THE BLUEPRINT
A COMMUNITY RESPONSE
TO YOUTH HOMELESSNESS

CHICAGO CoC

APRIL 2018

PIVOT Consulting
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OVERVIEW

BLUEPRINT PROCESS OVERVIEW
This Blueprint is intended to document the robust community stakeholder process conducted by the Chicago Continuum of Care (CoC) to clearly define the intended impact it must have for youth and young adults experiencing homelessness. The CoC hired Pivot Consulting to help identify strengths in their current youth homelessness strategy and highlight opportunities to improve it. The Consultant began by researching the best practices in the field of youth homelessness, a review of local literature and reports, key stakeholders interviews and youth focus groups. Trends and key points identified were further refined through a community wide kick off meeting and intensive two-day workshop. Interviewed stakeholders and Kick-off and Workshop participants included housing and service providers and government agencies, as well as community leaders, youth, advocates, and philanthropic organizations. The first half-day was a kickoff meeting for the larger community to learn about the process, hear about trends gleaned during discovery, and engage in dialogue. The following two-day workshop was with a smaller group of stakeholders, and the work done over those two days make up the contents of this document, or blueprint. (To see a full list of people interviewed, kickoff meeting attendees and workshop participants please refer to Appendix A at the end of this document.)

Key decision points from the Blueprint were included in Chicago application for HUD’s Youth Homeless Demonstration Program (YHDP) with the goal of increasing funding for youth programs and developing an implementation plan.

The Blueprint is meant to guide the CoC in its work bring together stakeholders in a multi-sector collaboration to ensure the ideas developed during blueprint process are fully resourced and realized.
IMPACT STATEMENT, GOALS AND GUIDING PRINCIPLES

Impact Statement
A strong impact statement is clear, concise and measurable to allow for a disciplined and focused approach in how a community rallies support for system change, and then ultimately measures impact. An impact statement increases collaboration, ensures maximization of resources, and acts as a barometer for success.

With these parameters in mind, Chicago developed the following impact statement to measure the long-term success of young people:

Youth will thrive with a network of healthy connections, safety and stability.

Goals
In order to achieve its impact statement Chicago defined the following goals to gauge progress. Collectively, these goals embody the key milestones that Chicago must make definitive progress on within the next two to four years if it is to consider itself on track to positively change the lives of young people. When creating a robust implementation plan more goals may be developed, and Chicago should remain nimble in its ability to add and amend goals as they learn more about their response system.

The goals developed in support of the impact statement are:

- Identify gaps in youth services
- Research and implement best practices for working with homeless youth
- Increase supportive services (for diversion, prevention, after care and paired with housing)
- Expand prevention services
- Improve independent living skill services
- Increase connection to minor youth population
- Improve data collection and analysis through integrated data systems
- No exits into homelessness from foster care or juvenile justice
- Increase community awareness and acceptance of youth homelessness and youth experiencing housing instability
- Increase the understanding of trauma informed care and adverse childhood experiences in youth provider community
- Stronger coordination with service providers, inclusive of adult service providers
- Identify new/parallel funding sources
- Improve post-services outcome tracking
- House all homeless youth

The delivery of effective, individualized services and the alignment of financial resources should be in service of the impact statement and these goals. The goals should be used to

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1 Specifically youth ages 14 to 17. This could mean both increasing the amount and types of diversion services, and also supports for minor youth that are already, or will end up, in the crisis response system (or homeless sector).

2 This could be through the formation of a community capacity building organization that is responsible for the training and ongoing support of providers and their staff.
guide Chicago when faced with key decisions about its strategic direction and deployment of resources.

Guiding Principles
The community developed the following guiding principles to ensure community alignment on appropriate service delivery and how to meet the needs of young people. These principles should be incorporated as Chicago creates an implementation plan, rolls out adjustments to coordinated entry, and makes changes to its service array.

