



Rapid Re-Housing in the City of Chicago: 2014 to 2017

April 2019

all Chicago 
making homelessness history

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About All Chicago

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CONTENTS

Report Information.....	2
Contents	3
Executive Summary	5
Introduction.....	7
Chapter I. Background	8
What is Rapid Re-Housing?	8
Evidence: Recent Literature	13
Benefits of Rapid Re-Housing	16
Frequently Asked Questions.....	16
Rapid Re-Housing Roadmap and Performance Outcomes.....	18
Chapter II. Chicago Rapid Re-Housing Projects	19
Emergency Solutions Grant (ESG) Funded Projects	20
Supportive Services For Veteran Families (SSVF) Funded Projects	21
Continuum of Care (CoC) Funded Projects.....	22
Participant Criteria by Funding Source.....	23
Assistance Offered by Funding Source	26
Chapter III. Participant Demographics	32
Methodology	32
Enrollment Trends	34
Age at First Time of Enrollment into Rapid Re-Housing.....	35
Race and Ethnicity	36
Household Type and Gender.....	36
Special Population: Families with Children	38
Special Population: Youth.....	39
Special Population: Veterans.....	40
Special Population: Chronically Homeless.....	41
Chapter IV. Performance Outcomes	42
Rates of Movement into Permanent Housing (as part of RRH project enrollment)	43
Length of Time to Move into Permanent Housing (as part of RRH project enrollment)	45
Exits to Permanent Housing	46

Length of Enrollment.....	50
Changes to Income	51
Returns to Homelessness	53
Conclusion	57
Chapter V. Discussion and Recommendations.....	58
Discussion	58
Policy Recommendations	64
Conclusion	65
Appendix A: References	66
Appendix B: Returns to Homelessness Calculation Methodology	68

EXECUTIVE SUMMARY

Rapid Re-housing (RRH) is an effective, cost-efficient model of housing intervention for households experiencing homelessness. RRH has grown significantly in Chicago in recent years, serving 6,196 unique people in 3,791 households from 2014 through 2017. This model is widely used nationally and poised for further growth in Chicago. Using Homeless Management Information System (HMIS) data to analyze local RRH programs, All Chicago has created this report, the first comprehensive review of RRH in Chicago, to better understand the landscape of RRH programs in Chicago, gauge performance at the system and project levels, and recommend improvements based on this analysis.

RRH in Chicago (2014 to 2017): 6,196 unique people in 3,791 households

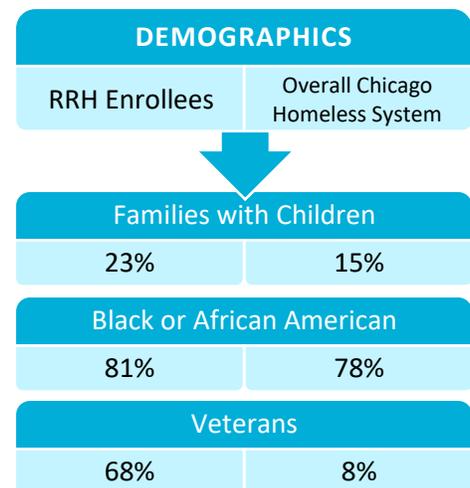


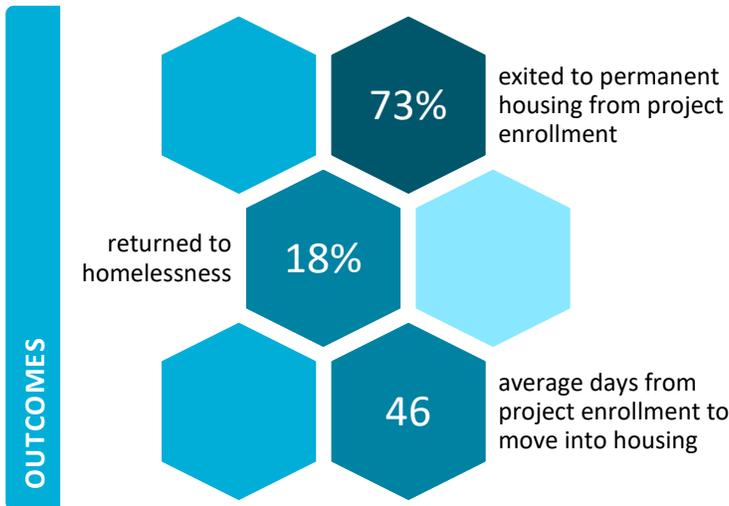
RRH has become one of the major intervention models used to respond to homelessness in Chicago. This report aims to help inform and encourage that growth. In Chicago, the RRH model is funded by three different sources: Supportive Services for Veteran Families (SSVF), Emergency Solutions Grants (ESG), and the Continuum of Care (CoC).

RRH moves households into permanent housing as quickly as possible and achieves housing stability by employing three core components: housing identification, rent and move-in assistance, and supportive services. RRH is client-driven, with support services and rental assistance based on each household’s unique needs. It follows the concept of progressive engagement, where the household is given the minimum amount of support needed to achieve stable housing, adding additional support if needed. The result is a program model that maximizes system-wide benefits, reaching as many people as possible by prioritizing flexible support individualized to each household’s needs.

Demographically, the average head of a household enrolled in RRH is male, single, black or African American, 47 years old, and a veteran.

However, there are significant differences in the characteristics of households served across the three funding sources. For example, while 74% of all RRH enrollees are single, within CoC-funded projects 69% of households are families with children. Understanding participant characteristics is essential to ensure that projects meet every household’s needs, since those needs differ by population.





Chicago Rapid Re-Housing Outcome Highlights from 2014 to 2017:

- 73% of all RRH enrollees were living in permanent housing when they exited their RRH enrollment.
- Of the 73% of enrollees who were living in permanent housing when they exited RRH, **only 18%** returned to homelessness.
- Those that moved into housing did so an average of 46 days after their enrollment.

Ultimately, the single factor most correlated with better outcome performance was whether a household moved into housing as part of RRH enrollment. Such households consistently had greater increases in income, higher rates of exit to permanent housing, and lower rates of return to homelessness.

The extensive demographic and outcomes data analysis, gleaned from nearly 4,000 RRH enrolled households, provides rich information to recommend policy improvements so that this model can better serve clients across Chicago. **Opportunities to improve how RRH is designed, implemented, and overseen include expanding landlord engagement, standardizing policies and procedures between funding sources, and expanding peer-to-peer support between service providers. Additionally, there are opportunities to increase RRH availability through policy, advocacy, and communications, as well as to refine and communicate best practices for RRH providers and case managers.**

All Chicago looks forward to continuing discussions on Rapid Re-housing with this report serving as a starting point to prompt further analysis. Future topics of analysis could include, for example, identifying more detailed trends among those who return to homelessness. System-level impacts could also be explored, such as how RRH’s outcomes and costs per household compare to those of other housing models. All Chicago hopes that this report will not only increase readers’ understanding of the RRH model in Chicago, but also guide the model’s growth by spurring discussion and action aimed at its continuous improvement.

