements listed above, as well as the following:</p> <ul style="list-style-type: none"> <li>● Provision of permanent rent subsidies</li> <li>● Engagement/relationship building</li> <li>● Crisis intervention</li> <li>● Provision of basic needs services</li> <li>● 24 hour care availability</li> <li>● Client assessment of housing and service needs</li> <li>● Benefits screening and acquisition</li> <li>● Maintenance and management of income and benefits</li> <li>● Linkage to mental health and substance abuse treatment and other services Desired /Expected by client</li> <li>● Housing placement if Desired /Expected by client</li> <li>● Assistance in accessing housing relocation resources/supports (security deposits, utilities, furnishings, etc)</li> <li>● Service enriched environment with case management and clinical services offered on site</li> <li>● Linkage to treatment centers, both residential and outpatient</li> <li>● Linkage to community supports and/or wrap-around system of services</li> </ul>	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>70% of clients without reliable sources of income at entry will increase their income through acquisition of benefits or employment by program exit.</p> <p>75% of all participants will avoid incarceration.</p> <p>80% of clients will graduate to more independent permanent housing at program exit.</p> <p>80% of clients will be successfully engaged in mental health and/or substance abuse treatment and other services desired/expected by client.</p>

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Program Models Chart**

**Wraparound System of Services**

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.

<b>Program Type</b>	<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired /Expected Outcomes</b>
Community-Based Case Management (CB-CM)	<p>CB-CM provides ongoing support to households to stabilize and maintain their living situation as they move to permanent housing.</p> <p>CB-CM provides after-care services for households exiting to non-supportive housing placements and will focus on preventing future recurrences of homelessness.</p> <p>CB-CM links households to services and supports (e.g. employment, healthcare, childcare, and MH or SA treatment) as needed.</p>	<p>Once household is in housing, direct provision of:</p> <ul style="list-style-type: none"> <li>• Housing retention services, i.e. lease compliance, tenant's rights/education, rep payee</li> <li>• Family case management for households going back to family/friend placements</li> <li>• Ensure most stable housing placement</li> <li>• Referrals/enrollment in employment programs</li> <li>• Public benefits advocacy and enrollment</li> <li>• Coordination of children's school enrollment/needs</li> </ul> <p>Provision of or access to the following:</p> <ul style="list-style-type: none"> <li>• Assessment for mental health, safety, substance use, medical care, employment</li> <li>• Child focused assessment</li> </ul>	Up to one-year or until household has been in stable/permanent housing for 6 months.	Homeless households who are identified through shelter/interim housing programs and who are moving into non-supportive housing programs.	<p>Outcome: Program participants access and retain housing and access mainstream services.</p> <p>Indicators: 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> <p>85% of clients stay in housing for at least six months.</p>
Clinical Services	Programs designed to address consumers' clinical needs and connect them into official mainstream resources that cover special needs (i.e. mental health, substance use and medical services).	<ul style="list-style-type: none"> <li>• Assessment for mental health, safety, substance use, medical care</li> <li>• Provision of clinical services addressing client need</li> <li>• Linkage to housing if needed by client</li> <li>• Linkage to community-based case management system</li> </ul>	Based on consumers' needs	Household members with clinical needs related to substance abuse, mental health, or medical care that requires some type of therapeutic intervention.	<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>Indicators: 70% of clients improve functioning, as measured by a functional status instrument.</p> <p>70% of clients will successfully access community supports.</p>
Consumer Delivered Services	Programs partially or fully operated by consumers or former consumers. Programs may include therapeutic communities, clubhouse models, peer mentoring supports or other services by consumers to consumers to foster ongoing stability (i.e., housing, employment, mental health, medical health and/or other disabling conditions)	<ul style="list-style-type: none"> <li>• Consumers are intricately involved in the program development, implementation and ongoing service provision.</li> <li>• Can utilize non-consumer supports and staff as needed.</li> <li>• Program decisions are consensus based and guided by the consumers receiving the services.</li> </ul>	No time limit	All populations	<p>Outcome: Consumers will attain greater autonomy</p> <p>Indicators: 70% of clients will improve their functioning, as measured by a functional status instrument.</p> <p>10% will graduate and take on prosumers roles (i.e., alumni associations, resident councils, peer-to-peer support groups, or other prosumers lead activities.)</p>

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**Wraparound System of Services**

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.

