

# *The Journey Home*



THE CHICAGO ALLIANCE TO END HOMELESSNESS

## **Report on Chicago's Plan to End Homelessness**

## EXECUTIVE SUMMARY

The Chicago Alliance to End Homelessness is an independent, nonprofit organization formed in 2006 to transform Chicago's approach to homelessness as outlined in *Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness in Chicago (Chicago Plan)*.

The formation of the Alliance and the creation of the Chicago Plan represent a paradigm shift in the provision of homeless services—from **managing** the problem of homelessness with emergency shelters, soup kitchens and other temporary assistance **to ending** homelessness through the provision of permanent housing to those experiencing homelessness.

The Chicago Plan was developed and endorsed by agencies in Chicago that work on the front-lines of homelessness and by people who have themselves been homeless. It was also endorsed by Mayor Daley in January of 2003.

The Plan creates a blueprint for:

- Preventing individuals and families from becoming homeless in the first place
- Placing individuals and families in permanent housing as quickly as possible when they do become homeless, called "Housing First," and
- Providing wraparound services when appropriate to promote housing stability and self-sufficiency.

This mid-term report on the Chicago Plan has been written to further Chicago residents' understanding of the goals of the Plan and the ways in which homeless services are beginning to shift to meet the new paradigm.

COVER PHOTO: Members of the Chicago Alliance's Consumers Commission and Service Providers Commission, which provide front-lines advice on ending homelessness include: Brian McManaman, the Emergency Fund; Fred Maclin, Christian Community Health Center; Dorothy Yancy, Consumers Commission Co-Chair; Sol Flores, La Casa Norte; Felix Matlock, Mercy Housing Lakefront; Mark Czyzewski, Rowan Trees Apts.; Lonnie Fulton, Consumers Commission Co-Chair.

# EXECUTIVE SUMMARY

## Five Year Mark

Over the past five years, homeless service agencies have taken significant steps to restructure the city of Chicago's homeless system.

This fundamental restructuring is now in place. For the first time:

- Agencies citywide are working together to **coordinate services**
- Agencies have developed **common program models** for service delivery
- Agencies participate in **system-wide data collection methodologies**
- Agencies have developed **agreed upon priorities**

In addition, a wide variety of programs that focus on placing people in permanent housing have been launched:

- 450 new units of permanent housing for the **chronically homeless**
- A Housing Locator Program – an **"apartment finder"** for homeless individuals and families with some income
- 778 new units of **supportive housing for singles and families** under development
- Rental housing support to over 4,000 **rent-burdened families**
- Street-to-Home Initiative has **moved 124 people directly from the street into permanent housing**
- 141 permanent housing units for **homeless veterans**
- Housing for **homeless people discharged from hospitals**
- 700 households consisting of **women and children provided with rental support and homeless services**
- Interim housing and supportive services program serving 200 **homeless youth** annually
- **Total of \$4.5 million annually for homeless prevention**
- **Homelessness Prevention Call Center** to centralize access to homelessness prevention resources

## Looking Forward

The concept of ending homelessness is both radical and simple—radical in the notion that we can permanently END a social problem, but simple in that it recognizes an individual or family’s home is the starting point for all successful journeys in life.

An infrastructure is now being put in place that will end homelessness forever. Yet there are many challenges in achieving this goal. Some of these include:

### > Reaching all Homeless Populations

One of the first priorities of the Plan to be implemented has been to address chronic homelessness – those individuals who have been homeless for more than a year or multiple times in the past year. In large part, this is because federal funding has prioritized this population. It is also because research showed that this population utilizes a disproportionate amount of homeless services.

Yet there are a number of other homeless populations: families; youth (those not living with parents, ages 18-25); victims of domestic violence; seniors; people who have been convicted of a crime; people with mental or physical health challenges; immigrants, and veterans. Innovative programming, new sources of funding, and, in some cases, additional systems change will be required to remove the barriers that keep these groups from obtaining housing.

