Contents

Part I. Introduction .................................................................................................................3
Acknowledgements ..................................................................................................................3
About this document ...............................................................................................................3
Background .............................................................................................................................4
Key Considerations ................................................................................................................5
Part II. Philosophies & Values .............................................................................................8
Philosophies .........................................................................................................................8
Chicago Youth Sector Values ...............................................................................................10
Part III. Program Model & Training Standards ................................................................11
Universal Program Standards ..............................................................................................11
Chicago Youth Sector Universal Training Standards ...........................................................12
Defining Youth Population & Categories of Homelessness ..................................................12
Youth Low Threshold Emergency Shelter ........................................................................16
Youth Transitional Housing ..................................................................................................22
Youth-Dedicated Rapid Rehousing .......................................................................................27
Youth-Dedicated Joint Transitional Housing & Rapid Rehousing ........................................33
Youth-Dedicated Permanent Supportive Housing ...............................................................39
Therapeutic Housing ............................................................................................................46
Respite Housing ....................................................................................................................52
Part IV. Appendix ..................................................................................................................53
Youth Program Model Standards Community Process .........................................................53
Part I. Introduction

Acknowledgements
The Chicago Youth Sector recognizes the collaborative efforts in developing the housing program models outlined in the document. Special gratitude for the following community individuals and organizations who offered their expertise and input.

- Youth Action Board (6 members)
- Service provider leadership and operation staff from The Night Ministry, Ignite (formerly TLP), La Casa Norte, Unity, Covenant House, Center on Halsted, Childserve, New Moms, Heartland Human Care Services, Inspiration Corporation, Housing Opportunities for Women, LYTE Collective, and Broadway Youth Center.
- Chapin Hall at University of Chicago (Research Partner)
- Chicago Coalition for the Homeless
- City of Chicago, Department of Family and Support Services
- All Chicago
- Polk Bros. Foundation
- Crown Family Philanthropies
- Chicago Community Trust

About this document
This document serves as a foundational guide that outlines aspirational program standards for existing and new youth housing program models in Chicago to achieve greater consistency and quality across housing program model types. The Chicago Youth Sector recognize that there are youth “supportive services only” program models (e.g. outreach, drop-in centers, navigation) not addressed in this document, but are valuable parts to the homeless response system. This document specifically focuses on programs that have a bed or housing component.

The Chicago Youth Sector recognizes that some of the identified program standards are aspirational, but believe they are critical to strive to increase system effectiveness that will improve overall efforts to end youth homelessness in Chicago. The youth program model designs are intended to integrate with the Chicago Continuum of Care through an implementation process and will require continued planning action in partnership with the CoC Implementation Team. These program model designs are not intended to replace any CoC Written Standards\(^1\) or other funder requirements, policies and procedures, but are to be used as a program design tool for existing and future program funding opportunities. The Chicago Youth Sector Leadership Committee will revisit these designs on an annual basis and make refinements as necessary.

\(^1\) Please see Chicago CoC Community Standards.
Background

In March of 2018, the Chicago Youth Sector\(^2\) participated in a system planning effort to strengthen the community’s response to ending youth homelessness. This process created the Blueprint\(^3\), a bold strategy for Chicago’s youth which included increasing existing housing models and bringing new models to the homeless response system. To continue the momentum created by the Blueprint Process, the Chicago Task Force for Homeless Youth established Chicago’s Youth Strategy\(^4\) to serve as a concrete action plan to advance the work of ending and preventing youth homelessness in the City of Chicago. As part of this process, the community identified a need to expand the program array housing interventions for young people and identified 8 key program model\(^5\) types to standardize through a community driven engagement process.

Program Models designed/refined:

1. Youth Low-Threshold Emergency Shelter
2. Youth Interim Housing
3. Youth Transitional housing
4. Youth Rapid Rehousing
5. Youth Joint Transitional housing & Rapid Rehousing
6. Youth Permanent Supportive Housing
7. Youth Therapeutic Housing
8. Youth Respite Housing\(^6\)

As the next step in realizing the visions of the Blueprint, the Chicago Youth Sector partnered with ICF, a national consulting firm with expertise in youth homelessness, to facilitate a youth centered community input process and to support the creation of a housing program standard document that describes the core components for each program model and reflects the input gathered during community input and national best practices.

April 25\(^{th}\) and 26\(^{th}\), 2019, ICF facilitated a 2-day workshop with 30 stakeholders to design the youth-dedicated program model components. Stakeholders included Chicago Youth Action Board members, emergency/interim, outreach, transitional, rapid rehousing and permanent supportive housing program leadership. As part of the workshop, participants worked in small groups to develop input on key considerations for each program model standard with a focus on highlighting where some program

---

\(^2\) The group of stakeholders working collaboratively to prevent and end youth homelessness in Chicago, IL. Includes young people with lived experience, service providers, funders and Continuum of Care system leads.

\(^3\) [https://allchicago.org/sites/allchicago.org/files/Chicago%20Youth%20Blueprint.pdf](https://allchicago.org/sites/allchicago.org/files/Chicago%20Youth%20Blueprint.pdf)

\(^4\) [https://allchicago.org/continuum-care/action-agenda/youth](https://allchicago.org/continuum-care/action-agenda/youth)

\(^5\) These program models are to be a sub-set to the CoC program component categories as youth dedicated models.

\(^6\) Youth stakeholder group acknowledged at this stage, there is not enough expertise input in the planning process to describe this program model and are tabling this for future action.
models have significant overlap in service array. ICF then synthesized the input and reviewed with Youth Program Managers.

On June 27th and June 28th, ICF facilitated two meetings with both the Chicago Youth Action Board and a community meeting with over 50 representatives from the Chicago Youth Sector to provide feedback on the initial draft of this document and discuss the key considerations. The following section provides the summarized outcomes of those conversations.

Key Considerations

During the community conversations on June 27th and June 28th, the representatives from across the Youth Sector discussed the scenarios and provided the following recommendations for future consideration:

1. Community should weigh advantages vs. disadvantages of creating separate, but similar youth-dedicated housing program models.
   a. Low Threshold Emergency Shelter & Interim Housing
      i. **Initial consideration:** With the recommended changes to Low Threshold Emergency Shelter (increasing availability to reserve beds, 24/7 access, increased case management) it has been highlighted that both LTES and Interim Housing serve a similar purpose for young people experiencing a housing crisis. While as designed LTES does not require a CES referral while Interim Housing would be reserved for youth matched but not yet housed by housing program, the community should consider whether it’s necessary to distinguish between these two models.
      ii. **Recommendation:** Based on the community conversation, it was recommended to combine the two models and ensure the design reflected the differentiating elements. For the purpose of this document, both models were combined with the requested changes.
   b. Scattered Site Transitional Housing & Rapid Rehousing
      i. **Initial Consideration:** Both Transitional Housing (scattered site) and Rapid Rehousing provide identical supportive services to participants. RRH provides tenant-based rental assistance and participant holds the lease in their own name and may reside in the unit indefinitely as per terms of the lease. In scattered site TH, the lease is held with the agency and will require the youth to either relocate or transfer lease into their own name post exit from the program.
      ii. **Recommendation:** This consideration is still open for future discussion. The community identified a need to continue to have an ability to master lease units (e.g. participants under 18 y/o or other challenging for ability to sign own lease)
   c. Transitional Housing and Therapeutic Housing
      i. **Initial Consideration:** Therapeutic housing provides a deeper level of clinical supports onsite than youth dedicated Transitional Housing and is intended to serve young people who have not yet met the disability documentation criteria for PSH. Based on this distinction, this program model operates closer to a specialized Transitional Housing model. The community should consider whether
a distinction of a separate program model is necessary or if Therapeutic Housing should fall under a type of Transitional Housing.

ii. **Recommendation:** The community expressed that this program model is in response to a lack of adequate mental health resources. Continued conversations with mental health providers on ways to create opportunities for increased clinical supports for any youth housed through Transitional Housing and Rapid Rehousing and other program models should be explored.

d. Youth Overlay & Permanent Supportive Housing

i. **Initial Consideration:** As described in Consideration #2, consider whether the creation of a Youth Supportive Service Overlay could be utilized to strengthen and expand opportunities for young people matched to non-youth dedicated PSH and minimize the need to create youth dedicated PSH.

ii. **Recommendation:** This was generally supported across the community representatives present for both meetings and should be continued to be explored as an option to increase culturally responsive permanent supportive housing to better meet the needs of younger participants.

2. Explore a “Youth Supportive Service Overlay” for non-youth dedicated projects

As discussed in the community input workshop, further explore opportunities to strengthen non-youth dedicated programs (e.g. adult serving RRH or PSH) with an opportunity to enrich services better geared towards serving youth.

3. Increased budgetary costs

Based on some of the proposed standards, staffing and operational costs specifically for Low Threshold Emergency Shelter and Therapeutic Housing are to be considered. Increasing hours of operation to 24/7 will require an increased operational budget. In addition, on-site clinical services will most likely require an increased investment in supportive services dollars.

4. Strengthen system response for youth aged 17 and under

In the outlined program models, there are two models (ES, IH) that currently serve youth aged 17 and under, however the medium and long-term models (RRH, PSH) are not designed to serve the population. The community should consider how to integrate the services for minors within the coordinated entry system and consider utilize the family-based approach when an option. In addition, the community should work with the Department of Children and Family Services to strengthen existing interventions for younger youth and explore any opportunities to test new models for unaccompanied youth and their families.