<b>Program Type</b>	<b>Program Description</b>	<b>Essential Program Elements</b>	<b>Time Frame</b>	<b>Population</b>	<b>Desired /Expected Outcomes</b>
Specialized Services	New or emerging evidenced-informed programs designed to address specific disabilities or needs not available in traditional models (i.e., complex trauma, multiple disabilities and multi-system users). Innovative programs designed to connect engage consumers and connect them existing community supports.	<ul style="list-style-type: none"> <li>Disability or need specific services provided using</li> <li>Client assessment of housing and services</li> <li>Linkage to housing if needed by client</li> <li>Linkage to community-based case management system</li> </ul>	6 months of specialized services or until other community supports can be accessed.	Families or families with children or individuals with complex issues prolonging homelessness	<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>
Employment Services	Services designed to prepare consumers for employment and career advancement. Services include but are not limited to employability assessment; job readiness training (soft skills); vocational skills training (specific/hard skills); career assessment and counseling; job placement support and retention and re-employment services.	<ul style="list-style-type: none"> <li>Employability assessment which includes job history and skills testing</li> <li>Development of employment work plan or career plan</li> <li>Job readiness training or specific job/vocational skills training which includes a job readiness training component</li> <li>Career counseling</li> <li>Job placement and retention services which includes re-employment services</li> <li>Relationships with business, focusing on meeting their hiring needs</li> <li>Linkages to education and job training and child care assistance</li> </ul>	Varies by funding sources and on an individual's employability assessment and employment/career goal.	All consumers in interim housing or permanent housing.	<p>Outcome 1: Consumers complete an employability assessment and employment/career work plan.</p> <p>Indicator: 100% of consumers receives an employability assessment and develops an employment/career work plan.</p> <p>Outcome 2: Consumers increase their job readiness skills through training and/or one-on-one counseling.</p> <p>Indicator: 70% of consumers complete job readiness training;</p> <p>Outcome 3: Consumers become employed and maintain employment for at least 6 months.</p> <p>Indicators: 60% of consumers who complete job readiness and/or specific job/vocational skills training are placed into employment or enroll in short-term or long-term education/job training.</p> <p>50% of employed consumers maintain employment for 6 months, or if they become unemployed, they remain in contact with employment services agency staff.</p>

## Chicago Plan to End Homelessness Program Models Chart

<b>System Resource Components</b>	
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.	
<b>Affordable Housing</b>	Housing where the occupant is paying no more than thirty percent (30%) of gross income for gross housing costs, including utility costs.
<b>Chicago 311 Information and Referral</b>	City of Chicago information and services hotline. Citizens can dial 311 from any phone and request various City services including shelter and transportation to shelter. Citizens can also obtain general information about services and events in and around Chicago. Citizens are also linked the Prevention Call Center, Domestic Violence Helpline, and Housing Resource Database as appropriate.
<b>Citywide coordinated and collaborative systems</b>	Provides coordinated networks for housing location, housing retention, employment services, wrap-around services, discharge planning, community-based case management, etc.
<b>Community Voice Mail</b>	Provides 24 hour voice mail service for phone-less, homeless, and / or low-income individuals enabling them to connect with employers, housing , service providers, and family This tool is operated by Inspiration Corporation in collaboration with more than 50 homeless services providers.
<b>Discharge Planning</b>	Coordinated agreements and planning with mainstream agencies to avoid discharge into homelessness. Includes system advocacy, coordination, and cooperation of mainstream agencies.
<b>Domestic Violence Helpline</b>	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.
<b>Homeless Management Information System (HMIS)</b>	Computerized data collection system for Chicago designed to capture client-level information on characteristics and service needs of households experiencing homelessness.
<b>Homeless Prevention Call Center</b>	Single access point to resources to assist people in danger of becoming homeless. 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.
<b>Legal Services</b>	Representation for low-income tenants facing eviction and potential homelessness
<b>Housing Resources Database</b>	Housing clearinghouse designed to improve access to available permanent, affordable housing units region-wide. Provides real-time, internet accessible information to homeless service providers and especially to housing locators.
<b>Mainstream Resources</b>	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.
<b>RealBenefits</b>	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, <a href="http://www.realbenefits.org">www.realbenefits.org</a> . Continuum of Care providers can access training and technical assistance related to RealBenefits.
<b>Training and Technical Assistance</b>	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.
<b>Transportation to housing and interim housing</b>	Provides transportation to interim housing within a reasonable timeframe. Services are linked through 311.