The guiding principles are:

- **Autonomy:** Youth have choice, are aware of their own power, and are able to self-determine how and when they utilize housing supports and services.
- **Equity:** Youth have broad access to systems, support and opportunities, and receive proportional support based on their identified need.
- **Safety:** Youth have the space to practice becoming adults, and are supported in developing a growth mindset.
- **Low barrier:** Youth will have broad and easy access to housing supports and services, and will not be victimized or re-traumatized by systemic protocols and procedures.
- **Individualized services:** Youth will have a voice in which services they utilize, and the plans that are developed to meet their needs and help them thrive.
- **No wrong door:** The Chicago CoC will have a coordinated response when assessing youth where all access points are effectively and equitable resourced, and that utilizes data to share pertinent information.
- **Well-trained staff:** Youth will work in partnership with culturally competent, trauma informed staff.
- **Service scaffolding:** The Chicago CoC will provide youth with proportional support that is flexible and responsive, allowing services and supports to increase or step down depending on identified need and progress.
- **Responsiveness:** Chicago will be nimble, respectful and efficient in responding to the voices of all stakeholders: youth, providers, family members, government agencies, funders, and the larger community.
YOUTH TYPOLOGY

Population Characteristics
The CoC is focused on using best practices when serving young people. This is especially true when trying to create a youth typology, which will help the city and the network of youth providers best understand the level and type of need youth are presenting with when they access services. Chicago is also committed to using data before making assumptions about what types of characteristics make up its youth typology. For example, Chapin Hall conducted The Voices of Youth Count in 2016 which collected data on youth residing in Cook County. However, since 91% of the study participants were from Chicago, this report is a strong proxy for the youth population in Chicago. The report provides a window into the types of young people that are represented, and at times disproportionately so, in Chicago’s homeless population. Building off this data, Chicago will look to refine the differentiating characteristics of homeless youth. For example, data revealed that 65% of youth identified as African American or Black. Of these, 40% had been in either juvenile detention, jail, or prison. Chicago will need to determine if being African American, or involvement in the justice system, are factors that cut across all levels of its typology, or are differentiating factors that become a defining characteristic of a typology subpopulation. Equally, as the CoC looks to more clearly define its youth typology, the risk factors listed below should be used as a starting place to clarify the needs of young people across the typology, and among the subpopulations that make up that typology.

Risk Factors
It is important to define the youth population in Chicago to understand the issues they present with when seeking or receiving support, but also to understand if the city has the necessary services present, and in the right amount, to meet the needs of young people. Specifically, the youth population, defined in age as 14 to 24 years old, in the City of Chicago present with some combination of the following risk factors:

- Death of parent or primary caregiver
- Trauma (e.g. Adverse Childhood Experiences - ACEs)
- LGBTQ
- Community of origin\(^3\)
- Person of color
- African American
- Poverty
- Lack of medical care
- Mental health issues or concerns
- Substance use
- Lack of employment
- No high school diploma
- Pregnant and/or parenting
- Foster care involvement
- Justice involvement (juvenile and/or adult)

\(^3\) Community of origin encompasses the violence, trauma and socio-economic challenges of a young person’s neighborhood.
• Violence (physical + verbal)
• Engaged in street economy
• Sexually exploited/sexually trafficked
• No permanent/healthy connections
• Immigration status
• Racial profiling
• Disability (mental and physical)
• Migration (from suburbs)
• Different religious beliefs that caused conflict with family of origin or others in shared housing situation

Youth may present with some, or even all, of these issues as they access services in Chicago. As youth move through coordinated entry and into tailored services it will be of paramount importance that Chicago conducts comprehensive assessments to best support, serve, and positively impact the lives of young people.

Typology
A good practice when working to end homelessness for youth is to define a framework by counting the population, establishing a typology to help scale resources, and then to measure progress. Dr. Paul Toro in his paper, An Emerging Framework for Ending Unaccompanied Youth Homelessness, defined an overall framework and youth typology, which provides insights into the behaviors youth exhibit when homeless, and promising strategies to more effectively end youth homelessness. As a starting point to help the City of Chicago clearly define its youth homeless population they will start with Dr. Paul Toro’s youth typology, and then collect and analyze data to further test and refine the typology. For example, given the disproportionate numbers of homeless LGBTQ youth in Chicago, collecting data to correlate high rates of LGBTQ youth in one subpopulation of the typology over another would be a good place to start data analysis. From these types of inquiries, and others, Chicago will be able to understand the factors that contribute to youth homelessness in their city, the behaviors that youth exhibit when homeless, and in turn be able to design a comprehensive community response system to more effectively and efficiently meet the needs of young people.

The three levels of the typology are:

• **Low Risk:** Youth who tend to be younger, maintain more stable relationships with their families and school, and experience the least amount of homelessness over time.

• **Transient:** Youth who have less stable connections with school and housing as they moved in and out of homelessness repeatedly, but still did not have prominent mental health and substance use problems, and retained relationships with their families.

• **High Risk:** Youth who are more likely to drop out of school, have an unstable relationship with their families, struggle with mental health and substance use issues, and experience long stretches of homelessness.

