



The Chicago Continuum of Care Research Agenda

Introduction and Background

Research is an important tool in helping to prevent and end homelessness. It provides new knowledge that can influence policy, inform best practices, and streamline resource allocation. In 2020, All Chicago convened stakeholders from the Chicago Continuum of Care (CoC) to develop a proactive statement on what research is most important to the CoC, which is reflected in this document, the *Chicago CoC Research Agenda*. The agenda communicates the type of research the Chicago CoC is interested in having conducted by research partners and the values and expectations that inform the project review process. Foremost, partnerships should actively contribute to preventing and ending homelessness in Chicago.

All Chicago reviews all research partnership requests in an equitable manner using the criteria in this agenda. Larger-scale or complex requests may also be reviewed by other CoC stakeholders.¹ The resources the CoC has available to invest in research are limited and prioritized according to the needs of the CoC and existing obligations. For this reason, not all projects can be accepted for partnership.

Priority Topics & Sample Questions

The following topics are priority areas for the CoC. However, this list is not exclusive or exhaustive and should not discourage projects on other topics. Topics are accompanied by sample questions that research projects could address.

Special Populations (see Appendix for examples)

- **Circumstances & Needs.** How do experiences of homelessness vary based on individual's experiences, life stage, length of time experiencing homelessness, or other unique characteristics?
- **Specialized Services.** How can services and programs be tailored to best serve different groups of people?

¹ As part of the CoC Implementation Structure, an ad hoc CoC workgroup will provide oversight for the Research Agenda. The group will assist with identifying stakeholders if needed to help with reviews. To find the most up-to-date information about the Chicago CoC, visit the All Chicago [webpage](#).

- **Homelessness Pathways.** How can services and outcomes be improved by understanding the ways in which people interact with the homeless system, and how is this unique for special populations?

Intersection with Other Systems

- **Multi-system engagement.** How do people experiencing homelessness engage with other systems like healthcare, justice, or foster care? How can collaboration between systems help prevent and end homelessness?
- **Homelessness and other valued outcomes.** What is the relationship between homelessness, housing (in)stability, and other valued life outcomes such as employment, education, and physical and mental health? Which interventions jointly further these outcomes to lead to a sustained exit from homelessness?

Understanding Homelessness

- **Evaluation of Programs and Services.** What program models and services are most effective at preventing and ending homelessness, for which populations (e.g. youth) and which circumstances (e.g. chronic homelessness)?
- **Homelessness and housing instability.** For people who experience literal homelessness, what trends do they have in their housing history, such as a history of living “doubled-up”? What is the long-term housing stability of people supported by the CoC?
- **Trauma and homelessness.** How do experiences of trauma and other life events influence homelessness? To what extent does experiencing homelessness cause trauma? How can understanding the impact of trauma improve the homelessness services system?

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- **Homelessness and racial inequality in Chicago.** How can the homelessness services system in Chicago address racial equity? How can the CoC act against broader racial inequity in Chicago?
- **Moving the needle on homelessness in Chicago.** What are the scale and types of resources needed to prevent and end homelessness in Chicago? How can the CoC tailor resources in a targeted, nimble fashion?

Partnerships with Researchers

In addition to alignment on research topics, All Chicago and the CoC prioritize strong working relationships with the research team. The CoC looks for certain qualities when reviewing a research project request. The project must identify the intended positive impact it will have on preventing and ending homelessness in Chicago. Each project is unique—this is not a checklist of requirements, but a set of guidelines. Approved projects are likely to include these characteristics.

1. Research design and rigor should align with project aims.
2. Project engages CoC stakeholders, such as people with lived experience and service providers, during all stages. People of lived experience are involved in research design and appropriately compensated for their time.
3. Project assists and benefits partners or CoC stakeholders. This could include providing:

- Data analysis and other informational reports as requested
 - Presentations to CoC members or workgroups
4. Project uses an equity lens to assess how it relates to communities of color. Where possible, project activities should promote racial and other social justice.²
 5. Project includes a plan to disseminate, communicate, and translate research to key audiences that may benefit from it.