### > Managing Growing Pains

Chicago’s homeless system must continue to operate without any disruption of services as it simultaneously changes to the new Housing First approach. Frontline homeless service agencies, who are already managing the challenge of helping transform the lives of the people they serve, must have sufficient resources to both meet the demands of today and make the changes required for future service delivery.

### > More Affordable Housing

Starting approximately 25 years ago, the federal government began withdrawing financial support for the creation of affordable housing. The result of this withdrawal is an affordable housing shortage throughout the country. The National Alliance to End Homelessness estimates that over 3 million units of new affordable housing are needed nationwide. A recent report from DePaul University’s Real Estate Center projects that Cook County will face a shortfall of 78,000 units of affordable housing by 2020.

Increased funding for affordable housing remains critical to meeting the Plan’s goals.

### > Independent Evaluation

The Plan must be formally evaluated in order to determine progress under the Plan and adaptations and refinements are needed to successfully implement it with all populations.



“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.”

Vision for Chicago’s Plan

# *The Journey Home*

## INTRODUCTION

### Chicago Alliance to End Homelessness

The Chicago Alliance to End Homelessness is an independent, nonprofit organization formed in 2006 to transform Chicago’s approach to homelessness as outlined in *Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness in Chicago (Chicago Plan)*.

Formed through a consolidation of the Chicago Continuum of Care and the Partnership to End Homelessness—two coalitions that played leading roles in developing the Chicago Plan—the Alliance brings together key stakeholders involved in ending homelessness: service providers, philanthropic leaders, the research community and people who have experienced homelessness.

The Alliance performs four key roles:

- System coordination, evaluation and best practice development for the Chicago Plan
- Administration of major state and federal grants for homelessness
- Advancing policies that address barriers to ending homelessness
- Increasing public understanding and support for ending homelessness

The formation of the Alliance and the creation of the Chicago Plan represents a paradigm shift in the provision of homeless services—from **managing** the problem of homelessness with emergency shelters, soup kitchens and other temporary assistance **to ending** homelessness through the provision of permanent housing for those experiencing homelessness.

For the first time, the links in Chicago’s system of homeless services are connected and in serious dialogue with each other. Together, this collaboration, led by the Alliance, is creating a framework for a coordinated system of homeless services that is based on best practices, accountability, and evaluation.

This mid-term report on the Chicago Plan has been written to further Chicago residents’ understanding of the goals of the Plan and the ways in which homeless services are beginning to shift to meet the new paradigm.

## A NEW PARADIGM FOR ENDING HOMELESSNESS

### Getting Housed, Staying Housed: A Collaborative Plan to End Homelessness in Chicago:

Chicago's homeless system is undergoing a massive change based on one unifying principle: that the best way to end homelessness is to quickly move people experiencing homelessness into permanent housing—and keep them there.

This radical restructuring is the result of a ten-year plan to end homelessness—Getting Housed, Staying Housed: a Collaborative Plan to End Homelessness in Chicago—developed and endorsed by agencies in Chicago that work on the front-lines of homelessness and by people who have themselves been homeless.

The Chicago Plan creates a blueprint for shifting Chicago's homeless services from a system based on temporary shelters to a system based on:

- 1 Preventing individuals and families from becoming homeless in the first place;
- 2 Placing individuals and families in permanent housing as quickly as possible when they do become homeless
- 3 Providing wraparound services when appropriate to promote housing stability and self-sufficiency.

There are now over 300 plans to end homelessness in the U.S., but **Chicago is the first** major city in the country with a plan endorsed by its mayor.



## Why a New Approach for Ending Homelessness Is Needed

Although hobos, transients and even “skid rows” were experiences long familiar to Americans, the large number of homeless individuals that began turning up on Chicago’s streets and the streets of other major U.S. cities in the 1980s was a new and unfamiliar phenomenon.