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4 More on the report from March 2012 can be found [here](#).
COORDINATED ENTRY

Overview
The Chicago CoC has developed and implemented a coordinated entry system (CES), and is committed to continually refining it to meet the needs of youth by incorporating lessons learned, feedback from the community, and best practices from other efforts across the country.

While Chicago works to collect data to refine its youth typology, it is prepared to begin implementing new and necessary services to continue its work of helping youth secure stable housing, build healthy relationships and achieve stability.

Community Referral and Access
In situations when early intervention efforts do not prevent a young person from needing the support of the youth provider community, or for those youth who are already homeless and in need of housing and supportive services, they will be referred into the coordinated entry system. Youth will be referred several ways:

- Schools
- Community based organizations
- Illinois Department of Juvenile Justice
- Adult Corrections
- Department of Children and Family Services
- Drop-In
- Community Resource Centers
- Outreach
- Adult homeless service providers
- Walk-in
- Emergency rooms and hospitals

Given the large number of referral sources, outreach and community awareness efforts must be robust, comprehensive and ongoing. The CoC must work to elevate the issues behind youth homelessness, communicate how Chicago is addressing the problem, and how people can get involved and help. However, given the geographical size of Chicago, coupled with limited coordinated communication and use of data between youth service providers, the CoC should consider increasing mobile staff to meet youth out in the community. Specifically, a navigator position should be created that combines outreach, need assessment, and navigation support into appropriate services. After connecting and assessing youth, navigators would stay in contact to share when housing options become open in the organizations, and areas of the city, youth feel the most comfortable accessing. The navigators must be well connected with the larger youth provider network, be able to be on site at access points in the community, and share data throughout the CES. This is a scalable approach to meeting the needs of all young people in Chicago, meaningfully incorporates youth voice and choice, and supports a housing first approach.

Triage and Assessment
Once youth have been referred to the CES, they must be assessed for their level of risk and specific areas of need. The assessment will be the main tool in both aligning need to available services, and also prioritizing young people for housing based on the acuity of their
risk factors. Chicago is currently utilizing an instrument that was designed specifically to help with collecting data on youth as they enter the coordinated entry system; however, that tool could be more effective in identifying need, prioritizing services, and sharing information among providers. The community of youth providers have heavily vetted the current coordinated entry tool, designed to gauge a youth’s vulnerability, for bright spots and challenges. Based on this feedback the CoC is poised to adopt a new tool that better embraces a housing first philosophy, identifies need more effectively and efficiently, and allows for easier and better data collection and utilization.

In the workshops there was a great deal of discussion about which data points are the most important to collect, how the assessment tool will be used to not screen youth out but effectively and appropriately screen them in, and how to remain a housing first community without requiring copious amounts of data collection prior to placement. The ACEs questionnaire for youth was discussed as a valuable tool, as was adding other questions about education level attained, medical background and violence – specifically sexually exploited/sexually trafficked youth. As mentioned in the youth typology section, the group decided to use Dr. Paul Toro’s typology as a starting place, and then use data to sharpen the categories within the typology. The CoC’s new data collection tool must easy to administer, collect meaningful data, and can be used to map youth need to housing and services.

For youth that cannot be diverted, Chicago may consider using the abridged version of the TAY VI-SPDAT, which also contains all six questions from the TAY Triage Tool, as their standard assessment. This instrument, known as The Next Step Tool for Homeless Youth, has merged the tested premises of the TAY VI-SPDAT and TAY Triage Tool into a survey that is easy to administer, easy for youth to respond to, and allows service providers to better understand the types and intensity of services to begin with when supporting youth and young adults.

Prioritization
The CoC’s new data collection tool must be used with fidelity at all access points for coordinated entry across the city, and help hone in on especially vulnerable subsets of the youth population in Chicago. The CoC believes all youth should receive supports in a way that is equitable and fair, and also acknowledges there are certain special needs populations that are over-represented such as African American youth, youth involved in the child welfare and justice systems, and LGBTQ youth. As well, pregnant and parenting youth and transgender women of color are two more subpopulations of youth who could benefit from targeted outreach and tailored services to meet their specific needs. If at any given time, despite the extra emphasis put on these special needs populations, young people emerge with the same level of risk it is suggested that homeless status be used. In other words, the longer a young person has been on streets the higher their prioritization.

Tailored Services and Housing
It is assumed that all young people have risk factors and complex needs if they are enter the coordinated entry system, and youth present with a variety of unique needs and skills.