INTRODUCTION

Rapid Re-housing (RRH) has emerged as a promising, cost-effective strategy for addressing homelessness in the United States. Federal agencies have demonstrated their support for RRH in meaningful ways: two federally funded programs, the Homelessness Prevention and Rapid Re-housing Program (HPRP) and the Rapid Re-housing for Homeless Families Demonstration Program (RRHD), significantly increased the use and popularity of the housing intervention in the years following the 2007-2009 economic recession. In *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the United States Interagency Council on Homelessness (USICH) recommended increased guidance and technical assistance to help communities implement RRH as one key strategy to end homelessness nationwide.¹

Locally, All Chicago, the Chicago Department of Family & Support Services (DFSS), and the Chicago Continuum of Care (CoC) adopted the Action Agenda in December 2017 to further *Chicago's Plan 2.0*, the City of Chicago's plan to end homelessness.^{2,3} Among other goals, the Action Agenda seeks to monitor system and service performance, to understand and increase the efficacy of interventions, and to drive implementation strategically in our city's homeless services system.

Proper application of RRH holds significant promise in making occurrences of homelessness rare and brief, helping people obtain permanent housing quickly, and providing access to services that help achieve housing stability. Time-limited assistance means that scarce resources are stretched to increase capacity to help as many people as possible.

Given local and federal interest in this housing intervention, All Chicago has analyzed local RRH programs in the City of Chicago using data from the Homeless Management Information System (HMIS).ⁱ To optimize the performance of existing RRH programs, align projects toward locally defined system-wide goals, and assist with the adoption of RRH projects, All Chicago seeks to accomplish the following goals:

- Understand the landscape of RRH programs in the City of Chicago
- Gauge performance at the system and project levels
- Recommend improvements based on analysis, best practices, and system goals

The first chapter of this report introduces the core concepts and components of RRH. The second chapter summarizes the policies of local RRH projects. The third chapter describes the demographics of clients enrolled in RRH projects. The fourth chapter tackles performance outcomes, such as length of time to housing, income changes, rates of permanent housing exits, and returns to homelessness. The final chapter provides recommendations for system- and project-level improvement.

ⁱ The US Department of Housing and Urban Development (HUD) requires that each metropolitan area use a Homeless Management Information System (HMIS). HMIS is a database that collects specific data on people experiencing homelessness and the housing and homeless services that they receive. Collecting standardized data helps the community better understand homelessness and allows it to measure progress towards specific goals. Chicago's HMIS is managed by All Chicago.

CHAPTER I. BACKGROUND

This chapter describes the core concepts and components that define Rapid Re-housing (RRH). It summarizes the differences between RRH and other housing interventions, the benefits of RRH, and a brief history of RRH implementation in the United States. The most commonly asked questions are answered in this chapter. Finally, we include the results of several well-known studies on RRH efficacy.

WHAT IS RAPID RE-HOUSING?

Rapid Re-housing (RRH) is a housing intervention that aims to provide people experiencing homelessness with permanent housing as quickly as possible. All RRH projects feature three core components:

1. **Housing identification services** involve case managers or housing locators working with clients to find housing.
2. **Rental and move-in assistance** are provided to ensure that clients can move into housing.
3. **Case management and supportive services** help to ensure that individuals and families stay housed.

These three components help RRH participants quickly move into housing that is appropriate for their needs, achieve housing stability, and minimize the likelihood of returning to homelessness.

Housing First principles undergird RRH core concepts: projects should have **low barriers to entry**. Enrollment should not be contingent on income, sobriety, absence of a criminal record, participation in services, or other unnecessary conditions. RRH providers believe that most people—including those with potential housing barriers such as substance abuse, behavioral health challenges, or lack of income—*can* be successfully housed with the right supports. Given the negative impact of homelessness on health and well-being, projects seek to **reduce exposure to homelessness**, including time spent in emergency shelters. Since housing is a necessary foundation for achieving life goals, barriers will be most successfully addressed if housing is obtained first. Assistance is also **time-limited**. Many people can resolve their housing crisis and gain stability with short to medium-term financial assistance and a **client-driven, customized** suite of services that meets their needs and preferences.⁴ RRH serves this group.

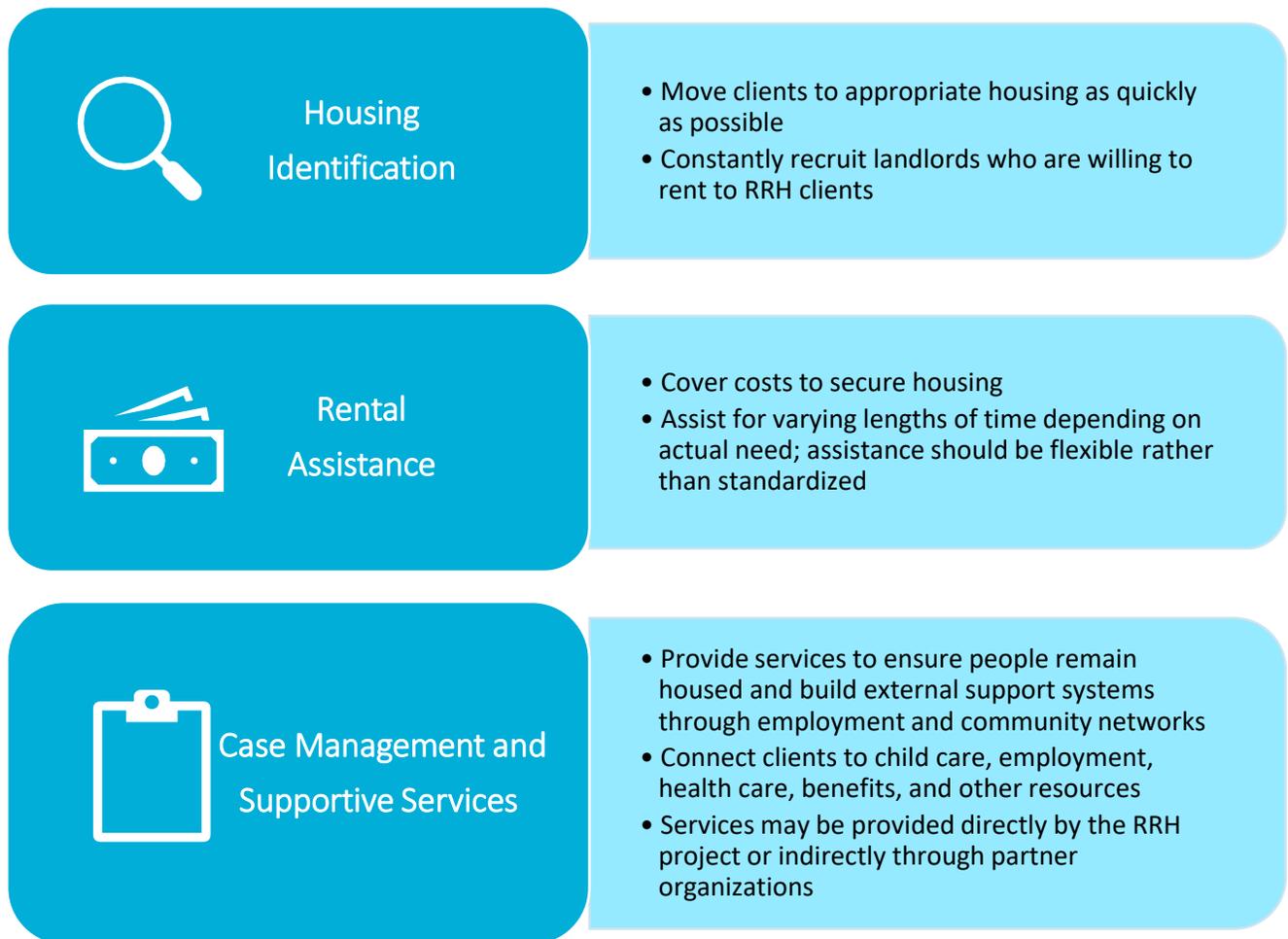
WHAT DOES HOUSING FIRST MEAN?