---

7 Family/legal guardians can sign a waiver allowing housing programs to serve youth under 18 y/o does not require DCFS involvement.
5. Align & strengthen community efforts to create affordable housing opportunities
Identifying affordable and accessible housing options in Chicago is challenging for most housing service providers. Chicago Youth Sector should consider creating a system-level housing location and risk mitigation strategy to help programs leverage greater access to private market rental properties. In addition, the Chicago Youth Sector should explore opportunities to collaborate and align with other city efforts to increase opportunities of affordable housing (e.g. Next Gen Housing)

6. Creation of robust training curriculum across all program model types
There is an overarching request to increase capacity of certain supportive services and skill sets among all Chicago Youth Sector providers. The community should consider an approach to developing an accessible and robust training curriculum for all staff working with youth.

7. Ensure authentic youth collaboration in the implementation and continuous quality improvement of program model
As a core value of the Chicago Youth Sector, all programs serving young people should prioritize the following actions to ensure authentic youth collaboration:
   a) Hire young people with lived experience for all eligible positions
   b) Provide youth authentic opportunities for leadership and decision making
   c) Involve youth in developing agency and program marketing and engagement strategies
   d) As part of the program’s continuous quality improvement, have youth provide feedback on the project

8. Overarching need for increasing access and quality mental healthcare
As part of the community conversations on program models, there was consistent feedback and concern on lack of accessible and quality mental health services. The Chicago Youth Sector should continue to strategize and advocate for opportunities to increase mental health services for youth and young adults.
Part II. Philosophies & Values

This section outlines the mutually agreed on philosophies and values core to the Chicago Youth Sector. All programs within the Chicago Youth Sector shall embrace the following philosophies and values through program design, staffing structure and program policies. Funders shall align requirements and expectation in line with these philosophies and values. The Chicago Youth Sector shall ensure that all youth seeking their services receive support and care that aligns with these philosophies and values.

Philosophies

**Authentic Youth Collaboration**: Authentic Youth Collaboration is the practice of meaningfully involving youth in decisions that affect them, their peers, and their communities. Young people are an integral part of organizations’ and communities’ work and their voices help shape the future. Youth bring energy and new ideas and perspective to identifying solutions to challenges. Their involvement creates a sense of ownership, accountability, and greater acceptance of services and decisions. Whenever decisions are being made that impact youth, it’s important that youth are at the table and have equitable decision-making responsibilities. This can look many ways: working with young people to establish a youth leadership body, including one or more youth representatives on a board of directors, and creating opportunities for young people to speak for themselves. Young people who are receiving services should be encouraged to participate in decisions that directly impact their housing and wellbeing. Systems and program should have means to actively listen to the opinions of youth and young adults with the intention of creating solutions based on their feedback.8

**Youth Choice & Self Determination**: Respecting youth as the experts of their own lives and experiences. Program staff should educate and equip youth with the tools needed to make decisions around their housing stability options.

**Individualized and Youth Driven Supports**: The philosophy that young people are the experts of their experiences and should drive the type of supports they need to achieve self-sufficiency. Programs should not impose services but rather utilize Motivational Interviewing to support young people identifying what they need for success.

**Positive Youth Development & Wellness Orientation**: An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people’s strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.9

**Housing First**: The Chicago CoC has adopted the Housing First approach through the homelessness response system. The Housing First philosophy for youth is based on the premise that young people have access to with no preconditions and should not be exited from a housing program due to justice

---

8 True Colors United-Youth Collaboration Toolkit


9 https://youth.gov/youth-topics/positive-youth-development
involvement, lack of sobriety or income or based on the presence of a mental health issue, disability of other psycho social challenges. Housing First is centered on participant education and choice, low threshold admissions, targeted housing and voluntary, but robust services. Programs utilizing a Housing First philosophy will ensure opportunities for social inclusion and community integration are offered the youth participants.

**Persistent engagement:** As an aspect to Housing First, program staff should provide continuous engagement opportunities to young people in programs-this includes young who may decline supportive services in the moment but should still be regularly offered service options.

**Harm Reduction:** Strategies to work with participants to reduce the negative consequences of their risky behaviors. Programs using Harm Reduction approaches generally do not terminate assistance based on a person’s inability to achieve sobriety or due to medication non-compliance. Program service strategies shall therefore include all possible approaches to assisting participants in their efforts to reduce or minimize risky behaviors, while at the same time helping participants move into, and stabilize in, permanent housing. Harm Reduction approaches are not intended to prevent the termination of a participant whose actions or behavior constitute a threat to the safety of other participants or staff.

**Trauma Informed Care:** Trauma Informed Care is defined as an organizational structure and a service framework that involves understanding, recognizing, and responding to the effects of all types of trauma on program participants. Trauma Informed Care also emphasizes the physical, psychological, and emotional safety of individuals, families, and service providers alike, and helps participants rebuild a sense of control and empowerment. Trauma Informed services account for trauma in all aspects of service delivery and prioritize the trauma survivor’s safety, choice, and control. Trauma Informed Services create and promote a culture of nonviolence, learning, and collaboration.

**Restorative Justice:** Restorative Justice is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that allow all willing stakeholders to meet, although other approaches are available when that is impossible. This can lead to transformation of people, relationships and communities.\(^\text{10}\)

**Motivational Interviewing/Stages of Change:** Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes. The core tenants of Motivational Interviewing are:

- Express empathy through reflective listening.
- Develop discrepancy between clients' goals or values and their current behavior.
- Avoid argument and direct confrontation.
- Adjust to client resistance rather than opposing it directly.
- Support self-efficacy and optimism.

**Chicago Youth Sector Values**

The following values guide the work of Chicago Youth Sector and are applied to all services provided to young people in Chicago.

<table>
<thead>
<tr>
<th>Autonomy: Young people have choice and self-determination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equity:</strong> Create an equitable system by addressing disparities across race, gender identity and expression and sexual orientation. Leadership &amp; staff of programs reflect the community served.</td>
</tr>
<tr>
<td><strong>Safety:</strong> Youth are safe to discover and explore identify, have safe personal space, and physical safety is addressed.</td>
</tr>
<tr>
<td><strong>Low barrier:</strong> Ensure all programs are accessible and do not require unnecessary requirements for entry and participation and program rules are least restrictive and trauma informed</td>
</tr>
<tr>
<td><strong>Individualized services:</strong> Housing and supportive services are planned with youth participants and are responsive to their unique needs</td>
</tr>
<tr>
<td><strong>No wrong door:</strong> Wherever young people access the system is the “right” entry point and will be connected to services. Programs work together as a system and are seamlessly connected.</td>
</tr>
<tr>
<td><strong>Competent &amp; Well Supported staff:</strong> Ensure all staff are well trained and supported in their role. Staff at all levels are trained and embrace the Chicago Youth Sector Core Values. Staff reflect</td>
</tr>
<tr>
<td><strong>Service scaffolding:</strong> Individualized services are developed through a holistic and strengths-based framework. Support services may include many different facets of support</td>
</tr>
<tr>
<td><strong>Responsiveness:</strong> System response is flexible and response to the changing needs of youth served</td>
</tr>
<tr>
<td><strong>Culture of Respect:</strong> The Chicago Youth Sector embraces a culture of respect for every young person who accesses serves from any program regardless of age, race, ethnicity, gender identity, sexual orientation, cultural background or otherwise unique.</td>
</tr>
<tr>
<td><strong>Trust:</strong> Providers within the youth sector strive to cultivate trusting relationships with program participant and other community providers</td>
</tr>
</tbody>
</table>
Part III. Program Model & Training Standards

Universal Program Standards

Chicago Youth Sector stakeholders have collectively agreed upon a set of program standards that apply for all program models to be implemented within the community.

System Collaboration

Coordinated Entry System

To ensure coordination with the community’s Coordinated Entry System (CES), programs shall participate in all relevant CES activities, including active participation in system and service coordination meetings. Participation in these activities includes keeping community partners updated regarding real-time changes to eligibility, prioritizing housing based on community wide-vulnerability standards, funding, and capacity. Specifically;

- Programs must participate in the Coordinated Entry System (CES) as required by the CoC and HEARTH Act
- Programs must follow the designated Coordinated Entry System (CES) process for program referrals
- Program eligibility is assessed through the Coordinated Entry System (CES)
- Programs will connect households to entities conducting the coordinated entry assessment

Programs shall collaborate with community partners and leverage community resources through active partnerships with other programs that provide services to individuals and families experiencing homelessness in their communities.

Data Collection Standards

HMIS Standards

Programs shall collect programmatic data within the Chicago Homelessness Management Information System (HMIS) and expected to comply with the privacy and security set forth in the Chicago Data Quality Plan.¹¹

General Recordkeeping Standards

Programs shall maintain participant records that include documentation of all participant assessments, enrollments, housing stability plans, referrals, placements, interventions, or follow-up activities.

Programs shall document homeless status with all participants as per funder requirements.

Files containing participant information shall be stored in a secure and locked location to maintain confidentiality. Documents and information shall only be accessible by authorized personnel.