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5 The TAY Triage tool predicts which youth are most likely to experience long-term homelessness, or are essentially on a trajectory to becoming chronically homeless adults. The TAY VI-SPDAT helps understand current vulnerabilities and risks to future housing stability in order to support youth in ending their homelessness.

6 More on The Next Step Tool for Homeless Youth can be found [here](#).
Chicago is committed to use data to refine its typology, which over time will effectively guide the city when looking to find the best housing options and trauma informed care services and treatment.

In the workshops, the group identified several service interventions and housing models they believe are necessary to develop, or increase, to help youth thrive. These are listed below, and the prioritized items are bolded.

**HOUSING MODELS**

- **Respite care**: Designed to provide relief to a youth’s primary caregiver/family that is often in a licensed foster care home, and can range from overnight to extended periods of stay.
- **Host home**: Youth identify adults who they want to live with. Adults are screened through background checks and interviews, and are provided ongoing training and support. Youth live with the host as long as they choose, working on education, employment and social emotional goals.
- **Scattered-site**: Youth live in master-leased apartments (usually by a non-profit organization or city agency) where they receive intensive case management as well as education and employment support. Youth pay rent on a graduated scale until they are paying the full cost while learning how to maintain an apartment and build critical life skills (e.g. budgeting, cooking, cleaning, neighbor relations). The rental subsidy is time limited, but the lease on the apartment can be signed over to the youth.
- **Transitional**: Safe and stable housing in a variety of settings such as congregate and scattered-site. Youth receive intensive case management support, rental assistance and develop the skills to successfully transition into stable housing. The length of stay is time limited, often ranging from one to two years.
- **Therapeutic**: Provides intensive help for youth with serious social and emotional behavior problems. The facility is monitored by trained staff with low staff-to-client ratios. Youth work with staff to address trauma, practice mindfulness and develop coping skills to deal with the effects of their trauma.
- **Substance treatment**: Time limited housing with intensive case management and youth-driven treatment plans to address addiction and underlying trauma or social emotional behaviors that may be contributing to the addiction.
- **Low threshold shelter**: Emergency bed shelters offering access to meals, showers and laundry facilities. Youth usually receive a bed each night based on a “first-come-first-served” basis. There is limited case management, and most services focus on resource provision and referral. Low threshold shelters are often the port of entry for street-based youth before they access more intensive supports.
- **Interim**: Temporary housing that is time limited (usually between three and six months) where youth receive case management, skills training, and work to develop a transition plan that will lead them to a more stable housing placement (e.g. transitional, scattered-site, permanent).
- **Rapid rehousing**: Strongly rooted in a housing first approach this model provides housing identification, rent and move-in assistance, and case management.
- **Permanent supportive housing**: Non-time limited housing where youth receive comprehensive and supportive services such as case management, educational assistance, job skills development and placement, and a host of other services to help create long-term stabilization.
- **Supervised Independent Living Program (SILP)**: A non-licensed foster care placement available to non-minor dependents intended to provide a highly autonomous living
experience. Youth directly receive the foster care benefits check, and can live in a variety of settings: alone, with a roommate, in a dorm room, or rent a room in a house from someone. Youth are required to stay connected to their social worker and have regular check-ins to monitor needs, assess the living space, and gauge progress.

**Bold** = top choices to be prioritized

### SERVICES

#### Crisis Response and Diversion

- **Youth System Navigator**: Mobile staff position designed to facilitate referrals between organization, ensure warm handoffs, and monitor individual youth progress
- **Youth Diversion Specialist**: Staff position designed to connect with youth identified as eligible for diversion from the coordinated entry system
- **Emergency fund assistance**: Funds directed to youth to cover costs that could prevent them from entering the system, and/or losing their housing, such as back rent, utilities payment, or medical bills.
- **Family mediation**: Short-term counseling and intervention services to youth and families experiencing conflict and difficulties at home.
- **Respite care**: Designed to provide short-term, community-based support to help provide relief to the primary caregiver (e.g. minor youth and their parents)
- **Outreach**: Connecting to youth in a variety of places (streets, schools, social services programs, etc.) to ensure they are aware of the supports and program available to them (e.g. navigators).
- **Drop-in centers**: A safe space for youth as an alternative to the streets. Youth can access essential resources for their overall well-being such as food and showers. Staff provide referral and connection to more permanent and robust programs and services.

**Bold** = top choices to be prioritized

### System Navigation

#### Navigation

Once a youth’s needs and risk factors have been identified the coordinated entry system will refer to the appropriate housing option and supportive services. As discussed earlier, in an attempt to provide the best possible experience for the young person being referred, it is suggested that Chicago creates a mobile position, called a navigator, to facilitate the referrals, ensure warm handoffs, and be able to monitor progress.