Housing First is an approach to ending homelessness in which assistance is not contingent on sobriety, treatment, background, or income. With a Housing First approach, permanent housing is prioritized. Housing can then serve as a platform from which people can work toward personal goals and improve their quality of life. Barriers or factors that may have contributed to homelessness and housing instability can be best addressed once people are permanently housed.⁵

FIGURE 1-1. CORE CONCEPTS AND COMPONENTS OF RAPID RE-HOUSING



RRH Core Components



RAPID RE-HOUSING PRACTICES AND PRINCIPLES

RRH best practices dictate that projects implement **progressive engagement**, where families and clients begin with a small amount of financial assistance and support services. Progressive engagement rests on the concept that for many people, a small amount of assistance is sufficient to obtain housing and achieve housing stability. As such, projects practicing progressive engagement do not start off with the highest intensity of services. The customizable nature of RRH services should complement progressive engagement, so clients who face more challenging housing barriers receive more intensive resources or support for a longer period of time. See “Rapid Re-Housing Best Practices” to the right.

The most common type of financial rental assistance offered is **tenant-based rental assistance**, where financial assistance is not contingent on the housing location. Instead, clients can use the financial assistance at any unit that accepts the subsidy; the assistance “follows” the client. In comparison, project-based rental assistance requires participants to live in a specific location. Given the type of rental assistance most frequently used, the housing configuration of RRH projects is often **scattered-site**, in which housing units are not located in a single facility.ⁱⁱ Projects that own units can assemble property in a piecemeal way, with housing in multiple locations.^{6,7} Alternatively, and most commonly in the homeless system, projects work with landlords in the private market and recruit them to accept housing subsidies. Clients can then use the housing subsidy provided by the RRH project at any location accepting the subsidy. One benefit of coupling tenant-based and scattered-site models is increased choices (i.e., neighborhood, unit type, etc.) for clients. The success of RRH projects, then, depends on relationships with landlords in the private market.

The success of RRH projects also relies on an RRH provider’s ability to help participants generate greater income, so that they can assume full responsibility for their housing costs (when they exit the project). RRH providers

ⁱⁱ Housing configurations may also be described as “tenant-based” or “project-based” in practice. Note that the terms “tenant-based” and “scattered-site” are often used interchangeably given that they go hand-in-hand.

RAPID RE-HOUSING BEST PRACTICES

Financial Support

“The program provides the least amount of assistance for the shortest duration of time necessary to address the immediate housing need and prevent a near-term recurrence of housing crisis.”

“The amount and duration of financial assistance is adjusted according to participant needs. As needed and when appropriate, the program offers the maximum amount and duration of financial assistance within program funding constraints to assist participants with little or no income.”

Service Support

“Case management assistance is individualized and flexible. The least amount of assistance is provided for the shortest duration of time necessary to achieve Housing Plan goals. When needed, participants are offered more intensive, frequent, and/or longer duration of case management assistance.”

U.S. Department of Veteran Affairs Supportive Services for Veteran Families (SSVF) Program, 2013, *Homeless Prevention and Rapid Re-Housing Best Practices*, Pages 13 and 17. <https://bit.ly/2H8WAtc>

should assume employability and reject the idea that participants must jump through hoops to become “employment ready.”⁸ In keeping with this principle, RRH case managers should discuss income goals at the first meeting with the participant. Successful RRH providers will either provide employment/income services or make effective connections to employment services.⁹

MATCHING TO RAPID RE-HOUSING

Since 2017, households have been matched to RRH projects through Chicago’s Coordinated Entry System (CES). CES uses data—such as chronic homeless status, household type, vulnerability index, veteran status, length of homelessness, and date of housing assessment—to match households to housing interventions based on eligibility, appropriateness for the intervention, and prioritization. Generally, CES prioritizes those experiencing chronic homelessness for housing interventions.¹⁰ Therefore, the rollout of CES in 2017 led to RRH programs serving a higher proportion of individuals and families experiencing chronic homelessness.

HISTORY OF RAPID RE-HOUSING IN THE UNITED STATES

RRH projects have operated in the United States since the early 2000s. Among the first projects were Beyond Shelter in Los Angeles, California; the Rapid Exit program in Hennepin County, Minnesota; and the Shelter to Independent Living program in Lancaster County, Pennsylvania. Emphasis on RRH and prevention grew significantly following the 2007-2009 recession, which resulted in many families needing urgent short- or medium-term assistance to avoid or shorten experiences of homelessness.¹

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was signed into law in 2009. The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act² with significant changes, including the consolidation of the US Department of Housing and Urban Development (HUD)'s competitive grants programs, revisions to HUD's definition of homelessness and chronic homelessness, and changes to the Emergency Shelter Grants program, which was renamed the Emergency Solutions Grants (ESG) program. The HEARTH Act expanded the eligible activities of the new ESG program, emphasizing RRH assistance and homelessness prevention. Other allowable components include street outreach, emergency shelter, the Homeless Management Information System (HMIS), and some administrative activities.³ The HEARTH Act of 2009 also established the Continuum of Care (CoC) program. HUD established the CoC Program Interim Rule in July 2012 to formally implement the CoC program.⁴ The program funds five main components: permanent housing, which includes permanent supportive housing and RRH; transitional housing; supportive services; HMIS; and, in some cases, homelessness prevention.

Also in 2009, HUD awarded 23 Continuums of Care with funding to pilot RRH programs through the Rapid Re-Housing for Homeless Families Demonstration (RRHD) program.^{5,6} The American Recovery and Reinvestment Act, signed in 2009, led to the distribution of \$1.5 billion to 535 grantees over three years through the Homelessness Prevention and Rapid Re-Housing Program (HPRP).

During this time, veteran homelessness became a higher priority among federal policy makers.⁷ Federal agencies, in collaboration with the United States Interagency Council on Homelessness (USICH), sought to end veteran homelessness by 2015. The U.S. Department of Veteran Affairs launched the Supportive Services for Veteran Families (SSVF) program in fiscal year 2012.⁸ Drawing upon the lesson of HPRP, the SSVF program provided grantees (community-based nonprofits) funding for homelessness prevention and RRH services for veterans and their families.