¹¹ https://hmis.allchicago.org/hc/en-us/articles/115005316526-Chicago-HMIS-Data-Quality-Plan
Chicago Youth Sector Universal Training Standards

Chicago Youth Sector providers have collectively agreed upon a set of training standards that apply for staff of any youth-dedicated program models to be funded within the community. Chicago Youth Leadership and Youth Line of Work will create a training plan and identify expectations on frequency and opportunities to build training capacity across the sector.

<table>
<thead>
<tr>
<th>Trauma Informed Care</th>
<th>Mental Health First Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coping with Vicarious and Secondary Trauma</td>
<td>Anti-Oppression Framework-Including Racial &amp; LGBTQ Equity Principles</td>
</tr>
<tr>
<td>Crisis De escalation</td>
<td>Restorative Justice</td>
</tr>
<tr>
<td>Harm Reduction</td>
<td>Motivation Interviewing/Stages of Change</td>
</tr>
<tr>
<td>Safety Planning</td>
<td>Understanding &amp; Accessing System Resources</td>
</tr>
<tr>
<td>Progressive Engagement</td>
<td>Positive Youth Development</td>
</tr>
<tr>
<td>CPR/First Aid</td>
<td>Overdose Prevention and Recovery Supports</td>
</tr>
<tr>
<td>Addressing Adultism</td>
<td>Critical Time Intervention</td>
</tr>
</tbody>
</table>

In addition to these specific training, all Youth Sector program staff should hone “soft” skills that include:

- Effective communication
- Being empathetic
- Trustworthiness
- Respectfulness
- Flexibility
- Active Listening

Defining Youth Population & Categories of Homelessness

For the purposes for the youth program models, the Chicago Youth Sector defines “unaccompanied youth” as people age 14-24 who do not have an adult or institution (e.g. child welfare) responsible for their wellbeing. This definition may include youth who are pregnant or parenting. Unaccompanied youth eligibility criteria align with HUD’s categories of homelessness to define program eligibility, however the specific program eligibly criteria are determined by program model type.

**Category 1 – Literal Homelessness**

- Youth, including pregnant and parenting youth, in the following living situations:
- Shelter including emergency shelter, transitional housing, or hotel or motel paid by government or charity;
- Street or other place not meant for human habitation (ex. car, garage, park, abandoned building);
  OR
• An institution (ex., jail, hospital, juvenile detention) that the youth is exiting and where the youth was a resident for 90 days or less AND the youth resided in emergency shelter or place not meant for human habitation immediately prior to entering that institution.

**Category 2 – Imminent Risk of Homelessness**

• Youth, including pregnant and parenting youth, in the following living situations:
  • In own housing, but being evicted within 14 days;
  • A hotel or motel paid for by someone other than a government or charitable organization, including the youth, family, or friends where the youth cannot stay for more than 14 days (often due to lack of ability to continue paying); OR
  • With family or friends and being asked to leave within 14 days, which includes:
    • Youth staying with their biological parents, relatives, any individual they identify as family or a friend
    • Youth who are moving from one home to another “couch surfing” and cannot stay at their current home or “couch”
    • Youth who are in a legal guardianship
  • Additionally, the youth must have no safe alternative housing, resources or support networks to maintain or obtain permanent housing.

**Category 3 – Homeless under other Federal Statutes**

• Youth, including pregnant and parenting youth, who do not qualify as homeless under the other 3 Categories but meet ALL the below criteria:
  • Are homeless under other federal statutes including the Runaway & Homeless Youth Act (see “Other Federal Definitions of Homeless” section for further guidance);
  • Have not had their own place with a lease, ownership interest or occupancy agreement in the last 60 days;
  • Have moved two or more times in the last 60 days; AND
  • Can be expected to have continued housing instability because of a disability, substance use addiction, history of domestic violence or child abuse, or two or more barriers to employment

**Category 4 – Fleeing Violence**

Youth, including pregnant and parenting youth, fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:

• Trading sex for housing;

---

12 The Chicago Youth Sector currently has limited resources to serve Category 3 homelessness and will continue to consider ways to address the needs of vulnerable youth who do not fit the HUD Categories 1, 2 and 4.
• Trafficking;
• Physical abuse;
• Emotional abuse, such as threats, intimidation, and exposure to trauma;
• Family conflict that has caused a youth to feel physically or emotionally unsafe and unable to stay in their current living situation; *
• Financial abuse, such as controlling a youth’s income or stealing a youth’s identity in order use their credit;
• Violence (or perceived threat of violence) because of the youth’s sexual orientation or gender identity;
• Active drug/illegal substance use in the youth’s current housing;
• Gang or neighborhood violence that is being directed to a youth in their home; ** OR
• Other illegal activity in the household that is putting a youth or a youth’s child at risk
• Additionally, the youth must have no safe, alternative housing, resources or support networks to maintain or obtain permanent housing.

*If youth are under the age of 18 you may be required to report family conflict resulting in abuse or neglect to the local child welfare agency. It is important to understand the mandatory reporting laws for child abuse and neglect in your local jurisdiction.

**Gang or neighborhood violence must be directed at the youth in their home not just in the general community to be eligible under category 4.
YOUTH
LOW THRESHOLD
EMERGENCY SHELTER
Youth Low Threshold Emergency Shelter

Core Components

Overview of Program Model
Low Threshold Emergency Shelter\(^{13}\) (LTES) is an intervention that provides unaccompanied youth experiencing homelessness with temporary shelter intended to resolve an immediate experience of unsheltered homelessness while provide services that address basic needs and connections to other supportive services without any precondition and has minimal requirements to stay\(^{14}\). LTES does not require any preconditions such as sobriety, income, medication compliance or any other barrier to entry or ability to reside in the program. In addition, the program model allows for flexibility in the array of supportive services provided with a clear purpose to bridge participants to longer term housing options while keeping youth participants safe and engaged.

Target Population
The target population for low threshold emergency shelter includes unaccompanied youth aged 14-24 years old, however programs serving youth under 18 must comply with State licensing and regulatory guidelines.

Programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted by homelessness in Chicago including youth who are Black/African American; LGBTQ-specifically transgender women of color; justice involved; child welfare involved; and/or, pregnant and/or parenting. In addition, considerations should be made to ensure inclusion for young families, couples and young people with emotional support animals.

HUD Eligibility Criteria 1 & 4

Length of Assistance
Low Threshold Emergency Shelter does not have a fixed time limit for participation; however, the goal of the program is to minimize the length of time a young person experiences homelessness and should focus supportive services on connecting participants with longer term stable housing options as quickly as possible. Participants may have the ability to reserve a bed continuous if they anticipate residing in the program for longer than one night. The anticipated average length of continuous stay should be 30 days or less with the understanding some participants may need additional time to connect to longer term housing options.

System Collaboration
Low Threshold Emergency Shelter beds are not prioritized through Coordinated Entry Assessment; however, availability of beds should be communicated to ensure accessibility for young people regardless of where they access the system. Programs will be expected to participate in the Youth Transitional

\(^{13}\) As per the community feedback and input process in creating this document, we have aligned Interim Housing and Low Threshold Emergency Shelter as one program model.

\(^{14}\) See Housing First and Low Threshold Philosophy
Housing System Integration Team (Y-TH SIT) meetings to ensure seamless coordination with other system programs.

Youth under 18 must be connected to a Comprehensive Community Based Youth Services (CCBYS) provider.

**Diversion, Admission & Assessment**

**Diversion:** Programs shall have a process for engaging unaccompanied youth seeking assistance at emergency shelter to explore alternative options to resolve their immediate housing crisis. Program staff should be trained to engage in problem solving conversations to identify possible solutions that assist the youth from having to enter the emergency shelter. Solutions may include short term stays with family or friends where the young person feels safe.

**Admission:** Programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.

House rules should be minimized to requirements and all programs admission criteria aligns with HUD’s Equal Access to House Regardless of Gender Identify Final Rule\(^\text{15}\).

**Coordinated Entry Assessment:** Program participants shall be assessed for CES within 7-14 days of residing in shelter. Utilizing this phased assessment process allows an opportunity for the young person to resolve their housing crisis without further system intervention.

**Intake Assessment:** Program participants shall complete a minimal intake assessment for the program and will be connected to case management for further assessment of needs.

**Supportive Services**

Low threshold emergency shelter programs shall offer the following array of supportive services to all participants. Participation in these supportive services are not a requirement, however program staff should persistently engage shelter participants and continuously offer service options.

Case Management: In addition to meeting immediate basic needs, on-site staff provide crisis intervention, assessment, and individual case management. This may include connections to schools, caring and trusted adults, health care providers, and youth development organizations.

- Case Managers are trained in Progressive Engagement\(^1\) which offer strengths-based and dynamic level of case management assistance based on where the young person is at the time of engagement.
- Recommended case management ratio for low threshold emergency shelter is 1:15

Individualized Housing Stability Plan: Each shelter participant is supported in creating an Individualized Housing Stability Case Plan with the case manager. The Individualized Housing Stability Plan is centered on address immediate housing stability needs and connections to longer term stable housing options and supportive services.

Family Re-connection Support: Offer opportunities for youth to re-connect to families if identified as a safe environment.

Peer Navigation: Shelter participants may be connected to support through Peer Navigation and support. This may include case management staff who also have lived experience of homelessness or specific staff role with the emergency shelter programs who assist youth in obtaining necessary documents (e.g. driver’s license, ID card), facilitating referrals and warm hand-offs, etc.