Navigators could potentially work with up to forty-five young people, of which approximately twenty will receive mobile case management. Once referrals begin some youth, due to lack of housing or a young person’s desire to not access intensive support, will not immediately gain access to housing and services. To ensure contact with these young people in order to alert them to their status on the waitlist, and to provide light support, a navigator will provide an ongoing connection to young people who have entered the coordinated entry system, but have not yet matriculated into intensive support.

Once the referral is made, the navigator is responsible for acting as the liaison to the provider, setting up a time to bring the young person to the referred program to provide a warm handoff. Once youth are in housing and receiving services, the navigator will remain in contact with the provider to understand the success of the placement, and to request any data
the CES needs to highlight outcomes and areas of improvement. In the instance of a young person needing to come back into the coordinated entry system, ongoing communication also serves the purpose of knowing the reasons for the re-entry, and helps find a more successful placement in the future.

**Employment**
- Job development/business development (especially for transgender youth)
- Community based organizations hiring youth
- Improved partnerships with employment programs/organizations
- Jobs for American Graduates (JAG)

**Trauma Informed Care**
- Community Capacity Builder (training, staff capacity, community awareness of youth homelessness issues)
- Hiring Behavioral Health Specialists
  - Bold = top choices to be prioritized

The capacity builder would have mobile staff to help organizations debrief incidents of youth violence or negative behavior, providing opportunity and space for staff to triage a situation, identify next steps, and continually improve its trauma informed care delivery. Such an intervention supports a housing first philosophy, and the ability of organizations to more effectively help youth increase their developmental assets and protective factors. Lastly, as an expert in best practices for addressing youth homelessness the organization would also help elevate awareness of youth homelessness throughout Chicago, and how the city is proactively working to address and mitigate the issue. Local funders realize the need and importance for capacity building, and currently there are organizations that identify best practices in a field and partner with providers and experts to train staff at youth providing organizations.

**Violence Prevention**
- Community involvement with efforts to reduce violence (e.g. partnering with organizations that work to reduce gang violence and hyper-policing)
- Improved partnerships with restorative justice
- Improved partnerships with transformational justice (i.e. policies in program)
- Balance safety and trauma informed care (Community Capacity Builder)
- Behavior based/de-escalation training for staff and youth

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7 The exact length of time a navigator should remain in contact with a youth once they are placed in intensive services will need to be determined in implementation. It is recommended this period does not exceed 60 days due to replication of services and bandwidth concerns for the navigator.
8 JAG prevents dropouts among young people who have serious barriers to graduation and/or employment. More can be found here.
9 In the workshops the Chicago Jobs Council was mentioned as a possible solution as they currently operate as a well-known and respected capacity builder.
10 It is assumed that homeless youth providers most often will need to partner with other organizations that specialize in violence prevention and trauma informed policing rather than provide these specific services themselves.
Other services Chicago may consider incorporating or increasing are listed below. These examples are shared to help jumpstart the community's thinking as they look to develop their larger implementation plan.

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<th>Employment</th>
<th>Mental Health</th>
<th>Substance Use</th>
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<td>Job development</td>
<td>Day treatment programs</td>
<td>Abstinence programs</td>
<td>Life skills programming</td>
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<td>Night classes</td>
<td>Bonding services</td>
<td>Mobile therapy</td>
<td>Harm reduction programs</td>
<td>Services that help build social capital (internal and external)</td>
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<td>Alternative schooling for expulsions and suspensions</td>
<td>Supportive work environments</td>
<td>Mobile crisis services</td>
<td>Outpatient services (up to the age of 24)</td>
<td>Childcare</td>
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<td>Individualized Education Program (IEP) services and support</td>
<td>Skill building programs</td>
<td>Support for medication access</td>
<td>Family-oriented support programs</td>
<td>Transportation</td>
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<td>Reduced barrier restrictions</td>
<td>Outpatient services</td>
<td>Methadone clinics</td>
<td>Drop-In Centers</td>
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<td>Trauma informed care training</td>
<td>Detox beds</td>
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<td>Adverse Childhood Experiences (ACEs) training and support</td>
<td>Residential treatment programs</td>
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<td>Assertive Community Treatment (ACT) model and training on the model</td>
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OUTCOMES