¹ U.S. Department of Housing and Urban Development. *Homelessness Prevention and Rapid Re-Housing Program (HPRP): Year 3 & Final Program Summary*. Office of Special Needs Assistance Programs, Office of Community Planning and Development. June 2016, <https://www.hudexchange.info/resources/documents/HPRP-Year-3-Summary.pdf>.

² McKinney-Vento, passed in 1987 and reauthorized several times since, was the first significant federal legislative response to homelessness.

³ See [24 CFR 576.104](#) for more information about the RRH component of the ESG program.

⁴ <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>

⁵ S. Burt, Martha R. et. al. *Rapid Re-Housing for Homeless Families Demonstration Programs Evaluation Report*. Abt Associates report for U.S. Department of Housing and Urban Development, Office of Policy Development and Research. April 2016, <https://www.huduser.gov/portal/sites/default/files/pdf/RRHD-PartI-Process.pdf>.

⁶ U.S. Congress appropriated \$23.75 million in 2007 for the Rapid Re-Housing for Homeless Families Demonstration program.

⁷ To support soldiers returning to the U.S. during a weakened economy, HUD and the VA partnered to create the HUD-Veterans Affairs Supportive Housing Program (HUD-VASH), which combined Housing Choice Voucher rental assistance from HUD with case management and clinical services provided by the VA. HUD-VASH originated in the early 1990s but has become most active since 2008, after Congress appropriated \$75 million for 10,000 HUD-VASH vouchers. <http://nlihc.org/sites/default/files/2014AG-170.pdf>.

⁸ Section 604 of the Veterans' Mental Health and Other Care Improvements Act of 2008, P.L. 110-387 authorized the VA to create the SSVF program.

EVIDENCE: RECENT LITERATURE

Multiple studies have been conducted regarding RRH effectiveness. For example, the US Department of Veterans Affairs (VA) publishes an annual report on the SSVF program. This section summarizes results detailed in the *2016 SSVF Annual Report*.¹¹ *The Family Options Study* by Abt Associates and Vanderbilt University, launched in 2008, examines the outcomes of 2,282 families with children in emergency shelters after they were randomly assigned to one of four different interventions: RRH; long-term housing subsidies (typically a Housing Choice Voucher); project-based transitional housing; and usual care (i.e., situations where families exit shelters on their own without priority access to programs that provide housing).¹² *The Family Options Study* focuses on intention-to-treat, where the impact of giving a family priority access to a particular intervention is studied, even if they do not use the service or end up using another intervention. Of the 434 families given RRH priority access in this study, approximately 254 families used RRH assistance. The study assessed long-term impacts during a follow-up 37 months after random assignment to a housing intervention.

The *Evaluation of Rapid Re-Housing for Homeless Families Demonstration (RRHD) Program* by Abt Associates (“RRHD evaluation”) looked at 23 CoCs nationwide that received RRHD funding. Across the projects, the evaluation found differences in the length of assistance provided, the amount of rental subsidy provided, the frequency of case management required, and the intake process.¹³ Given small sample sizes, differences in RRH implementation across projects, and non-randomness of the study, researchers determined that the fundamental questions about the appropriateness of the RRH intervention for families with certain (unspecified) underlying factors could not be definitively answered. A study by the Department of Human and Organizational Development at Vanderbilt University also looked at rates of return to homelessness among households in Georgia with similar characteristics (“Georgia study”).¹⁴

LENGTH OF TIME FROM PROJECT ENROLLMENT TO HOUSING

In the VA’s *2016 SSVF Annual Report*, about half of all permanent housing placements among veterans participating in RRH programs occurred within 15 to 30 days from time of enrollment. *The Family Options Study* found that families given priority access to RRH left emergency shelters one week faster than families assigned to the usual care group, although these results were not statistically different from each other.

EXITING THE PROJECT TO PERMANENT HOUSING

The RRHD evaluation found that 90% of RRHD study participants exited to permanent housing. The *2016 SSVF Annual Report* found that 78% of approximately 50,000 veterans in SSVF RRH programs exited their programs to permanent housing.

The SSVF program analysis demonstrated the role of vouchers in program outcomes. When looking at income and housing of all types, rates of permanent housing exits did not differ among SSVF veterans. The rate of exit to permanent housing for veterans with \$2,000+ monthly income was 83%, compared to 81% for veterans without any income, suggesting that veterans with no income still have relatively high rates of success.ⁱⁱⁱ When *excluding*

ⁱⁱⁱ Note: In the annual report, income analyses were aggregated to include SSVF prevention and SSVF RRH clients.

HUD-VASH vouchers, only 56% of clients with no income exited to permanent housing, compared to 68% of clients with \$2,000+ monthly income. This suggests that HUD-VASH has been a significant resource for clients with low incomes, or those with disabilities.

CHANGE IN INCOME FROM PROJECT ENROLLMENT TO PROJECT EXIT

The VA found that 25% of veterans who had no income at time of enrollment, and exited prevention and RRH programs in 2016, reported a higher income when they exited the program.

The Family Options Study also tempered their expectations of changes to income by stating that any changes would likely be indirect; that is, being stably housed with housing costs subsidized by RRH rental assistance would allow participants to focus on employment gains. The study found that aside from increased participation in Temporary Assistance for Needy Families (TANF), the group assigned to RRH priority access had equivalent results with the usual care group for measures of employment and income.

HOUSING STABILITY AFTER EXITING THE PROJECT

The RRHD evaluation found that 12 months after program exit, 24% of study participants lived in the same housing unit they were living in when they exited the RRHD program. Furthermore, there was no statistically significant relationship between housing mobility and entering RRHD with income. However, families headed by young adults (age 18 to 24) and families with three or more children were less likely, on average, to stay in the same unit (63% and 51% less likely, respectively, on average).

The Family Options Study looked at multiple potential impacts of priority RRH access, such as nights spent homeless, doubled-up, or in emergency shelter in the six months prior to the time of follow-up. Researchers found that assignment to the group given priority RRH access had no effect on the rate of families experiencing homelessness three years after random assignment. The study also looked at the number of different places lived in the six months prior to the time of follow-up and found there was no difference between the RRH group and the usual care group.

RETURN TO HOMELESSNESS

The RRHD analysis and *2016 SSVF Annual Report* found similar rates of returns to homelessness: 10% of the RRHD study participants had at least one episode of homelessness within 12 months of program exit. A supplemental analysis of all RRHD families found that 6% returned to shelter or transitional housing within 12 months. Families who returned to homelessness had heads of household between 18 and 24 years of age more often than families who did not return to homelessness. Cash income greater than 30% of area median family income at enrollment was correlated with a lower likelihood of return to homelessness, but cash income at exit had no correlation. The *2016 SSVF Annual Report* found that 7% of veteran families with children returned to homelessness within 12 months of program exit, compared to 11% of veterans without children.