Counseling: Case managers may provide as needed counseling on healthy relationships and family reunification opportunities.

Support participant access to eligible benefits: Program staff help participants navigate enrollment in benefits such as health insurance, food benefits, transportation, childcare assistance and any other eligible resources.

Supporting physical and mental health wellness: Program staff help support the participant with connection to any medical appointments, behavioral healthcare or other wellness needs identified.

Connections to Education and/or Employment Opportunities: Program staff are knowledgeable on the educational rights of youth participants (both under 18 and 18-24) and may provide support navigating educational enrollment. In addition, program staff connect participants to employment assistance resources.

Transportation assistance: Program participants are provided as needed transportation assistance such as Metro passes and other regional transportation needed to reconnect with stable housing.

---

\(^1\) Progressive Engagement is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance.
Housing Assistance
Low threshold emergency shelter program shall offer the following standards for housing assistance to all participants.

**Safe, clean and private space to sleep:** All shelter participants are provided a safe, clean and private space to sleep with clean linens. This may include dormitory shelter space, but shelter should consider trauma informed space design. Special consideration should be given to shelter space for serving youth who identify as transgender to ensure their safety.17

**Connections to stable housing:** Shelter staff should work with each participant on identifying challenges to current housing instability and work with the participant on identifying next steps to accessing longer term stable housing. Participants who are not able to be reconnected to safe housing through safe and stable environments (friends or family) and do not have any alternative housing options should be assessed through coordinated entry for additional housing program options.

**Bed Reservations:** Participants should have the ability to continuously reserve nightly bed as part of their individualized housing stability plan

Program Operations
Low threshold emergency shelter should consider the following operational standards. Additional property operations and housing quality standards are determined by local code and any additional federal or funder regulations.

**Hours of Operations:** All Low Threshold Emergency Shelters should have adequate staff and support to operate 24/7. Program participants should have the ability to come and go and access to case management should be flexible to meet the needs of youth who are working or attending school during the weekday.

**Safe & Clean Sleeping Area:** Each participant will be provided a safe and clean safe space with clean and adequate bedding. Parenting participants should have an individual bedroom(s).

**Hygiene:** Participants will have access to private showers, toilets/bathrooms and laundry facilities.

**Meals:** Participants are provided 3 meals per day and meet adequate nutrition per local regulations

**Clothing:** Participants are offered free in-kind clothing options and are connected with any community-based clothing resources

**Storage Space:** Locked space for belongings

Staff Training Curriculum: Low Threshold Emergency Shelter
As shared in the universal standards section, the Chicago Youth Sector has collectively agreed upon a set of training standards that apply for staff of any youth-dedicated program models to funded within the community. Chicago Youth Leadership and Youth Line of Work will create a training plan and identify expectations on frequency and opportunities to build training capacity across the sector.

17 See footnote on Equal Access to Housing Final Rule
In addition to the trainings identified in the Universal Standards section, Low Threshold Emergency Shelter programs should include trainings that address the following topics:

- Crisis de-escalation
- Medication Management
- Peer Navigation & Support
- Life Skills

Program Outcomes & Data Collection Standards

*TBD*
YOUTH TRANSITIONAL HOUSING
Youth Transitional Housing
Core Components

Overview of Program Model
Transitional housing is a housing intervention that provides youth with medium term housing and supportive services with a connection to permanent housing. Transitional housing programs are designed to empower youth in achieving self-sufficiency and housing.¹

Target Population
The target population for Transitional Housing are unaccompanied youth aged 18-24 years old. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

HUD Eligibility Category 1, 2 and 4

Length of Assistance
Participants may reside in Transitional housing up to 24 months. Intensity, duration, and array of services are customized and unique to each transitional housing program and youth population.

Participants may be offered an extension up to 36 months if they meet established criteria determined by the Chicago Youth Sector.

System Collaboration
Transitional housing beds are prioritized through the Coordinated Entry System. All referrals for Transitional housing will be conducted through the Coordinated Entry System referral process.

Program staff will be expected to participate in the Youth Transitional Housing System Integration Team (Y-TH SIT) meetings to ensure seamless coordination with other system programs.

Admission & Intake Assessment

Admission: Transitional Housing programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.
**Intake Assessment:** Program participants shall complete a minimal intake assessment for the program and will be connected to case management for further assessment of needs.

**Supportive Services**
Transitional housing program shall offer the following array of supportive services to all participants. Participation in these supportive services are not a requirement, however program staff should persistently engage participants and continuously offer service options.

**Progressive assistance:** Upon entry to Transitional housing, program staff should continue to work with participants through problem solving conversations and strength based case management participants to identify any alternate solutions to their housing crisis that would allow them to quickly exit the program into stable housing with any additional intervention.

**Case Management:** In addition to meeting immediate basic needs, on-site staff provides crisis intervention, assessment, and individual case management. This may include connections to schools, caring and trusted adults, health care providers, and youth development organizations.

- Case Managers are trained in *Intensive Case Management* and offering strengths-based and wrap around services based on where the young person is at the time of engagement.
- At a minimum, case manager should be engaging with participants weekly.
- Case Management is provided at times that is available for the participant-especially if they are attending school or work. Accommodations should be made for evening or weekly meetings.
- Recommended case management ratio for Transitional Housing is 1:15

**Individualized Housing Stability Plan:** Each participant is supported in creating an Individualized Housing Stability Case Plan with the case manager. The Individualized Housing Stability Plan is centered on address immediate housing stability needs and connections to longer term stable housing options and supportive services.

**Family Re-connection Support:** Offer opportunities for youth to re-connect to families if identified as a safe environment.

**Peer Navigation:** Participants may be connected to support through Peer Navigation and support. This may include case management staff who also have lived experience of homelessness or specific staff role with the emergency shelter programs who assist youth in obtaining necessary documents (e.g. driver's license, ID card), facilitating referrals and warm hand-offs, etc.

**Counseling:** Case managers may provide as needed counseling on healthy relationships and family reunification opportunities.

**Community Connections:** While in the program, youth are referred to services such as health and mental health services, support groups, life skills training, substance abuse treatment, employment, vocational, and educational services. Programs facilitate intentional and trusted community but also connect youth with community-based services that they can remain connected to once they leave the program.

**Parenting Skills and Support:** Program should refer pregnant and/or parenting youth to empowering resources on skills and support related to parenting.
Onsite Childcare: Youth Transitional Housing serving parenting unaccompanied youth should provide onsite childcare to ensure youth have ability to connect to education and employment opportunities.18

Support accessing eligible benefits: Program staff help participants set up health insurance, food benefits, transportation, childcare assistance and any other eligible resources (e.g. SOAR)

Supporting physical and mental health wellness: Program staff help support the participant with connection to any medical appointments, behavioral healthcare or other wellness needs identified. In addition, program should provide information on resources for non-judgmental sexual health and safer sex resources and ensure connections for HIV/AIDS related care and resources.

Connections to Education: Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).

Connections to Employment Opportunities: Program staff work with participants to develop employment and income related goals. Program staff connect participants to both short term income and long-term career building (i.e. higher paying) employment pathways.

Money Management Skills: Case Managers provide participants will practical tools and resources to build skills related to money management (e.g. managing a bank account, paying bills, setting up a budget, online resources, savings, etc.)

Transportation assistance: Program participants are provided as needed transportation assistance such as Metro passes and other regional transportation needed to reconnect with stable housing, employment or educational needs.

Tenant Rights and Landlord Relationship: Program staff support participants on tenancy rights and share practices in building positive landlord relationships.

Exit Planning & After Care Support: “Light touch” case management may extend up to six months upon exiting from the program.

Housing Assistance
Transitional housing program shall offer the following standards for housing assistance to all participants. Upon exiting the program, participants are supported in identifying long term housing options without any additional rental assistance from the program.

Single site-based residence: Transitional housing for unaccompanied youth is recommended as a site-based model, However, exceptions may be made for programs serving unaccompanied youth parenting children. 19

18 For the purposes of implementation, considerations on licensing requirements for providing onsite should be explored.
19 Program participant housing stability outcomes and expectations should be consistent with Rapid Rehousing model
Housing History Assessment: Transitional housing program staff can support participants in completing a housing history assessment as part of the Individual Housing Stability Plan to identify any established credit or eviction challenges that may pose barriers to accessing housing.

Housing Search and Location Assistance: Housing search and location assistance requires formal partnerships with housing search staff and permanent housing providers and begins early to support a transition to independent living as soon as a youth can make an informed choice and have identified sustainable income to sustain housing.

Program Operations
Site-Based Transitional Housing should consider the following operational standards. Additional property operations and housing quality standards are determined by local code and any additional federal or funder regulations.

Hours of Operations: Transitional Housing should have adequate staff and support to operate 24/7. Program participants should have agency in when they come and go and case management should be flexible to meet the needs of youth who are working or attending school during the weekday.

Hygiene: Participants will have access to private showers, toilets/bathrooms and laundry facilities.

Meals: Participants are provided 3 meals per day and meet adequate nutrition per local regulations

Clothing: Participants are offered free in-kind clothing options and are connected with any community-based clothing resources

Storage Space: Locked space for belongings

Staff Training Curriculum
The following training topics have been identified as ideal requirements for all program staff.