Initial responses to this new problem developed randomly, with organizations setting up soup kitchens, overnight shelters, or medical care on an ad hoc basis. Most presumed that homelessness was a temporary problem, and that if families were provided with access to shelter and food, they would quickly regain their footing.

The problem didn’t improve, however, it worsened. In response, organizations began developing, in the 1990s, more comprehensive approaches to solving homelessness. Service providers now believed that homelessness was primarily caused by specific problems, such as drug addiction or alcoholism. These problems needed to be “fixed” before an individual could maintain themselves in a permanent housing situation.

As a result, systems were developed which required individuals and families to pass through a series of steps designed to make them “housing ready.” These steps included:

- 1 entering the homeless system through an emergency shelter
- 2 living in transitional shelter for 6 months
- 3 living in a “second stage” shelter for two years
- 4 then, finally, moving into permanent housing

Unfortunately, in too many cases, this approach didn’t work either. Rather than returning to stable lives, people ended up cycling through the homeless service system multiple times. And instead of declining, the numbers of homeless individuals and families continued to remain stubbornly high.

**The experiences of the last thirty years have led to the conclusion that permanent housing is a prerequisite to stability. Until individuals and families anchor their lives in a home that they can call their own, they will very likely be unable to do the other things they need to do to get control of their life:** get back into the job market, effectively utilize support services or establish ties with family and other sources of support.

This approach, called “Housing First,” also builds on research that indicates that the factors that contribute to a household’s homelessness are best remedied once the household is housed. It also presumes that, for some, lifelong support may be required to prevent the reoccurrence of homelessness, but that placing these people in housing is a more socially productive and cost-effective approach to the problem.

## FIVE YEARS INTO A TEN YEAR PLAN

### What has the Chicago Plan Accomplished So Far?

Chicago's homeless service delivery system, which largely consists of approximately 90 nonprofit agencies, is in the midst of completely reorganizing itself in order to implement the new strategies embodied in the Chicago Plan. The first step has been to restructure the service provision by homeless agencies, and to put in place a coordinated system for getting people into permanent housing and keeping them there.

### System Reorganization

Some of the key changes which have occurred over the last five years include:

- **Citywide Coordination.** With the creation of the Chicago Plan, consumers, service providers, government partners and private philanthropy work collaboratively—for the first time—to make system improvements, establish best practices and hold each other accountable for progress in implementing the Plan
- **Unified Approach to Services.** In order to be funded, all homeless services must conform to a set of program models consistent with the Plan's goals.
- **System-Wide Data Collection.** All provider programs must participate in system-wide data collection methodologies.
- **Agreed Upon Priorities.** Though the Chicago Plan is a blueprint for ending all homelessness, housing the chronically homeless was one of the first priorities to be implemented. (See "Going Beyond Chronic Homeless" in STILL TO BE ACCOMPLISHED on page 13.)





## New Programs

In addition to changes in the overall homeless services provision system, a number of significant new programs and initiatives have been launched. Some of these include:

### 1 Housing First

**HUD Samaritan Initiatives.** Chicago has successfully applied for three federally-funded housing programs specifically for chronically homeless individuals. The first project, begun in 2005 is coordinated by the Chicago Low-Income Housing Trust Fund with numerous housing agencies, this initiative has created 204 units of permanent housing for chronically homeless individuals. The second project is led by Christian Community Health Center located in the Roseland community, and will serve 150 individuals. The most recent project awarded in 2007 went to Mercy Housing Lakefront and will provide permanent housing in their new Englewood SRO as well as scattered site apartments.

**The Housing Locator program.** This is an “apartment finder” for homeless individuals who have some income, and so could move into existing rental housing. A study of this program showed that, with the program’s assistance, even people with significant barriers to housing, including those with challenged rental histories, can find housing. In the first two years of programming, over 560 households moved out of shelter into private market housing.