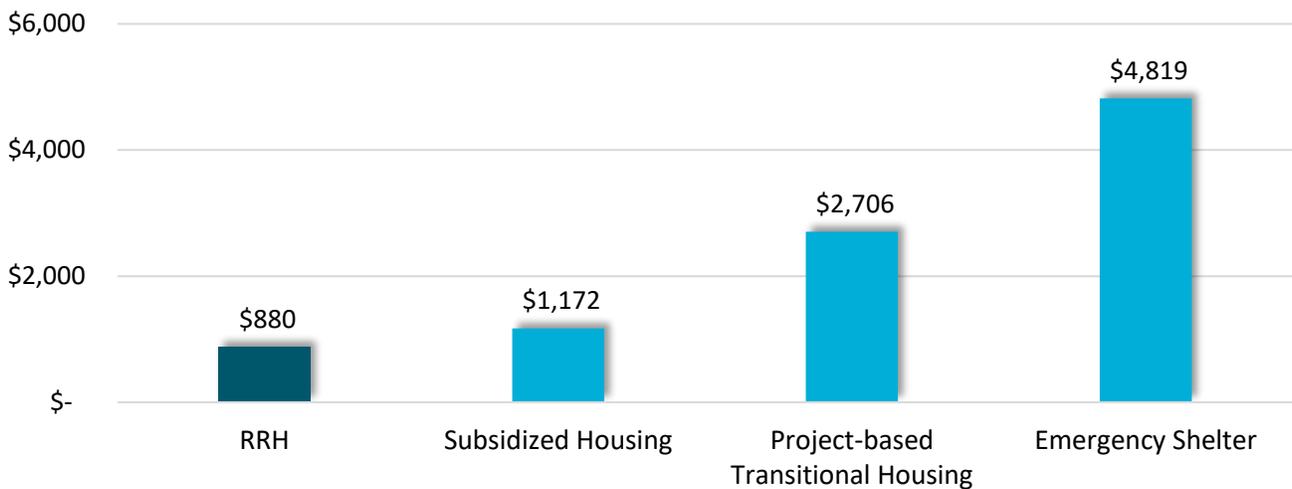
The study of households in Georgia also investigated returns to homelessness. Researchers found that the likelihood of returning to homelessness (identified as enrollment into an emergency shelter) was not dependent on how quickly a person entered permanent housing. Both RRH and transitional housing (TH) participants had a

lower likelihood of returning to homelessness when compared to participants who received the emergency shelter intervention.^{iv} Both TH and RRH were found to be effective at helping families with children, in particular; households with children who were not enrolled in TH or RRH were twice as likely to return to shelter compared to families who were enrolled in TH or RRH. Among both households with children and households without children, having had a prior episode in an emergency shelter was found to be predictive of returning to shelter. Having cash income at the time of program entry was found to be predictive of *not* returning to homelessness, though only for households with children.

COSTS

The Family Options Study also looked at the cost of RRH programs in comparison to permanent subsidies, transitional housing, and emergency shelter. RRH was found to have the lowest average monthly cost per family in the communities examined by the study.

FIGURE 1-2. AVERAGE MONTHLY COST PER FAMILY



Source: *The Family Options Study*

^{iv} The results of the Georgia study were reported as odds ratios, which compared the housing intervention (RRH or TH) to the reference intervention (emergency shelter). The odds ratios were 0.34 and 0.29 for RRH and TH respectively, demonstrating that RRH and TH interventions were more effective at preventing returns to shelter than the emergency shelter intervention.

BENEFITS OF RAPID RE-HOUSING

The primary benefit of RRH is that communities can maximize their system-wide capacity to successfully support the greatest number of people. With time-limited assistance and progressive engagement practices, clients receive just the amount of support they need to resolve their housing crisis and achieve and maintain housing stability. This leaves more resources available to support other clients. RRH has been shown to cost less than interventions such as emergency shelters, transitional housing, or institutions (e.g., hospitals, correction facilities, or long-term health care facilities).¹⁵ Since access to housing is prioritized, clients can then achieve other positive outcomes—including health, economic, and social goals—more quickly. Homelessness can exacerbate preexisting physical and mental health challenges or create new ones and make it more difficult to obtain or maintain employment. With housing as a platform, clients can more expeditiously leave the homeless system and achieve quality of life goals.

FREQUENTLY ASKED QUESTIONS

WHICH TYPES OF HOUSEHOLDS ARE APPROPRIATE RECIPIENTS OF RAPID RE-HOUSING SERVICES?

RRH is a Housing First approach to ending homelessness. This means that assistance is not contingent on sobriety, treatment, background, or income. RRH is appropriate for all types of individuals and families, no matter what kind of tenancy barriers exist. RRH is for everyone: families, individuals, youth, veterans, survivors of domestic violence, and people experiencing chronic homelessness. RRH is not appropriate for individuals who will need ongoing supportive services indefinitely (i.e. people who are better suited for permanent supportive housing or people who need residence-based treatment). However, these factors are often identified through the use of progressive engagement by trying RRH first.

IS RAPID RE-HOUSING APPROPRIATE FOR YOUTH (PEOPLE AGES 18-24)?

Yes, RRH is appropriate for youth, though there are some tweaks that may be required for a program designed to primarily serve youth.^v

WHAT HAS RESEARCH SHOWN ABOUT PREDICTORS OF WHO WILL AND WILL NOT BE SUCCESSFUL IN RAPID RE-HOUSING?

HUD and USICH encourage RRH as an intervention for many types of clients.¹⁶ Research cited in this report demonstrates RRH program success with veterans, unaccompanied individuals, and families. As research studies and program evaluations continue nationwide, further data will become available detailing RRH outcomes related to various subpopulations.

^v For more information, see the National Alliance to End Homelessness's RRH for Youth Toolkit at <https://endhomelessness.org/resource/rapid-re-housing-for-youth-toolkit/>.

IS RAPID RE-HOUSING MEANT TO ELIMINATE POVERTY?

RRH is not meant to eliminate poverty, and has very specific, concrete goals. RRH is designed to reduce the length of time people experience homelessness, minimize the negative effects of homelessness in their lives, and help them gain access to resources that can help them achieve their goals and maintain housing stability. RRH does not aim to eliminate poverty, assure that people will have affordable housing (i.e., paying 30% or less of their income in rent), protect people from the impact of challenging situations, or eliminate housing mobility.¹⁷

WHY IS IT IMPORTANT TO QUICKLY REHOUSE HOUSEHOLDS EXPERIENCING HOMELESSNESS, RATHER THAN WAITING UNTIL THE HOUSEHOLD IS “HOUSING-READY,” THUS ENSURING THAT THEY WILL NOT BE “SET UP TO FAIL”?

Prolonged exposure to homelessness has a significant negative impact on adults and children, so housing programs should strive to reduce the amount of time households spend homeless. Additionally, most households experiencing homelessness are not significantly different from housed households experiencing poverty. As most poor households do not become homeless, it follows that most households experiencing homelessness can be rehoused and maintain housing, many of them only needing a light touch of assistance. Finally, the experience of homelessness is itself a barrier to factors that make someone “housing ready” — income through employment or benefits, mental and emotional stability, medical and behavioral health treatment, etc. Barriers or factors that may have contributed to homelessness and housing instability can be best addressed once people are permanently housed.¹⁸

WHAT IS PROGRESSIVE ENGAGEMENT? HOW AND WHY IS IT USED IN RAPID RE-HOUSING?