- Medication Management, if needed
- Peer support (special training)

Program Outcomes & Data Collection Standards
Youth-Dedicated Rapid Rehousing

Core Components

Overview of Program Model
Rapid Re-Housing (RRH) is a housing program designed to quickly connect youth experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

All RRH programs are based on the established core components:20

1. Housing Identification Assistance
2. Financial Assistance—rent and move-in assistance; and
3. Case Management and Supportive Services

Target Population
The target population for Rapid Rehousing Program is unaccompanied youth aged 18-24 years old. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-especially transgender women of color, justice involved, child welfare involved, pregnant, parenting.

HUD Eligibility Category 1 and 4

Length of assistance
Rapid Rehousing participants may receive up to 24 months of dynamic and flexible rental and supportive service assistance. Intensity, duration, and array of services are customized and unique to each rapid rehousing participant.

Exceptional circumstances to exceed 24 months of assistance may be granted if participant meetings established threshold criteria determined by Chicago Youth Sector.21

System Collaboration
Rapid Rehousing is prioritized through the Coordinated Entry System. All referrals for Rapid Rehousing will be conducted through the Coordinated Entry System referral process.

Program staff will be expected to participate in the Youth Transitional Housing System Integration Team (Y-TH SIT) meetings to ensure seamless coordination with other system programs.

20 https://endhomelessness.org/resource/rapid-re-housing-toolkit/
21 HUD has not yet determined if non-HUD funded RRH that exceeds 24 months can be counted on the HIC as RRH. Also, HUD funding would require an approved waiver to exceed the length of rental assistance beyond 24 months
Admission & Assessment

**Admission:** Rapid rehousing programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.

**Assessment:** Program participants shall complete a minimal intake assessment for the program and will be connected to case management to develop a housing stability plan.

**Intake:** During intake, programs shall verify all eligible criteria established by the funder. Programs shall orient participants to all program guidelines and expectations during intake, including the program’s grievance and termination policies and procedures.

**Supportive Services**
Rapid Rehousing programs shall offer the following array of supportive services to all participants. All supportive services are voluntary for program participants, however ongoing engagement is expected from program staff to continuously offer opportunities that empower and support the young person in their self-sufficiency and housing stability.

**Progressive assistance:** Upon entry to Rapid Rehousing program staff should continue to work with participants through problem solving conversations and strength based case management participants to identify any alternate solutions to their housing crisis that would allow them to quickly exit the program into stable housing with any additional intervention.

**Case Management:** Rapid re-housing case management should be youth-driven, and housing focused. Case managers should actively engage participants in voluntary case management and service participation by creating an environment in which the participant is driving the case planning and goal-setting based on what they want from the program and services, rather than on what the case manager decides they need to do to be successful.

- Case Managers are trained in *Progressive Case Management* and offering strengths-based and housing focused services based on where the young person is at the time of engagement.
- Rapid re-housing case management should be flexible in intensity—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help.
The intensity and duration of case management is based on the needs of individual households and may lessen or increase over time.22

- Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible.
- Case Management is provided at times that is available for the participant-especially if they are attending school or work. Accommodations should be made for evening or weekly meetings.
- Recommended case management ratio for Youth Rapid Rehousing is 1:15

**Individualized Housing Stability Plan:** Work with youth to develop housing stability plan goals that take into consideration developmental needs and are action-item driven. The Individualized Housing Stability Plan is centered on addressing housing stability needs and connections to longer term stable housing options and supportive services. Programs use positive youth development focusing on skills-building, leadership and community involvement.

**Family Re-connection Support:** Offer opportunities for youth to connect to families, e.g., providing phone cards, postcards or postage, overnight visits, etc. This helps staff see if and when youth are interested in engaging with their families so that reunification conversations may begin.

**Parenting Skills and Support:** Program should refer pregnant and/or parenting youth to empowering resources on skills and support related to parenting.

**Peer Navigation:** Participants may be connected to support through Peer Navigation and support. This may include case management staff who also have lived experience of homelessness or specific staff role with the program.

**Counseling:** Case managers may provide as needed counseling on healthy relationships, family reunification and motivational interviewing.

**Community Connections:** While in the program, youth are referred to services such as health and mental health services, support groups, life skills training, substance abuse treatment, employment, vocational, and educational services. Connect youth participants with community-based services that they can remain connected to once they leave the program.

**Support accessing eligible benefits:** Program staff help participants set up health insurance, food benefits, transportation, childcare assistance and any other eligible resources (e.g. SOAR).

**Supporting physical and mental health wellness:** Program staff help support the participant with connection to any medical appointments, behavioral healthcare or other wellness needs identified. In addition, program should provide information on resources for non-judgmental sexual health and safer sex resources and ensure connections for HIV/AIDS related care and resources.

---

22 For HUD CoC Program funded RRH: HUD requires the program participant to meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability.
**Connections to Education:** Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).

**Connections to Employment Opportunities:** Program staff work with participants to develop employment and income related goals. Program staff connect participants to both short term income and long-term career building (i.e. higher paying) employment pathways.

**Money Management & Credit Counseling:** Program supports participants in identifying sustainable income source and any budgeting skill development to ensure. Includes credit counseling and repair.

**Transportation assistance:** Program participants and provided as needed transportation assistance such as Metro passes and other regional transportation needed to achieve and maintain stable housing, employment or educational needs.

**“Good Neighbor” training:** Functional skills at being a good apartment tenant. E.g. paying rent on time, when to call the landlord, how to plunge the toilet, etc.

**Connection to food resources:** Participants are provided information on local food pantries or other low cost or no cost food resources

**Housing Assistance**

**Housing Identification:** Building relationships with housing partners including landlords, property management and larger housing portfolio opportunities is an effective way to ensure housing opportunities are available when a participant is enrolled. Rapid re-housing program should designate specialized housing identification staff members who can continuously recruit landlords willing to rent to those served by the program. This is a specialized skill that should not be expected of participant case management. Programs should also consider creating a Risk Mitigation fund to leverage additional landlords engaged.

**Housing Choices:** Youth participants should be offered housing choices that are decent, safe and will be affordable after assistance ends. One critical aspect of this step is choice: make sure the individual or household has a choice in their housing.

- Be transparent about the amount and duration of rental and other financial assistance.
- Explain how the project will calculate rent.
- Discuss when the young person needs to notify the project about income changes and how those changes may affect the amount of rental assistance the project will pay.
- Identify who will pay any utility deposits and monthly utility costs.
- Include youth in making decisions about furnishing their unit
- Explore roommate matching opportunities

**Tenant Based Rental Assistance and Move-In Assistance:** The goal of rent and move-in assistance is to help with the costs associated with getting into housing. The amount and duration of this assistance varies, but at a minimum, it should be enough to help the young person secure a place to live. This assistance shouldn’t be a standard “package” but flexible in order to meet unique needs. This is particularly important when financial circumstances or housing costs change.
**Tenant-Based Rental Assistance:** Tenants have a lease in their name, and, therefore, they have full rights of tenancy under landlord-tenant law, including control over living space and protection against eviction.

**Tenant Leases:** Tenant leases should be consistent with any standard lease and not have any unnecessary additional provisions.

**Housing is not time-limited:** The initial lease term must be at least one year and is renewable at tenants’ and owners’ option term of at least one month and terminable with cause.

**Utility Assistance:** Program shall provide utility assistance including utility deposits for apartment units

**Household items:** RRH programs may identify resources to provide basic furniture and other household items upon move-in.  

**Additional Staff Training Curriculum**
- Housing Location and Landlord Outreach
- Rental Assistance Administration

**Program Outcomes & Data Collection Standards**

---

23 Not eligible expense under HUD Continuum of Care Program and would require alternate sources.
YOUTH JOINT TRANSITIONAL HOUSING & RAPID REHOUSING
Youth-Dedicated Joint Transitional Housing & Rapid Rehousing

Core Components

Overview of Program Model
Joint Transitional Housing & Rapid Rehousing provides short term crisis housing with housing-focused supportive services that is designed to quickly connect youth experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Programs must have the ability to offer both Transitional Housing and Rapid Rehousing services or both, but participants do not need to utilize both if they choose differently. Participants may have direct access to Rapid Rehousing.

The Joint TH-RRH model incorporates youth-choice, in both finding permanent housing and in determining when to exit crisis housing. Meaning the youth decides when they are ready to move on to the RRH part of the model, not the program. This includes youth deciding to skip the TH part of the model all together and go directly into RRH.

Target Population
Joint TH-RRH projects should target and prioritize young people age 18-24 with the highest needs, including youth who are unsheltered, have been homeless for a long time or repeatedly, are most vulnerable to violence of harm; and have the highest barriers to access and maintaining permanent housing. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

HUD Eligibility Criteria 1 and 4

Length of Assistance
The Joint Transitional housing & Rapid Rehousing program is intended to provide temporary housing and supportive services concurrently with rapid rehousing assistance. The average length of time for the Transitional housing component should be 90 days or less.