What is most valued in a research partnership?

1. Projects that add value to or benefit the Chicago CoC. These could include:
 - Strengthening established plans or initiatives, such as the Exhibited Housing Initiative³
 - Improving or expanding programs and services
 - Impact on policy or funding to help prevent and end homelessness, such as Medicaid waivers
2. Projects that align with contemporary issues of urgency. Examples could include:
 - Racial justice and expanding racial equity, including within the homelessness services system
 - COVID-19 pandemic and how the homelessness services system should respond
3. Projects that will produce high-quality research and evaluation toward preventing and ending homelessness. Quality elements could include design and methodology, innovation, and potential influence on policy.

² For a guide to aligning research to community interests, see *Why Am I Always Being Researched* by [Chicago Beyond](#).

³ [Sign up for All Chicago's newsletter](#) to stay up to date on this information.

Appendix

Special Populations

Special populations are groups who have shared identities. Analyzing their experiences can help communities prevent and end homelessness in an equitable and effective manner for all people. The following examples of special populations come from community members who gave their input and feedback to the *Chicago CoC Research Agenda*. They are listed in no specific order.

- Families (households with adults and minor dependents), inclusive of families headed by 18-24 year olds, and single parent families
- People experiencing chronic homelessness
- People experiencing street homelessness
- People who are LGBTQ
- People who are living with chronic illness
- People who are living with disabilities
- People who are living with HIV/AIDS
- People who are living with mental illness
- People who are pregnant
- People who are veterans
- People with arrest or conviction records, inclusive of people who are exiting incarceration
- Race and ethnicity identities
- Unaccompanied minors (heads of household who are under 18 years old)
- Women and gender identities
- Youth (18-24 years old)

Question & Topic Suggestions from Community Members

1. In response to investment in Rapid Rehousing in Chicago, research on how people locally are responding to this intervention.
2. Improving the targeting and delivery of eviction and homelessness prevention services, particularly in light of the pandemic.
3. Examining the connections between homelessness, affordable housing, tenants' rights, and equitable access to housing. The role of senior housing in preventing and ending homelessness.
4. Understanding the effectiveness of different housing / supportive service combinations on different populations.
5. The effects of housing and homelessness programs on outcomes in other areas of life.
6. Evidence of financial incentives for other sectors (such as cost savings in health care) to invest in homeless services.
7. Research on non-profits and how different models and service configurations affect outcomes. This could include long-range evaluation of the most prevalent program models and their impact on various populations over the medium term (2-3 years) and the long term (5-10 years).

8. Research on the people who work in services for people experiencing homelessness. This could include studies of resiliency factors and coping mechanisms for secondary/vicarious trauma, and how these and other factors affect longevity and retention in these professional roles.
9. How do people experiencing homelessness engage with other systems like healthcare, justice, or foster care? How can systems work together to address legal, racial, and socioeconomic barriers?
10. Research on people with arrest or conviction records and how their housing stability connects to their healthcare and meaningful employment.
11. The experience of collaboration and cooperation that occurred at Hotel 166⁴ should be closely examined for lessons learned. (see [Responses to Community Feedback](#) for further detail)
12. Experience and outcomes in the homeless services system of families, minors/children, and persons who are pregnant. For this population, how often do they move in and out of literal homelessness and of living doubled up. Also, do they move in and out of engagement with the homelessness services system.
13. What is the connection between experiencing homelessness as a minor and experiencing homelessness later in life?
14. Research into how underlying conditions impact the course of homelessness, conditions such as serious mental illness, co-occurring disorders, and primary substance use disorders. What cross-sector collaborations/services are needed to effectively serve these populations? What efforts can further the goals of preventing opioid overdose and managing mental health crises?
15. How to limit the spread of infectious diseases among people living in congregate settings.

⁴ Hotel 166 housed people who had been living in congregate settings at emergency shelters. The people were older or had other factors that meant they were a high risk of serious health consequences if contracting COVID-19.