Progressive engagement is the practice of providing a small amount of assistance to everyone in the homeless services system and providing additional assistance as it is needed. For many RRH households, a small amount of assistance is enough to stabilize the household in housing, and in cases where additional assistance is needed, it is provided. After providing initial assistance to rehouse a household, the RRH program provides additional assistance on a month-by-month basis, as needed.¹⁹ Progressive engagement is used in RRH to ensure that limited resources are used efficiently. Additionally, RRH responds to the individualized needs and strengths of different households. The amount of assistance provided corresponds with the amount needed by that specific household to attain housing stability.²⁰ Progressive engagement done properly should provide enough assistance to ensure stability from a household’s housing crisis.

RAPID RE-HOUSING ROADMAP AND PERFORMANCE OUTCOMES

Below is the path a person or family would take on their RRH journey.

Green boxes indicate performance outcomes measured in analysis.

1. Initial engagement

People experiencing or at risk of homelessness are first offered assistance through community centers, street outreach, shelters, or calling 311.



2. Referral

The Coordinated Entry System (CES) assesses a person's need, then triages and refers them to an appropriate housing intervention (e.g., prevention, diversion, housing, etc.). This is when CES refers a person to an RRH project.



3. Enrollment

At this point, the provider has made contact with the person referred to their RRH project. The enrollment date is when the eligible person formally enrolls and begins case management, supportive services, and housing location services.



4. Move into Housing

When a person enrolled in RRH finds permanent housing, this is often when they begin using financial rental assistance offered through the RRH project.



5. Exit from RRH Project

When a person exits the RRH program, they no longer receive rental assistance, and case management with the RRH program ends.



6. Follow up

After exit, projects follow-up with former clients to confirm continued housing stability and connect with other supports if needed.



Outcome 6: Returns to homelessness

Outcome 3: Exit destinations
Outcome 4: Length of Enrollment
Outcome 5: Change in income between enrollment and exit

Outcome 1: Rates of move into housing

Outcome 2: Length of time between enrollment and move into housing

CHAPTER II. CHICAGO RAPID RE-HOUSING PROJECTS

The first Rapid Re-housing (RRH) projects in Chicago began in 2013 with funding from the Emergency Solutions Grant (ESG) program. However, similar models were funded from 2009 to 2012 by federal funds through the Homeless Prevention and Rapid Re-Housing Program (HPRP). Since then, additional RRH projects have opened with funding from ESG, the Continuum of Care (CoC), and Supportive Services for Veteran Families (SSVF). In some cases, agencies operating programs supported by transitional housing funding changed those programs to an RRH model. Since 2017, clients have been referred to RRH projects through the system-wide Coordinated Entry process, led by the Corporation for Supportive Housing, with support from All Chicago and Catholic Charities.²¹

TABLE 2-1. RAPID RE-HOUSING FUNDING TOTALS BY YEAR, 2014 TO 2017*

FUNDING SOURCE	2014	2015	2016	2017
SSVF⁺	\$5,471,065	\$8,897,641	\$5,468,059	\$5,512,902
ESG	\$2,785,918	\$2,576,424	\$2,219,619	\$1,986,530
CoC	\$2,976,465	\$5,606,157	\$5,715,534	\$5,950,651

*SSVF and CoC are by federal fiscal year, which begins October 1 of the prior calendar year.

⁺SSVF grantees serve Cook County and surrounding counties. It is not possible to separate out the funds spent specifically within the City of Chicago.

This chapter lists the 16 RRH projects in the City of Chicago in 2018 and summarizes programmatic and policy differences between each of the projects, organized by funding source. More information about enrollment trends, client demographics, and outcomes is available in subsequent chapters.

EMERGENCY SOLUTIONS GRANT (ESG) FUNDED PROJECTS

4 ESG-funded Rapid Re-housing projects as of 2018

In 2013, the ESG program funded Chicago’s first RRH projects at Heartland Human Care Services, La Casa Norte, and Catholic Charities of Chicago. Projects specifically targeting veterans (“expansion” projects) were developed in 2015 to address system gaps for veterans who did not qualify for SSVF RRH programs. Additional RRH projects for non-veterans were created in 2017 due to an expanding need for non-veteran assistance. In early 2018, agencies began consolidating veteran expansion projects and general population projects for increased efficiency. ESG funding is administered by the City of Chicago’s Department of Family & Support Services (DFSS). All Chicago is the ESG program system coordinator, responsible for distributing financial and rental assistance funds, monitoring activity, providing training, and collecting and analyzing program data.

2013 TO 2017 AGENCY—PROJECT, IMPLEMENTATION YEAR	2018 TO PRESENT AGENCY—PROJECT, IMPLEMENTATION YEAR
A Safe Haven—Rapid Re-Housing Expansion Project, 2015	A Safe Haven—ESG Rapid Re-Housing Program, 2015
A Safe Haven—Rapid Re-Housing Program, 2017	
Featherfist—Rapid Re-Housing Expansion Project, 2015	Featherfist—ESG Rapid Re-Housing Program, 2015
Featherfist—Rapid Re-Housing Program, 2017	
Heartland Human Care Services—Rapid Re-Housing Program, 2013	Heartland Human Care Services—ESG Rapid Re-Housing Program, 2013
Heartland Human Care Services—Rapid Re-Housing Expansion Project, 2015	
La Casa Norte—Rapid Re-Housing Program, 2013	La Casa Norte—ESG Rapid Re-Housing Program, 2013
La Casa Norte—Rapid Re-Housing Expansion Project, 2015	
Catholic Charities of Chicago—Rapid Re-Housing (RRH) Program, 2013	Notes: Center for Changing Lives—Rapid Re-Housing (RRH) Expansion Project provided employment services in 2015. Center for Housing and Health receives ESG RRH funding, although they act as bridge housing.
Primo Center for Women & Children—Rapid Re-Housing Expansion Project, 2015	
Primo Center for Women & Children—Rapid Re-Housing Project, 2016	
Renaissance Social Services, Inc.—Rapid Re-Housing Expansion Project, 2015	
Renaissance Social Services, Inc.—Rapid Re-Housing Program, 2017	

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) FUNDED PROJECTS

6 SSVF-funded Rapid Re-housing projects as of 2018

The first SSVF-funded RRH projects began in 2014. The U.S. Department of Veteran Affairs administers the funding for the projects and develops rules and regulations for all SSVF-funded projects. SSVF RRH programs serve the most clients in Chicago.

IMPLEMENTATION YEAR	AGENCY—PROJECT
2014	Featherfist—Supportive Services for Veterans Families—Rapid Re-Housing
	Heartland Human Care Services—SSVF—Rapid Re-Housing
	Partners in Community Building, Inc.—SSVF—Rapid Re-Housing
	The Bogan Quarters Housing Counseling—SSVF—Rapid Re-Housing*
	Thresholds, Inc.—Supportive Services for Veterans Families—Rapid Re-Housing
	Volunteers of America of Illinois (VOA of IL)—SSVF—Rapid Re-Housing
2015	Urbanite Veterans Program—SSVF—Rapid Re-Housing*
	Volunteers of America of Illinois (VOA of IL)—SSVF Priority 1—Rapid Re-Housing

*Project is no longer active.