**778 new units of supportive housing for singles and families** are currently under development. “Supportive housing” provides permanent housing with supportive services, which has been shown to be an extremely successful model for permanently ending homelessness. Funding for these units comes from a mix of city, state, federal and private dollars. Major funders include the U.S. Dept. of Housing and Urban Development and the Chicago Department of Housing.

**The Illinois Rental Housing Support Program.** This major new state-funded initiative provides rental support to house over 4,000 “rent burdened” households across the state. It is the nation’s largest state rental assistance program. Chicago’s portion of the funds will provide housing for approximately 2,000 households, 750 of which will have experienced long-term homelessness, and will be administered by the Chicago Low-Income Housing Trust Fund.

**The Street-To-Home Initiative** provides intensive services and supportive housing for people living on the streets. Based on a national model with proven success, the Street-To-Home Initiative has moved 155 people directly from the street into permanent supportive housing.

**St. Leo’s Residence for Veterans.** The first of five national pilot programs to address veterans’ homelessness, St. Leo’s provides 141 permanent housing apartments for formerly homeless veterans. Situated on a campus built by Catholic Charities, the project also includes an outpatient clinic and resource center operated by the U.S. Dept. of Veterans Affairs, and a commemorative garden.

**Chicago Housing for Health Partnership (CHHP).** This 3-year demonstration project, administered by the AIDS Foundation of Chicago, uses the Housing First approach with chronically ill homeless individuals coming from area hospitals. The project provides housing and services for people with HIV, cancer, diabetes, and other chronic health conditions and evaluates the cost-benefits of this approach. The CHHP research study is the first in the nation to evaluate whether providing stable housing and intensive case management services to chronically medically ill homeless individuals improves their health and health service utilization.

**Permanent Housing with Short-Term Support.** This new model of housing provides two years of rental support and supportive services to households that need a boost to self-sufficiency. After the two-year period, the household permanently assumes the lease. 700 households consisting of women and children were housed utilizing this model in 2006.

**Housing for Homeless Youth.** Open Door Shelter-West Town provides a) a 16-bed, 120-day interim housing and supportive services program serving 200 homeless youth annually, ages 14-20, and their children, and b) an 8-bed residential facility for homeless youth, ages 16-21 and their children where youth can stay up to two years.

## 2 Homeless Prevention

It is estimated that 10 to 15 percent of the people who enter Chicago's homeless system could have maintained their housing with targeted financial assistance. A major tenet of the Chicago Plan is to increase homelessness prevention and thereby decrease the need for shelter.

**Major New Funding for Homeless Prevention.** Combining state and private funding, the Emergency Fund is now administering a total of \$4.5 million annually for homelessness prevention, including rent and utility assistance to help households through a crisis. In 2006, 7,100 households received homelessness prevention funding, which represents a 140 percent increase from 2002 to 2006 in the number of households assisted.

**The Homelessness Prevention Call Center.** Accessed through the city's 311 call number, the Homelessness Prevention Call Center connects people at risk of becoming homeless with specially-trained prevention staff. Callers are referred to community-based services and to homeless assistance agencies for supportive services and financial assistance.

## STILL TO BE ACCOMPLISHED

While much progress has been made over the last five years in restructuring Chicago's approach to homeless services, continuous refinement and improvement are needed to ensure that the goal of ending homelessness is met. Some of the key areas that still must be addressed include:

### Reaching all Homeless Populations

**Going Beyond Chronic Homelessness.** The Chicago Plan was envisioned as a blueprint for ending all homelessness. One of the first priorities to be implemented has been in creating multiple programs to address chronic homelessness—those individuals who have been homeless for more than a year or multiple times in the past year. (See Appendix A: Homeless Families and Individuals in Chicago for definitions of homeless populations). In large part, this is because federal funding has prioritized this population. It is also because research showed that this population utilizes a disproportionate amount of homeless services.

Yet there are a number of other homeless populations. These include families; youth (those not living with parents, ages 18-25); victims of domestic violence; seniors; people who have been convicted of a crime; people with mental or physical health challenges; immigrants, and veterans.