Outcomes occur on three levels: short-, intermediate and long-term. Outcomes are measurable changes in the youth population, and are used to proactively manage the performance of Chicago’s efforts to end youth homelessness, including the respective programs and services that are part of the coordinated entry system. The outcomes enumerated below align with what the United States Interagency Council on Homelessness (USICH) identifies as the four core outcomes for youth: stable housing, permanent connections, education and employment, and social emotional well-being. These outcomes, and their importance for helping youth, are outlined in the resource text, Framework to End Youth Homelessness.12

During the workshops there was only time to address the long-term outcomes that are expected to highlight the impact of a comprehensive and unified response to addressing and

11 More on the Assertive Community Treatment Model (ACT) can be found here.
12 This is a federal framework adopted by both HUD and ACYF, and was developed specifically to address what strategies should be implemented to improve the educational outcomes for children and youth. More on the Framework to End Youth Homelessness can be found here.
improving youth homelessness. In its implementation plan, Chicago should focus on setting intermediate and short-term outcomes to help gauge progress, focus efforts, and align the service provider community. As a starting point, below are suggestions for potential intermediate and short-term outcomes provided based on what other communities have chosen when looking to implement similar plans to address youth homelessness.

Long-term Outcomes

Long-term outcomes are the most vibrant expression of impact, and are tracked as youth transition from programs, and for a determined period of time after transition.

The impact statement states that its intended and lasting effect is for youth to be healthy, safe, stable and off the streets. Each long-term outcome is defined below. It is important to underscore the below definitions may shift over time as the CoC collects and analyzes data, which is a critical element to managing towards an effective and efficient system of response.

**Housing**

- Stable housing:
  - Physical address with utilities (heating, water, electrical)
  - Permanent housing, permanent supportive housing, market rate rent, subsidized housing
  - Housed with family (when applicable and as determined by the youth)
  - No: squatting, living in car, shelter, or on the streets
- Tracked at least one year after transition from supportive services:
  - X% of youth who are stably housed

**Permanent Connections**

Young people will be asked questions that speak to their ability to name healthy and supportive connections. How well an individual scores on these questions will be the proxy for having a strong, healthy network of support. These questions should also be tracked one year after youth have transitioned from supportive services. Potential questions include:

- Do you have someone you can connect with when you have accomplished something you are proud of?
- Do you have someone you can connect with when you are in a time of crisis?
- In a time of crisis do you have someone who can offer you a ride, money, or a place to stay?
- Do you have someone who you can confide in and share personal feelings?

**Income**

- Living wage
- Job retention

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13 Chicago will need to develop and employ several techniques to gather this data. Most likely data will need to be collected on a monthly basis to ensure contact with youth one year post program (i.e. intensive support).

14 There was discussion of using an eco-map as a tool to track the amount and kind of permanent connections. Regardless of which tool is used, it should be standardized across the service network.

15 These questions were developed by the group, and should be tested for reliability during implementation. Chicago may also consider using questions that align with the National Youth Transition Database (NYTD).

16 Statistics on Chicago living wage can be found here. Per the cited article a single adult would need to make approximately $68,000 a year adhering to a 50-30-20 rule (50% of income for necessities, 30% for discretionary items and 20% saved).
• Ability to provide for basic needs (rent, utilities, food, transportation, and reliable childcare)\textsuperscript{17}
• Savings of at least $500
• Acceptable income:
  o Job
  o SSI/SSA
• Tracked at least one year after transition from supportive services:
  o X\% of youth who are employed or receiving benefits equal to a living wage at time of exit to permanent housing
  o X\% of youth who retain their living wage employment for at least one year after program

Education
• High school diploma or GED
• Entry into post-secondary education:
  o Four-year university
  o Two-year college
  o Vocational school
  o Certificated program
• Retention in post-secondary education through an individual’s second year

Social Emotional Well-Being
There are several ways of thinking about how to track and monitor the social and emotional well-being of youth and young adults. Two prevailing schools of thought focus on protective factors and developmental assets. In the workshops, there was more of a focus on protective factors, and not asset building. However, asset building is included here based on its strong correlation to youth success.

Protective factors help buffer young people with high levels of risk factors from developing health and social problems, and are broken down into four domains: community, family, school and health.\textsuperscript{18} Developmental assets are forty positive supports and strengths that young people need to succeed.\textsuperscript{19} The assets are broken into external and internal assets. External assets are the supports, opportunities and relationships young people need across all aspects of their lives such as families, schools and communities. Internal assets are the personal skills, commitments and values young people need to make good choices, and take responsibility for their own lives.