CONTINUUM OF CARE (CoC) FUNDED PROJECTS

6 CoC-funded Rapid Re-housing projects as of 2018

All the CoC-funded RRH projects listed below initially operated under transitional housing funding before their RRH implementation year. The CoC-funded programs are funded and administered by HUD, with All Chicago as the lead agency for the Chicago CoC.

IMPLEMENTATION YEAR	AGENCY—PROJECT
2014	Catholic Charities of Chicago—New Hope Apartments
	Featherfist—Foundations
2016	Heartland Health Outreach—Bridges to Home
	Heartland Human Care Services—2108 Building Stable Communities (Formerly Families Building Community: Expansion 1)
	Heartland Human Care Services—2365 Building Stable Communities (Formerly Stable Futures)
	Heartland Human Care Services—2383 Building Stable Communities (Formerly Families Building Community)

PARTICIPANT CRITERIA BY FUNDING SOURCE

The table below lists factors that determine eligibility by program in 2018. Criteria may change over time. In some cases, HUD and the VA allow projects to further narrow the criteria or include additional preferences to target resources.

TABLE 2-2. ELIGIBILITY OF PARTICIPANTS AT INITIAL ENROLLMENT

ELIGIBILITY CRITERION	ESG	CoC	SSVF
LITERALLY HOMELESS (HUD CATEGORY 1)	Yes	Yes	Yes ^{vi}
IMMINENT RISK (HUD CATEGORY 2)	No	No	No ^{vii}
HOMELESS UNDER OTHER FEDERAL STATUTES (HUD CATEGORY 3)	No	No	No
FLEEING/ATTEMPTING TO FLEE DOMESTIC VIOLENCE (HUD CATEGORY 4)	Yes, only if also literally homeless	Yes	Yes
INCOME REQUIRED AT ENTRY	Local income requirement ending in 2019. Veterans are exempted from requirement. There is no minimum income required.	No	No

^{vi} Yes, if client is (1) literally homeless at time of application; (2) at risk to remain in this situation but for assistance; and (3) scheduled to reside in permanent housing within 90 days pending location or development of suitable housing; or if client is (1) literally homeless and (2) has exited from permanent housing in previous 90 days to seek other housing that is responsive to client's needs.

^{vii} If client is imminently at risk of becoming literally homeless but for SSVF assistance, they receive SSVF *prevention* assistance (not SSVF *RRH* assistance). If these clients ultimately become literally homeless, they receive assistance similar to SSVF *RRH* clients but are still tracked under the SSVF prevention services.

TABLE 2-2 (CONTINUED).

ELIGIBILITY CRITERION	ESG	CoC	SSVF
<p>AREA MEDIAN INCOME (AMI) THRESHOLDS</p>	<p>No income thresholds at time of entry.</p>	<p>Variation across projects</p>	<p>Client must be very low income or extremely low income.</p> <ul style="list-style-type: none"> • Very low-income (VLI): Household income must not exceed 50% of AMI • Extremely low-income (ELI): Household income must not exceed 30% of AMI
<p>SPECIAL POPULATION SERVED</p> <p>NOTE: IN ADDITION TO PROGRAM-SPECIFIC SUBPOPULATION FOCUS, CHICAGO'S COORDINATED ENTRY SYSTEM SETS PRIORITIES THAT INFLUENCE WHICH SUBPOPULATIONS ENROLL IN RRH PROJECTS. FOR FURTHER INFORMATION ABOUT CES AND ITS PRIORITIES POLICY, VISIT CSH.ORG/CHICAGOES.</p>	<p>Current non-bridge RRH projects do not focus on any specific populations. Subpopulation priorities align with the priorities of the system through Coordinated Entry.</p>	<p>Catholic Charities New Hope Apartments: Families with at least one child under 18</p> <p>Featherfist Foundations: Families with three or more children</p> <p>Heartland Health Outreach: Clients with HIV/AIDS</p> <p>Heartland Human Care Services:</p> <ul style="list-style-type: none"> • 2383 Building Stable Communities: Families only • 2108 Building Stable Communities: Singles only 	<p>Client must be a veteran, or a member of a family where the head of household, or the spouse of the head of household, is a veteran.^{viii}</p> <p>Thresholds SSVF also has an additional requirement that participants have mental health challenges.</p>

^{viii} Definitions of ‘veteran’ have been refined periodically throughout the years and can be found in PL 114-315; 38 USC § 2002(b). As of March 2018, the definition has been updated to include anyone who was discharged from basic training, thus expanding the pool of eligible clients. People who have been dishonorably discharged are not eligible.

All RRH projects, regardless of funding source, require regular re-evaluations of clients. Continued assistance is dependent on the factors outlined below.

TABLE 2-3. RE-EVALUATION CRITERIA

CRITERION	ESG	CoC	SSVF
INCOME	<p>Household income must not exceed 30% of AMI at time of re-evaluation to receive ongoing assistance.</p> <p>Household’s rent-to-income ratio must be higher than 40%.</p>	<p>Not required by HUD, but local communities can refine written standards.</p>	<p>Very low-income: Income must not exceed 50% of AMI.</p>
CONTINUING NEED FOR SERVICES	<p>Must lack resources and support networks and have not identified other housing options.</p>	<p>Must lack resources and support networks.</p>	<p>Re-assessment. Clients must still require SSVF services in order to complete or advance housing plan to ensure housing stability.</p>

ASSISTANCE OFFERED BY FUNDING SOURCE

All RRH projects provide the three core components outlined in the first chapter: housing identification to help clients assess housing needs and locate available housing; financial assistance for specific activities related to renting and moving into housing; and supportive services to achieve housing stability. The specifics—such as the length and amount of rental assistance, and the share that clients must contribute toward rent—vary, depending on the funding program’s requirements or project’s policies and priorities. The table below briefly describes the assistance that is offered, according to policies as of 2018. Policies may change over time.

TABLE 2-4. RAPID RE-HOUSING RENTAL ASSISTANCE OFFERED BY FUNDING SOURCE

	ESG	CoC	SSVF
HOUSING IDENTIFICATION			
HOUSING SERVICES AND RELATED SERVICES	<p>Goal is to locate housing within 30 days of initial assessment. If client has not been housed, pre-housing recertification must be completed every 30 days from enrollment.</p> <p>Before January 2019: Total time for housing search assistance was limited to 90 days. If, after 90 days, housing could not be located, the client was exited from the project.</p>	Variation across projects	Goal is to locate housing within 90 days of enrollment. However, clients may continue to receive housing search assistance for longer than 90 days if needed.
RENTAL AND MOVE-IN FINANCIAL ASSISTANCE			
“NOT ELIGIBLE” REFERS TO ACTIVITIES THAT ARE NOT COVERED BY THE PROGRAM.			
TYPE OF RENTAL ASSISTANCE	<p>ESG permits tenant-based rental assistance or project-based rental assistance.</p> <p>However, in Chicago, all projects provide tenant-based rental assistance.</p>	Tenant-based rental assistance	Tenant-based rental assistance

TABLE 2-4 (CONTINUED).