Innovative programming, new sources of funding, and, in some cases, additional systems change will be required to remove the barriers that keep these groups from obtaining housing. And it may take more than ten years to be successful with all homeless populations.

**Discharge Planning.** Numerous public systems release people into homelessness, with no housing or resources for self-sufficiency. This includes people coming out of the prison system, “aging out” of the Department of Children and Family Services (DCFS), and people coming from mental health hospitals or medical hospitals. For instance, it is estimated that 20 percent of inpatients at the Stroger Hospital of Cook County are, in fact, homeless. Upon exit, many of these people have no choice but to seek homeless shelters. Work needs to be done to ensure that these systems locate—and create—permanent housing placements for people being discharged.

**Chronic Drug or Alcohol Abuse Problems.** An impressive array of strategies exists for helping this population, including Safe Havens and Harm Reduction housing; trauma-informed therapies; and specialized engagement strategies. Work needs to continue to bring these innovative models of housing and service delivery to scale.

## Managing Growing Pains

Chicago's homeless system must continue to operate without any disruption of services as it simultaneously changes to the new Housing First approach. Frontline homeless service agencies, which are already managing the challenge of helping transform the lives of the people they serve, must have sufficient resources to both meet the demands of today and make the changes required for future service delivery.

## More Affordable Housing

Starting approximately 25 years ago, the federal government, began withdrawing financial support for the creation of affordable housing. The result of this withdrawal is an affordable housing shortage throughout the country. The National Alliance to End Homelessness estimates that over 3 million units of new affordable housing are needed nationwide. A recent report from DePaul University's Real Estate Center projects that Cook County will face a shortfall of 78,000 units of affordable housing by 2020.

Numerous other factors have converged to intensify this affordable housing crisis in Chicago. These include the loss or closure of tens of thousands of public housing units, the rapid conversion of affordable units to condominiums in many neighborhoods, and an overall reduction in the number of Section 8 vouchers

There are, however, some positive developments. For example, significant new housing has been created for people who are homeless using new strategies, such as:

- **HUD funding** being redirected to permanent housing and mixed with city, state and federal sources;
- **State funding** being created through a \$10 fee on documents recorded with the county recorder of deeds.

There is also reason to be hopeful that the decades-long retreat from affordable housing at the federal level may be changing. Legislation to create a National Affordable Housing Trust Fund, which would create 1.5 million units of affordable housing over 10 years, has strong bipartisan support and was passed by the House of Representatives on October 10, 2007.

Nevertheless, increased funding for affordable housing remains critical to meeting the Plan's goals.



## Independent Evaluation

Though it can be difficult to measure outcomes when the work is about changing peoples' lives, efforts must be made to assess progress under the Chicago Plan.

There are some indicators that are showing positive results. The "Point in Time" count is a process mandated by HUD, which requires all homeless systems, every two years, to count people in shelters and on the streets on the same evening across the country. (See Appendix A: *Homeless Families and Individuals in Chicago* for more detail on how homeless populations) A comparison of Chicago's 2005 Point in Time count to the 2007 Point in Time count, which used the same methodology, shows a 12% decrease in the number of people who are in shelters or on the streets in Chicago.

Other information suggests areas of concern. For instance, some shelter providers are stating that they have experienced an increased number of "turn-aways"—people who they cannot serve because their beds are full.

The Plan needs to be formally evaluated to give the full picture of what is working and what needs improvement. Questions include:

- Are the new models resulting in faster housing placements?
- Are we able to locate sufficient housing for households with incomes?
- How well are we matching the creation of new housing units to those who most need them?
- What does the existence of so many households that are marginally self-sufficient do to the likelihood of success of the Plan?

## CONCLUSION

The Chicago Plan is ambitious and visionary. While the journey to enacting this vision is fraught with difficulties, it is one that must be undertaken, so that we finally end homelessness for good.