Chicago could track increases in protective factors such as: cognitive functioning, physical health and development, emotional/behavioral functioning, and social functioning. As well as tracking decreases in risky behavior such as addiction and violence. The Developmental Asset Profile (DAP) exists to help measure a young person’s internal strengths and external supports, and the growth in these areas over time.\textsuperscript{20} Chicago could easily utilize this tool to measure increases in young people’s developmental assets.

\textsuperscript{17} There was discussion of including healthcare as a basic need. The group opted for a minimum savings amount under the employment category. Having a minimum of $500 saved is a proxy for being able to address emergencies as they arise, which includes health care emergencies.
\textsuperscript{18} More on protective factors and risk factors can be found \url{here}.
\textsuperscript{19} More on developmental assets can be found \url{here}.
\textsuperscript{20} More on the DAP can be found \url{here}.
Intermediate Outcomes
Intermediate outcomes are deadline-driven milestones that are reached while youth are still in housing and/or receiving supportive services. Attaining intermediate outcomes suggests a young person is on-track to be successful after transitioning from supportive services, and if the outcome is achieved by time of exit, suggests the youth will have a very good chance of achieving long-term impact. Each of the outcomes will need to be tested through data collection to determine if these indeed are intermediate outcomes that correlate to long-term impact and success.

Housing
• X% of youth who secure stable housing prior to transition from supportive services

Permanent Connections
• Connection to permanent adult (non-staff, non-spouse/partner)
• Connection to positive peer group (scale TBD)
• Connection to family (where appropriate)
• Placement with permanent adult

Employment
14 and 17 year olds
• Hours per year of volunteerism
• Annual paid summer job
• Internships/Apprenticeships
18 to 24 year olds
• X% of youth who secure a job
• X% of youth who retain employment
  o Tracked every six months
• Wage (hourly mean and median)
• X% of youth that are employed at transition from supportive services
  o Full time and part time
  o Number of total months employed while in program

Education
14 and 17 year olds
• X% of youth who receive a high school diploma or GED
• X% of youth who are passing (2.0 or better) core classes (Math, English, Science, Social Studies)
• Progress reports/GPA (three times per year)
• Performance on standardized tests
• Credit accrual/matriculation (annually)
18 to 24 year olds
• X% of youth who receive a high school diploma or GED
• X% of youth who enroll in post-secondary education
• X% of youth who are enrolled in post-secondary education at transition from supportive services

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21 Not every client will want to be placed with his or her permanent adult, and both the client and the adult should mutually agree on this.

22 This could be in the community with partner agencies. A reasonable number will need to be determined based on an individual youth’s level of functioning.
Social Emotional Well-Being

*For youth and young adults ages 14 to 24:*

- An increase in:
  - Permanent connection such as: community, school, peers and family
  - Yearly physical examinations (doctor + dental)
  - Therapy visits (where appropriate)
  - Growth in developmental assets

- A decrease in:
  - Substance use
  - Psychiatric hospital stays
  - Emergency room visits
  - AWOL youth
  - Crossover youth (going from child welfare to juvenile justice)

Short-term Outcomes

Short-term outcomes will allow Chicago to see, near to real time, how well the overall response to youth homelessness is working. Short-term outcomes also show whether respective programs are hitting key milestones that are effectively moving youth along a trajectory of engagement that will lead towards achievement while participating in housing and supportive services, and therefore the fulfillment of intended long-term impact.

As mentioned above, these outcomes are suggestions, and should be used as a starting place for Chicago to hone its thinking about what short-term outcomes are most important to monitor. The short-term outcomes listed here may be the correct ones, but only through data collection and analysis on these outcomes (and others to be determined in a more robust implementation plan) will the CoC and its service providers be able to build upon what is listed here.

Lastly, when considering short-term outcomes, Chicago should be thoughtful about not conflating outputs, key performance indicators and outcomes – a common occurrence when developing short-term milestones. For example, enrolling in a job training class is an output. Obtaining a job, or placement in a supportive work environment, are outcomes. However, enrolling in a training class may become a key performance indicator if over time data reveals youth who enroll in job training classes are much more likely to experience later success in achieving and maintaining employment.