	ESG	CoC	SSVF
HOUSING CONFIGURATION	Scattered-site	Scattered-site	Scattered-site
MAXIMUM LENGTH OF RENTAL ASSISTANCE	<ul style="list-style-type: none"> • Clients enrolled between 2013 and 2017: 8 months • Clients enrolled on and after January 1, 2018: 12 months <p>Declining subsidy model: Provider pays the full cost of rent for the first 3 months, then no more than 70% of rent for the following 3 months, and no more than 50% of rent for the remaining months. With approval from the System Coordinator and on a case-by-case basis, projects may pay 100% of rent for an additional 3 months (for a total of 6 months of full rental assistance). As of January 2019, an income-based model has been implemented.</p>	<p>Catholic Charities New Hope Apartments: 24 months</p> <p>Featherfist Foundations: 12 months</p> <p>Heartland Health Outreach: 24 months</p> <p>Heartland Human Care Services (all RRH projects): 24 months</p>	<p>Over a 12-month period, the maximum months of rental assistance a household can receive:</p> <ul style="list-style-type: none"> • If very low income*: 6 months • If extremely low income: 9 months <p>Over a 24-month period:</p> <ul style="list-style-type: none"> • Very low income: 10 months • Extremely low income: 12 months <p>*To be very low income, a household's income must not exceed 50% of AMI. To be extremely low income, it must not exceed 30% of AMI.</p>
FAIR MARKET RENT (FMR) AND RENT REASONABLENESS	Assistance covers up to fair market rent (FMR) for a unit. Units must also comply with HUD's rent reasonableness standards.	Units must comply with HUD's rent reasonableness standards.	Projects must conduct a market study to determine reasonableness of rent, penalties, or fees. Citing FMR is insufficient.
RENT IN ARREARS	Eligible One-time payment of up to 6 months of rent in arrears.	Not eligible	Eligible

TABLE 2-4 (CONTINUED).

	ESG	CoC	SSVF
MOVING COSTS	<p>Eligible</p> <p>Costs such as truck rental or moving company are eligible. Also includes payment of temporary storage fees for up to 3 months.</p>	<p>Eligible</p> <p>Reasonable one-time moving costs (e.g., truck rental and moving company).</p>	<p>Eligible</p>
SECURITY DEPOSIT	<p>Eligible</p> <p>Funds may be used to pay for security deposit that is equal to no more than 2 months of rent.</p>	<p>Eligible</p> <p>Funds may be used to pay for security deposit that is equal to no more than 2 months of rent.</p>	<p>Eligible</p> <p>Max. of 1 security deposit</p>
UTILITY-FEE PAYMENT ASSISTANCE AND DEPOSITS	<p>Eligible</p> <p>(As of 2019, utility deposits are no longer eligible.)</p> <p>Funds may be used to provide up to 24 months of assistance, including up to 6 months for payment in arrears.</p>	<p>Eligible: Utility deposit only</p>	<p>Eligible</p> <p>1 utility deposit during a 2-year period</p> <p>During 12-month period*:</p> <ul style="list-style-type: none"> • Very low income: 6 months of assistance • Extremely low income: 9 months of assistance <p>During 24-month period:</p> <ul style="list-style-type: none"> • Very low income: 10 months of assistance • Extremely low income: 12 months of assistance <p>*Same time-period rule that applies to Maximum Length of Rental Assistance row of this table.</p>

TABLE 2-4 (CONTINUED).

	ESG	CoC	SSVF
OTHER FORMS OF HOUSING STABILITY ASSISTANCE	<p>Eligible</p> <p>Examples: Last month's rent, rental application fees</p>	<p>Eligible</p> <p>Examples: First and last month's rent, property damage</p>	<p>Eligible</p> <p>Up to \$1,500 per household during a 2-year period.</p> <p>Examples: costs associated with gaining or keeping employment (e.g., licenses, etc.); moving into housing (e.g., mattress); securing housing (e.g., background check); and emergencies (e.g, baby food)</p>
CASE MANAGEMENT AND SERVICES			
HOUSING RELOCATION AND STABILIZATION SERVICES	<ul style="list-style-type: none"> • Case Management • Housing relocation and stabilization services • Tenant counseling • Understanding leases • Arranging for utilities • Making moving arrangements • Assistance with submitting rental applications, including payment • Assessment of housing barriers, needs, and preferences • Development of an action plan for locating housing • Outreach to and negotiation with owners • Assessment of housing for compliance with ESG requirements 	<ul style="list-style-type: none"> • Case Management • Housing relocation and stabilization services • Tenant counseling • Understanding leases • Arranging for utilities • Making moving arrangements • Payment of rental application fees 	<ul style="list-style-type: none"> • Housing counseling

TABLE 2-4 (CONTINUED).

	ESG	CoC	SSVF
TRANSPORTATION	Not eligible	Eligible Cost of client’s travel on public transportation or in a vehicle to and from medical care, employment, child care, or other eligible services	Eligible <ul style="list-style-type: none"> • No financial limit on amount of public transportation assistance for participants • No time limit on public transportation assistance • Maximum of \$1,200 car repairs/maintenance in a 2-year period on behalf of a participant
CHILD CARE	Not eligible	Eligible Child care vouchers and costs of establishing and operating child care	Eligible
OTHER SUPPORTS	<ul style="list-style-type: none"> • Legal services • Mediation • Credit repair 	<ul style="list-style-type: none"> • Legal Services • Mediation • Credit Repair • Education services • Employment assistance and job training • Food • Life skills training • Mental health services • Outpatient health services • Outreach services • Substance abuse treatment services 	<ul style="list-style-type: none"> • Legal services • Personal financial planning and credit counseling services • Educational assistance • Employment and training service • Vocational and rehabilitation counseling • Income support • Healthcare and daily living services • VA fiduciary and representative payee services

TABLE 2-4 (CONTINUED).

ESG	CoC	SSVF
POST-EXIT CASE MANAGEMENT AND FOLLOW-UPS		
CASE MANAGEMENT AND SERVICES	While client is <i>living in permanent housing</i> , case management assistance may not exceed 24 months from the time they move in.	Services may be provided up to 6 months after rental assistance stops.
FOLLOW-UPS AFTER EXITING PROJECT	Case workers must follow-up with clients 3, 6, and 12 months after they exit the project.	<p>HUD does not dictate follow-up requirements.</p> <p>Many individual programs conduct follow-ups after project exit in accordance to their own internal procedures.</p> <p>SSVF program does not dictate follow-up requirements.</p> <p>Heartland SSVF: Clients must meet with case workers 3, 6, 9, and 12 months after they exit the project.</p> <p>Others: Varies on a project-by-project basis. Providers follow their own internal policies regarding follow-up.</p>