Participants may receive up to 24 months of dynamic and flexible rental and supportive service assistance. Intensity, duration, and array of services are customized and unique to each rapid rehousing participant.


https://endhomelessness.org/the-joint-component-is-for-homeless-youth-too/
Exceptional circumstances to exceed 24 months of assistance may be granted if participant meetings established threshold criteria determined by Chicago Youth Sector.\(^{25}\)

System Collaboration
Joint Transitional-Rapid Rehousing is prioritized through the Coordinated Entry System. All referrals for the program will be conducted through the Coordinated Entry System referral process.

Program staff will be expected to participate in the Youth Transitional Housing System Integration Team (Y-TH SIT) meetings to ensure seamless coordination with other system programs.

Admission & Assessment

**Admission:** Joint TH & RRH programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.

**Assessment:** Program participants shall complete a minimal intake assessment for the program and will be connected to case management to develop a housing stability plan.

**Intake:** During intake, programs shall verify all eligible criteria established by the funder. Programs shall orient participants to all program guidelines and expectations during intake, including the program’s grievance and termination policies and procedures.

Supportive Services
The Joint TH-Rapid Rehousing component shall offer the following array of supportive services to all participants. All supportive services are voluntary for program participants, however ongoing engagement is expected from program staff to continuously offer opportunities that empower and support the young person in their self-sufficiency and housing stability.

**Progressive assistance:** Upon entry to Joint TH-RRH, program staff should continue to work with participants through problem solving conversations and strength based case management participants to

---

\(^{25}\) HUD has not yet determined if non-HUD funded RRH that exceeds 24 months can be counted on the HIC as RRH. Also, HUD funding would require an approved waiver to exceed the length of rental assistance beyond 24 months
identify any alternate solutions to their housing crisis that would allow them to quickly exit the program into stable housing with any additional intervention.

**Case Management:** Joint TH-Rapid re-housing case management should be youth-driven, and housing focused. Case managers should actively engage participants in voluntary case management and service participation by creating an environment in which the participant is driving the case planning and goal-setting based on what they want from the program and services, rather than on what the case manager decides they need to do to be successful.

- Case Managers are trained in *Progressive Case Management* and offering strengths-based and housing focused services based on where the young person is at the time of engagement.
- Joint TH-RRH case management should be flexible in intensity—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help. The intensity and duration of case management is based on the needs of individual households and may lessen or increase over time.
- Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur. Meetings occur in a participant’s home and/or in a location of the participant’s choosing whenever possible.
- Case Management is provided at times that is available for the participant—especially if they are attending school or work. Accommodations should be made for evening or weekly meetings.
- Recommended case management ratio for Youth Rapid Rehousing is 1:15

**Individualized Housing Stability Plan:** Work with youth to develop housing stability plan goals that take into consideration developmental needs and are action-item driven. The Individualized Housing Stability Plan is centered on address housing stability needs and connections to longer term stable housing options and supportive services. Programs use positive youth development focusing on skills-building, leadership and community involvement.

**Family Re-connection Support:** Offer opportunities for youth to connect to families, e.g., providing phone cards, postcards or postage, overnight visits, etc. This helps staff see if and when youth are interested in engaging with their families so that reunification conversations may begin.

**Peer Navigation:** Participants may be connected to support through Peer Navigation and support. This may include case management staff who also have lived experience of homelessness or specific staff role with the program.

**Parenting Skills and Support:** Program should refer pregnant and/or parenting youth to empowering resources on skills and support related to parenting.

**Counseling:** Case managers may provide as needed counseling on healthy relationships, family reunification.

**Community Connections:** While in the program, youth are referred to services such as health and mental health services, support groups, life skills training, substance abuse treatment, employment, vocational, and educational services. Connect youth participants with community-based services that they can remain connected to once they leave the program.
Support accessing eligible benefits: Program staff help participants set up health insurance, food benefits, transportation, childcare assistance and any other eligible resources (e.g. SOAR)

Supporting physical and mental health wellness: Program staff help support the participant with connection to any medical appointments, behavioral healthcare or other wellness needs identified. In addition, program should provide information on resources for non-judgmental sexual health and safer sex resources and ensure connections for HIV/AIDS related care and resources.

Connections to Education: Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).

Connections to Employment Opportunities: Program staff work with participants to develop employment and income related goals. Program staff connect participants to both short term income and long-term career building (i.e. higher paying) employment pathways.

Money Management & Credit Counseling: Program supports participants in identifying sustainable income source and any budgeting skill development to ensure. Includes credit counseling and repair.

Transportation assistance: Program participants and provided as needed transportation assistance such as Metro passes and other regional transportation needed to achieve and maintain stable housing, employment or educational needs.

“Good Neighbor” training: Functional skills at being a good apartment tenant. E.g. paying rent on time, when to call the landlord, how to plunge the toilet, etc.

Connection to food resources: Participants are provided information on local food pantries or other low cost or no cost food resources

Housing Assistance

Housing Identification: Building relationships with housing partners including landlords, property management and larger housing portfolio opportunities is an effective way to ensure housing opportunities are available when a participant is enrolled. Rapid re-housing program should designate specialized housing identification staff members who can continuously recruit landlords willing to rent to those served by the program. This is a specialized skill that should not be expected of participant case management. Programs should also consider creating a Risk Mitigation fund to leverage additional landlords engaged.

Housing Choices: Youth participants should be offered housing choices that are decent, safe and will be affordable after assistance ends. One critical aspect of this step is choice: make sure the individual or household has a choice in their housing.

- Be transparent about the amount and duration of rental and other financial assistance.
- Explain how the project will calculate rent.
- Discuss when the young person needs to notify the project about income changes and how those changes may affect the amount of rental assistance the project will pay.
- Identify who will pay any utility deposits and monthly utility costs.
• Include youth in making decisions about furnishing their unit
• Explore roommate matching opportunities

**Tenant Based Rental Assistance and Move-In Assistance:** The goal of rent and move-in assistance is to help with the costs associated with getting into housing. The amount and duration of this assistance varies, but at a minimum, it should be enough to help the young person secure a place to live. This assistance shouldn’t be a standard “package” but flexible in order to meet unique needs. This is particularly important when financial circumstances or housing costs change.

• **Tenant-Based Rental Assistance:** Tenants have a lease in their name, and, therefore, they have full rights of tenancy under landlord-tenant law, including control over living space and protection against eviction.
• **Tenant Leases:** Tenant leases should be consistent with any standard lease and not have any unnecessary additional provisions.
• **Housing is not time-limited:** the initial lease term must be at least one year and is renewable at tenants’ and owners’ option term of at least one month and terminable with cause.
• **Utility Assistance:** Program shall provide utility assistance including utility deposits for apartment units
• **Household items:** RRH programs may identify resources to provide basic furniture and other household items upon move-in26

**Additional Staff Training Curriculum**
• Housing Location and Landlord Outreach
• Rental Assistance Administration

**Program Outcomes & Data Collection Standards**
*To be developed*

---

26 Not eligible expense under HUD Continuum of Care Program and would require alternate sources.
PERMANENT SUPPORTIVE HOUSING FOR YOUTH
Youth-Dedicated Permanent Supportive Housing
Core Component Program Standards

Overview of Program Model
Non-time-limited youth permanent supportive housing is a specialized age and service-appropriate version of permanent supportive housing for youth with complex needs.

Key features and promising practices of non-time-limited supportive housing include:

- **Youth with the Highest Needs:** Target youth experiencing homelessness likely to have the highest service needs — mental health, substance abuse disorders, trauma — such as LGBTQ youth, who experience trauma and mental health disorders at higher rates than their heterosexual peers.

- **Housing First:** Use a harm reduction and trauma-informed care approach, with voluntary comprehensive support services. On-site staff engages youth at their own pace and tailor’s services to their individualized needs. Services address the physical, socio-emotional, intellectual, and life skills development of youth on a pathway to independence.

Target Population
Young people age 18-24 years old with serious and persistent mental health diagnosis including youth who are unsheltered, have been homeless for a long time or repeatedly, are most vulnerable to violence of harm; and have the highest barriers to access and maintaining permanent housing. In addition, programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ-specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

HUD Eligibility Criteria

Category 1 & 4 AND One or more members of the household is diagnosed with a disability and meet chronic homelessness status.²⁷

Length of Assistance
There are no time limits for Youth-PSH, however once a participant reach 25 years old they may need to transfer to an adult PSH program.

In addition, this model includes a “moving on” culture that encourages youth, when and if they can, to move to housing with less intensive services.

Admission & Assessment

²⁷ This needs to be verified by All Chicago
**Admission:** Programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.

**Assessment:** Program participants shall complete a minimal intake assessment for the program and will be connected to case management to develop a housing stability plan.

**Intake:** During intake, programs shall verify all eligible criteria established by the funder. Programs shall orient participants to all program guidelines and expectations during intake, including the program’s grievance and termination policies and procedures.

**Supportive Services**

Y-PSH may provide the following choices of supportive services to program participants. Participants are provided a range of services based on their needs and preferences. As needs change over time, participants can receive more intensive or less intensive support services without losing their housing. Support services promote recovery and are designed to help participants achieve and maintain housing stability.

**Case Management:** In addition to meeting immediate basic needs, on-site staff provides crisis intervention, assessment, and individual case management. This may include connections to schools, caring and trusted adults, health care providers, and youth development organizations.