Housing

- X% of youth who pay rent on time each month (i.e. transitional and scattered-site housing models)
- X% of youth served by outreach teams who enter housing (via the coordinated entry system)

Education

- Enrollment into high school, or its equivalent
- Attendance (received directly from schools)

System Fidelity

- X% of youth who are diverted from the coordinated entry system
- X% of youth who are reunited with their family (when appropriate)
PERFORMANCE MANAGEMENT

Overview
Performance management is central to any system’s success. It is how the CoC will be able to
gauge the impact of its service array, and effectively course correct when needed. When
building its implementation plan from this blueprint, the CoC should clearly outline how it will
collect, analyze, share and use data to improve Chicago’s response to youth homelessness. In
doing this the strategies outlined in this section will be refined and become more specific.
Once refined, executing against the tenants of performance management will help the CoC
achieve explicit, clear, measurable outcomes. This includes structuring the community response
to youth homelessness to have at its core strong and frequent communication that allow
community partners to analyze data trends, learn from experience, clarify goals, and revise
the system design as necessary.

There are several key aspects of performance management, which work in tight unison to help
engender strong accountability. These include:

Performance Framework: A theory of change, or systemic design, that outlines the level and
quality of services needed to achieve key outcomes for youth and young adults.

High Data Quality: Data must be captured consistently, completely, accurately, and in a
timely manner. At a minimum, data should be tracked and performance monitored in these areas:

- **Youth population and typology:** To ensure the identified population is reached in the
  numbers and proportions intended.

- **System and program delivery quality:** To ensure the coordinated response, and the
  programs and services that are part of it, are implemented at the level of quality and
  codification necessary to achieve outcomes.

- **Outcomes:** To ensure members of the youth population are progressing toward the
  achievement of short-, intermediate and long-term outcomes.

Data-Driven Decision-Making: Real time data are critical to inform key decisions about the
youth population, strategic priorities, system design, and overall impact.

Data-Driven Accountability: It is essential that the performance of all community partners will
be assessed using data. This means setting clear benchmarks, establishing core competencies,
and reviewing the impact of service providers at least annually on their performance as it
relates to achieving milestones, and therefore receiving funding.

Culture of Learning: Data are not meant to catch people making mistakes, but are meant to
highlight effective and ineffective service delivery. Analyzing performance data to best
determine if Chicago’s coordinated response to youth homelessness is running with fidelity, and
meeting the needs of youth is critical.

Continuous Iteration: It is important to ensure an ongoing cycle of inquiry, which allows the CoC
to test new ideas and services, create a feedback loop of information for the larger network
of youth providers, and helps the community make informed decisions. A common cycle of
inquiry is as follows: *idea → implement → collect data → analyze → adjust.*
IMPLEMENTATION PROCESS

BLUEPRINT
ARTICULATION

IMPLEMENTATION
PLAN

SERVICE ARRAY
DESIGN

ACCOUNTABILITY
STRUCTURE

DATA INTEGRITY

ACTIONABLE DATA

REFINE TYPOLOGY

TEST
IMPACT

Timing and sequence of work

Housing, services and intervention dosage

Deliverables, timelines, expectations

Timely data entry, collection and utilization

Dashboards and reports

Clarity on Chicago homeless youth
CONCLUSION

The City of Chicago has completed a critical step on its journey to develop a community response to youth homelessness. The investment of energy in articulating its vision exemplifies the community’s dedication to effectively providing youth with the supports necessary to thrive. The time dedicated by community stakeholders over two-and-a-half days of intensive workshops has led to a clear and concise impact statement, the framework for a youth typology, clear long-term outcomes, and a vision for prioritizing special needs populations and key housing and service supports.

The path forward continues for the community of Chicago, picking up where it left off after the workshops by beginning the work to resource its decisions into reality. This means developing an implementation plan. At the very least, the plan should include how the CoC plans to allocate resources to new system and program elements, the design of communication expectations, data sharing protocols, and a strategy for gaining greater clarity on its youth typology.

The work of systems change can take several years. However, definitive progress can be achieved in the next one to two years a strong performance management structure. The City of Chicago should continue to prioritize what it believes to be the most critical lines of work that will be the foundation for a strong and comprehensive response to youth homelessness. Service providers, the city, funders and government agencies must remain nimble, and allow the work to shift and change according to the learning acquired during implementation. New work streams should develop as Chicago learns more about the needs of its youth, elements of service delivery that are critical to creating lasting change, and which data are most crucial to collect when holding providers accountable. In turn, these new work streams should be incorporated into the implementation plan.
### APPENDIX A

#### Discovery Interviews*

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<tr>
<th>NAME</th>
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<td>Alexis Allegra</td>
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*There were also two youth focus groups conducted with a total of 11 youth (three from the Youth Advisory Board) for a total of three hours.*
## Kickoff Meeting Attendees*

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*This list may not be complete. More people attended the Kickoff Meeting than signed in.*
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