The concept of ending homelessness is both radical and simple—radical in the notion that we can permanently END a social problem, but simple in that it recognizes an individual or family's home is the starting point for all successful journeys in life. The Chicago Plan is a roadmap for achieving that goal.

Families and individuals will continue to experience tragedies in their lives, and for some, these tragedies will threaten their housing or result in them becoming homelessness. We probably cannot stop that.

What we can do is make sure that:

- **When someone is confronting homelessness**, they are met with resources that keep them in their home. and
- **When someone is actually losing their home**, they enter a system that quickly finds them new housing.

## Who Is Homeless in Chicago, and Why are They Homeless?

People who experience homelessness are not a monolithic group. Many different kinds of people experience homelessness, and for different reasons. Research has shown three different patterns of usage of the homeless system:

- 1 Episodic:** These individuals and families go in and out of shelters. They tend to be younger, leave shelters when they get income, or use shelters seasonally.
- 2 Transitional:** These tend to be individuals and families who become homeless due to a housing, health care or other financial crisis. They come into the shelter system and remain there about three months, and often do not become homeless again.
- 3 Chronic:** These individuals and families have been homeless for a year or more or 4 times in the last 3 years. Many of these people use the shelter system for extended periods of time and are thought to consume 50 percent or more of total shelter days.

In addition, there are a number of sub-populations within the three categories listed above, who face special circumstances in escaping homelessness. These include:

- People suffering from severe mental or physical illness or chronic substance abuse
- Households experiencing domestic violence
- Ex-offenders or people released from institutions with no place to go
- Youth who have been thrown out of their houses because they are lesbian/gay/bisexual/transgender or they are pregnant or because they have left because there is abuse
- Immigrants/undocumented individuals who can't find work or housing because of lack of documentation, language and cultural barriers, etc.
- Veterans, particularly individuals suffering from post traumatic stress disorders



### How Many People are Homeless In Chicago?

Unfortunately, there is no agreed upon definition of who is homeless, nor is there an authoritative count of how many people are homeless in Chicago.

The City of Chicago's homeless count is based on the U.S. Department of Housing and Urban Development's definition of homelessness: "when an individual lacks a fixed, regular and adequate place to sleep or who regularly spends the night in a shelter, similar institution, or a place not meant for human habitation."

To obtain this number, the City organizes a one-day census count of people either staying in shelters or living on the street in the City of Chicago. In 2006 5,922 people fit this definition, down 12 percent from 2005, when a similar survey found 6,715 homeless individuals.

This "snapshot" of homelessness on one night in cities across the country was created in order to set a baseline comparison between cities, and HUD bases its funding on it.

Many organizations use broader definitions of homelessness that include those who are "precariously housed" (people who are at risk of homelessness) or people who are living "doubled up" with relatives or friends.

When this broader definition is used, the number of adult homeless grows to approximately 21,000, according to the Chicago Coalition for the Homeless.

But neither of these counts may include the significant number of youth who are homeless. Young people living on the street are particularly hard to count because they will rarely admit to being homeless, yet a 2005 University of Illinois report on homeless youth funded by the Illinois Department of Human Services found that as many as 25,000 youth are homeless annually in Illinois.

Similarly, many others are probably not being counted accurately, including families with children and people currently in jail or other institutions who don't have a home to return to.

To develop effective solutions and monitor changes over time, the Alliance hopes to create a clearer picture of:

- How many people are in different housing programs (e.g., shelters, interim, permanent, other specialized housing)
- How many are unsheltered
- How many are living doubled up due to economic hardship
- How many are economically vulnerable, e.g., making less than \$15.95 per hour\*
- How many are being discharged by different systems (e.g., prisons, hospitals) and in need of housing.

*\* This is the "housing wage" in Illinois, which is what a household of four working full-time must make per hour in order to afford the average rent and not pay more than 30% of their income in rent and utilities. Source: "Out of Reach, 2006" by the National Low-Income Housing Coalition.*

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