- Case Managers are trained in *Intensive Case Management* and offering strengths-based and wrap around services based on where the young person is at the time of engagement.
- At a minimum, case manager should be engaging with participants weekly.
- Case Management is provided at times that is available for the participant especially if they are attending school or work. Accommodations should be made for evening or weekly meetings.
- Recommended case management ratio for Y-PSH Housing is 1:10

**Individualized Case Plan:** Each participant is supported in creating an Individualized Housing Stability Plan with the case management. The Individualized Housing Stability Plans centered on address housing stability needs and connections to longer term stable housing options and supportive services. Programs use positive youth development focusing on skills-building, leadership and community involvement.

**Independent living skills:**

- Communication skills
- Conflict resolution
- Budgeting
- Representative payee services
- Cooking
- Personal hygiene
- Self-care
- Housekeeping

**Mental Health Wellness Services:** Support services that promote positive mental health and recovery include the following:

- Psychosocial assessment
- Counseling
- Group therapy
- Support groups
- Recovery classes
- Peer mentoring
- Psychoeducation
- Psychiatry appointments
- Therapy; and
- Other mental health services.

**Substance Use Supports:** Youth participants who use or abuse substances are at risk of behaviors that potentially compromise tenancy. Substance abuse services to address these issues include the following:

- Harm Reduction-Education on safer practices of substance use that minimize harm
- Stages-of-change-based assessment
- Motivational interviewing;
- Relapse prevention;
- Counseling;
- Methadone services;
- AA/NA groups;
- Sober recreation; and
- Other substance abuse services

**Health and Medical Wellness:** Some participants of Youth Permanent Supportive Housing have a history of inadequate health and medical services. Many may have untreated or undiagnosed health conditions. In addition, Y-PSH should ensure staff have adequate knowledge of local resources that provide LGBTQ safe and competent health care. Support services that address these issues may include the following:

- Routine medical care;
- Medication management or monitoring;
- Assistance with medication self-management;
- Sexual wellness education;
- Nurse care;
- Home health aide;
- HIV/AIDS services;
- Physical therapy;
- Pain management; and
- Other health and medical services.

**Family Re-connection Support:** Offer opportunities for youth to connect to families, e.g., support groups for parents, children, and families; parenting classes, family reunification counseling.

**Recovery Oriented Support:** Support services promote recovery and are designed to help tenants choose, get, and keep housing. Programs should consider hiring youth peer support specialist positions that are trained on recovery-oriented services.

**Community Connections:** While in the program, youth are provided with services such as health and mental health services, support groups, life skills training, substance abuse treatment, employment, vocational, and educational services. Programs facilitate intentional and trusted community but also connect youth with community-based services that they can remain connected to once they leave the program.

**Support accessing eligible benefits:** Program staff help participants set up health insurance, food benefits, transportation, childcare assistance and any other eligible resources (e.g. SOAR).

**Connections to Education:** Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).

**Connections to Employment Opportunities:** Program staff work with participants to develop employment and income related goals. Program staff connect participants to both short term income and long-term career building (i.e. higher paying) employment pathways.

**Transportation assistance:** Program participants and provided as needed transportation assistance such as Metro passes and other regional transportation needed to reconnect with stable housing, employment or educational needs.

**Tenant Rights and Landlord Relationship:** These housing-related support services can include helping consumers search for housing (for example, completing housing applications or negotiating with landlords and Public Housing Agencies) and providing ongoing stabilization services once consumers are housed. These stabilization services could include assistance with the following tasks:

- Paying rent on time
- Locating community amenities
- Buying furnishings and needed household goods; and
- Maintaining the cleanliness of the apartment.

---

Exit Planning & “Moving On”: Program staff should work with stable households to evaluate housing stability progress and emerging indicators that they no longer need the deeper level of services that Y-PSH offers and would continue to thrive with a less intensive support and/or non-supportive affordable housing.

Housing Assistance
Permanent Supportive Housing program shall offer the following standards for housing assistance to all participants.

Housing Choices: Youth participants should be offered housing choices that are decent, safe and will be affordable after assistance ends. One critical aspect of this step is choice: make sure the individual or household has a choice in their housing.

- Be transparent about the amount and duration of rental and other financial assistance.
- Explain how the project will calculate rent.
- Discuss when the young person needs to notify the project about income changes and how those changes may affect the amount of rental assistance the project will pay.
- Identify who will pay any utility deposits and monthly utility costs.
- Include youth in making decisions about furnishing their unit
- Explore roommate matching opportunities

Housing Match: Participants should be offered housing choices that are decent, safe and will be affordable after assistance ends. One critical aspect of this step is choice: make sure the individual or household has a choice in their housing.

Rental Assistance: Y-PSH 30% of the family’s monthly adjusted income; 10% of the family’s monthly gross income; or the portion of the family’s welfare assistance, if any, that is designated for the payment of rent.

There are three types of rental assistance available through most funding opportunities:

- **Project-based rental assistance**: housing subsidies are tied to a particular unit and tenants who choose to live in those units pay a reduced rent
- **Sponsor-based rental assistance**: a nonprofit agency receives support to buy or lease housing that is then leased to qualified tenants; and
- **Tenant-based rental assistance**: tenants receive vouchers, entitling them to a reduced rent, which can be used to rent a unit of their choice from a landlord who agrees to accept the vouchers

Scattered Site or Site Based residence: Y-PSH may operate as site-based, clustered apartments or scattered site apartment.

- Single-site housing in which tenants who receive support services live together in a single building or complex of buildings, with or without onsite support services and
- Scattered-site housing in which tenants who receive support services live throughout the community in housing that can be agency owned or privately owned.

Housing Search and Location Assistance: For scattered site projects, housing search and location assistance requires formal partnerships with housing search staff and permanent housing providers and
begins early to support a transition to independent living as soon as a youth can make an informed choice and have identified sustainable income to sustain housing.

**Furniture Assistance:** Y-PSH projects should provide clean and adequate furniture for all participants.

**Program Operations**
For site-based models of Y-PSH, Supportive Services and Property Management tasks should be delegated to different staff. Property management services may include the following tasks:

- Annual budgeting; Financial management;
- Compliance with government and tax credit related requirements;
- Securing necessary permits; Enforcing the terms of the lease;
- Collecting rent from the tenant
- Maintenance and capital improvement of property;
- Securing sufficient property insurance;
- HQS, rent reasonableness determination, COI adherence, etc.;
- Ensuring security; and
- Fiscal recordkeeping.

**Program Outcomes & Data Collection Standards-TBD**

**Staff Training Curriculum**
The following training topics have been identified as ideal requirements for all program staff.

- Clinically licensed Social Worker
- Peer support Specialists
- Fair Housing Rights & Responsibilities
- Housing Search and Identification (scattered site model)
- Strong understanding of community resources
- SOAR Application
- “Moving On”
YOUTH THERAPEUTIC HOUSING
Overview of Program Model
Youth Therapeutic is a housing intervention that provides youth who have experienced high levels of trauma or express behavioral health issues a choice medium term housing that provides additional therapeutic supportive services—similar to Permanent Supportive Housing but does not require a disability documentation. Therapeutic housing programs are designed to support housing stability and provide skills for self-sufficiency.

Target Population
Target population for Therapeutic Housing are unaccompanied youth aged 14-24 with a history of significant trauma and behavioral health needs who may not have achieved housing stability through other Chicago Youth Sector models of support and do not have a documented disability. Programs serving youth under 18 must comply with State licensing and regulatory guidelines.

Therapeutic Housing programs should include strategies to provide a safe and supportive environment for young people who are disproportionately impacted in Chicago including youth who are African American, LGBTQ—specifically transgender women of color, justice involved, child welfare involved, pregnant, parenting.

HUD Eligibility Criteria Category 1 & 4

Length of Assistance
Participants may reside in Therapeutic Housing up to 24 months. However, average length of stay is anticipated 6-12 months. Intensity, duration, and array of services are customized and unique to each program participant.

Participants may be offered an extension up to 36 months if they meet established criteria determined by the Chicago Youth Sector.

System Collaboration
Therapeutic beds are prioritized through the Coordinated Entry System. All referrals for Therapeutic Housing beds will be conducted through the Coordinated Entry System referral process.

Program staff will be expected to participate in the Youth Transitional Housing System Integration Team (Y-TH SIT) meetings to ensure seamless coordination with other system programs.

Youth under 18 must be connected to a Comprehensive Community Based Youth Services (CCBYS) provider.

---

29 Based on conversations during the June 28th, 2019 community meeting, there was general feedback that this would not be as urgent of a need if there were more robust mental health services available.
Admission & Assessment

Admission: Therapeutic Housing programs shall have a consistent admission and intake process that minimizes barriers to entry and aligns with established coordinated entry procedures. Program shall not establish policies and assessments that screen out households based on any of the following criteria:

- History of exits from other housing programs
- Lack of sobriety;
- Lack of income;
- The presence of mental health issues, disabilities, or other psychosocial challenges;
- Lack of a commitment to participate in treatment;
- Criminal background;
- Presence or number of evictions;
- Any other criteria assumed to predict long-term housing stability.

Program rules should be minimized to safety requirements and all programs admission criteria aligns with HUD's Equal Access to House Regardless of Gender Identify Final Rule. 30

Intake Assessment: Program participants shall complete a minimal intake assessment for the program and will be connected to case management for further assessment of needs.

Supportive Services

Therapeutic Housing programs shall offer the following array of supportive services to all participants. Participation in these supportive services are not a requirement, however program staff should persistently engage participants and continuously offer service options.

Case Management: In addition to meeting immediate basic needs, on-site staff provides crisis intervention, assessment, and individual case management. This may include connections to schools, caring and trusted adults, health care providers, and youth development organizations.

- Case Managers are trained in Intensive Case Management and offering strengths-based and wrap around services based on where the young person is at the time of engagement.
- At a minimum, case manager should be engaging with participants weekly.
- Case Management is provided at times that is available for the participant-especially if they are attending school or work. Accommodations should be made for evening or weekly meetings.
- Recommended case management ratio for Therapeutic Housing is 1:8

Individualized Housing Stability Plan: Each participant is supported in creating an Individualized Housing Stability Case Plan with the case manager. The Individualized Housing Stability Plan is centered on address immediate housing stability needs and connections to longer term stable housing options and supportive services.

**Family Re-connection Support:** Offer opportunities for youth to re-connect to families if identified as a safe environment.

**Peer Navigation:** Participants may be connected to support through Peer Navigation and support. This may include case management staff who also have lived experience of homelessness or specific staff role with the emergency shelter programs who assist youth in obtaining necessary documents (e.g. driver’s license, ID card), facilitating referrals and warm hand-offs, etc.

**Counseling:** Case managers may provide as needed counseling on healthy relationships and family reunification opportunities.

**Community Connections:** While in the program, youth are referred to services such as health and mental health services, support groups, life skills training, substance abuse treatment, employment, vocational, and educational services. Programs facilitate intentional and trusted community but also connect youth with community-based services that they can remain connected to once they leave the program.

**Independent living skills:**
- Communication skills
- Conflict resolution
- Budgeting
- Representative payee services
- Cooking
- Personal hygiene
- Self-care
- Housekeeping

**Recovery Oriented Supports:** Recovery, like empowerment, is a personal process that is unique to each person. It is not up to Youth Permanent Supportive Housing staff to define recovery, but providers must have a philosophy of hope for recovery to facilitate each person’s recovery process. In addition to recovery, Permanent Supportive Housing staff also must strive to support role recovery. This means helping consumers regain the social roles—such as community member, employee, friend, or family member—that they might have lost due to illness or other factors, including stigma, unemployment, poverty, and lack of opportunity for self-determination.

**Mental Health Wellness Services:** Support services that promote positive mental health and recovery include the following:
- Psychosocial assessment
- Counseling
- Group therapy
- Support groups
- Recovery classes
- Peer mentoring
- Psychoeducation
- Psychiatry appointments
• Therapy; and
• Other mental health services.

**Substance Use Supports:** Youth participants who use or abuse substances are at risk of behaviors that potentially compromise tenancy. Substance abuse services to address these issues include the following:

• Harm Reduction-Education on safer practices of substance use that minimize harm
• Stages-of-change-based assessment
• Motivational interviewing;
• Relapse prevention;
• Counseling;
• Methadone services;
• AA/NA groups;
• Sober recreation; and
• Other substance abuse services

**Health and Medical Wellness:** Some participants of Therapeutic Housing have a history of inadequate health and medical services. Many may have untreated or undiagnosed health conditions. In addition, Therapeutic Housing should ensure staff have adequate knowledge of local resources that provide LGBTQ safe and competent health care. Support services that address these issues may include the following:

• Routine medical care;
• Medication management or monitoring;
• Assistance with medication self-management;
• Sexual wellness education;
• Nurse care;
• Home health aide;
• HIV/AIDS services;
• Physical therapy;
• Pain management; and
• Other health and medical services.

**Support accessing eligible benefits:** Program staff help participants set up health insurance, food benefits, transportation, childcare assistance and any other eligible resources (e.g. SOAR)

**Connections to Education:** Program staff are knowledgeable on the educational rights and resources for participants and may provide support navigating educational enrollment if educational goals are identified (e.g. GED, Highschool Diploma, Higher Education, Trade Certification).

**Connections to Employment Opportunities:** Program staff work with participants to develop employment and income related goals. Program staff connect participants to both short term income and long-term career building (i.e. higher paying) employment pathways.

**Transportation assistance:** Program participants and provided as needed transportation assistance such as Metro passes and other regional transportation needed to reconnect with stable housing, employment or educational needs.
Exit Planning & “Moving On”: Program staff should work with young people to identify housing and wellness stability plans.

Housing Assistance
The program shall offer the following standards for housing assistance to all participants.

Safe, clean and private bedroom: All Therapeutic Housing participants are provided a safe, clean and private space to sleep with clean linens. This may include shared bedrooms in a congregate housing with overnight staff.

Connections to stable housing: Therapeutic Housing program staff should work with each participant on housing choices and identifying challenges to current housing instability. Participants and staff work together to prepare any required resources for matched program including specific documentation needs (identification requirements, etc.).

Program Operations

Hours of Operations: Therapeutic Housing programs should have adequate staff and support to operate 24/7. Program participants should have agency in when they come and go and case management should be flexible to meet the needs of youth who are working or attending school during the weekday.

Hygiene: Participants will have access to private showers, toilets/bathrooms and laundry facilities.

Meals: Participants are provided 3 meals per day and meet adequate nutrition per local regulations

Clothing: Participants are offered free in-kind clothing options and are connected with any community-based clothing resources

Storage Space: Locked space for belongings

Staff Training Curriculum
The following training topics have been identified as ideal requirements for all program staff.

- Clinical SW
- Medication Management
- Peer support (special training)

Program Outcomes & Data Collection Standards
TBD
YOUTH RESPITE HOUSING
Respite Housing

A note on Respite Housing:

Respite Housing was identified by the Chicago Blueprint process as a targeted housing type, however through the community input workshop conducted in April 2019, stakeholders acknowledged that this program model type needed additional stakeholder collaboration including child welfare and educational system partners to develop. The Youth Leadership Team will continue to explore options for creating this program model.
Part IV. Appendix

Youth Program Model Standards Community Process

In Late April 2019, The Youth Sector convened 30 stakeholders for an intensive 2-day workshop to address creation, enhancement and modification of program models identified in the Blueprint. Niki Paul of ICF lead the workshop and key stakeholders with relevant experience with youth housing program development and/or operation provided their expertise. A full list of stakeholders is listed below.

During the workshop, workshop participants were provided an overview of the key housing program within the Chicago youth homeless response system, how the program model types were identified by the community and an understanding of cross cutting expectations. Participants provided input on key considerations for each program model standards.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Experience</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Action Board</td>
<td>Experts with lived experience of homelessness</td>
<td>Jajuana Walker, Maria Cwiklik, Caprice Williams, Nicole Montgomery, Christian Hall, Kami,</td>
</tr>
<tr>
<td>The Night Ministry</td>
<td>Interim Shelter, Low Threshold Overnight Shelter, Transitional Housing</td>
<td>Betsy Carlson, Anthony Monterroso</td>
</tr>
<tr>
<td>Housing Opportunities for Women</td>
<td>Permanent Supportive Housing</td>
<td>David Mowery</td>
</tr>
<tr>
<td>Heartland Human Care Services</td>
<td>Transitional Housing, Rapid Rehousing</td>
<td>Corie Darling</td>
</tr>
<tr>
<td>Broadway Youth Center</td>
<td>Drop-in</td>
<td>Julio Flores</td>
</tr>
<tr>
<td>Childserve</td>
<td>Transitional Housing</td>
<td>Kim Young</td>
</tr>
<tr>
<td>Chicago Coalition for the Homeless</td>
<td>Advocacy</td>
<td>Beth Malic</td>
</tr>
<tr>
<td>Chapin Hall</td>
<td>Research Partner</td>
<td>Beth Horwitz</td>
</tr>
<tr>
<td>All Chicago</td>
<td>Collaborative Applicant &amp; RRH ESG Program</td>
<td>Elizabeth Perez, Margaret Smith, Karen Kowal</td>
</tr>
<tr>
<td>La Casa Norte</td>
<td>Low Threshold Overnight Shelter, Transitional Housing, Rapid Rehousing, Permanent Housing, Drop-in Center</td>
<td>Tom Eagan, Azalea Acuna,</td>
</tr>
<tr>
<td>Ignite</td>
<td>Low Threshold Overnight Shelter, Transitional Housing, Drop-in Center</td>
<td>Jeri Lynch Linas</td>
</tr>
<tr>
<td>Inspiration Corporation</td>
<td>Rapid Rehousing</td>
<td>Sarah Wagner</td>
</tr>
<tr>
<td>LYTE Collective</td>
<td>Outreach</td>
<td>Carl Wiley</td>
</tr>
<tr>
<td>Organization</td>
<td>Services</td>
<td>Contact Person</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Covenant House</td>
<td>Interim Shelter, Drop-in Center</td>
<td>Jenni Paveglio</td>
</tr>
<tr>
<td>Unity Parenting and Counseling</td>
<td>Low Threshold Overnight Shelter, Transitional Housing, Joint Transitional - Rapid Re-housing</td>
<td>Deanna Reed, Flora Koppel</td>
</tr>
<tr>
<td>Chicago Department of Family and Support Services</td>
<td>Policy, Funding</td>
<td>Ceri Moy</td>
</tr>
</tbody>
</table>