



Chicago CoC Research Agenda

Community Feedback and Responses

All Chicago and the Chicago Continuum of Care (CoC) are grateful to all of the people who read the draft Chicago CoC Research Agenda and provided feedback. The comments were insightful and raised ideas and questions that cannot all be included in the limited scope of the Research Agenda. In response, the Research Agenda now includes an appendix which expands on certain areas of the agenda. In addition, this document records the reviewer's feedback in their own words with responses from All Chicago. Thank you again to everyone who contributed.

Are there additional themes or topics that you think are vital to include in the CoC Research Agenda?

I believe there needs to be two additional Priority Topics -- 1.) research done around system capacity and structure.. and how the various components interact... 2.) research on non-profits and how different models and service configurations affect outcomes. ex. - is internal work force needed in a Homeless services non-profit to have higher outcomes. ex. does an internal continuum work better than a multi-agency continuum.. does size matter.. etc.

Thank you for the suggestions. The first item is reflected in priority topic *Intersection with Other Systems*. The second has been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Please add something about the importance of compensating people with lived experience for their time when they participate in research studies. This is especially important for those who are currently experiencing homelessness.

A statement about compensation has been added to the agenda section *Partnerships with Researchers*. Thank you for your comments.

Legal accountability of tenant rights laws. Also behavioral health support systems and the path out of past criminal activity to healthcare or other meaningful employment. Perhaps a pipeline for moving on of senior residents.

Thank you for your suggestions. These topics are now reflected in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Under the Category of: 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? We have a LONG ways to go to have better communication between providers of primary care, mental health care, and substance use disorder treatment and systems that provide shelter and housing for persons experiencing homelessness. These groups are siloed and do not traditionally talk to or learn from each other. The experience of collaboration and cooperation that occurred at Hotel 166 should be closely examined for lessons learned. Health care providers can provide valuable information for disability determination and income support, determining the appropriate supports (such as ACT, CST, supports for cognitive issues, appropriate housing for physical disabilities/limitations, and others). We found that some of the housing found for Hotel 166 guests was not appropriate and people had to be moved around because additional needs identified by health care providers was not taken into consideration. While respecting the person's wishes, we also need to figure out better ways to communicate between housing providers and providers of supportive services like health care, mental health care, and SUD care. There may be an opportunity here as a new HMIS is being considered. There are many things that can be done to facilitate the communication that our patients/guests want us to do for them.

Thank you for the suggestions and for this telling real word example. As you mention, this relates to the topic area *Intersection with Other Systems*. These ideas have been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Under "partnerships for research," make clear that any interviews or other involvement by people with lived experience should be compensated. "Project involves and engages CoC stakeholders during all stages, such as people with lived experience and service providers, among others." Add: involvement by people with lived experience should be compensated.

A statement about compensation has been added to the agenda section *Partnerships with Researchers*. Thank you for your comments.

1. For special populations, please add children, families, and pregnant persons. These populations are not mentioned in your research agenda.
2. How children and pregnant persons interact with the homeless service system, including movement in and out of the system and between doubled up and literal homelessness
3. The impact of homelessness on young children and pregnant persons

4. Multi-service involvement of children and families (DCFS, CPS, Medicaid, early childhood programs)
5. The movement of children/young people through the homeless service system with or without a caregiver e.g., homeless children in families who later show up as young adults experiencing homelessness

Thank you for your suggestions. An appendix has been added listing examples of special populations and your suggestions have been included. Additionally, your suggestions have been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Recommend identifying additional special populations such as families with children/students and returning citizens. Given the number of people experiencing homelessness who are living with serious mental illness, co-occurring disorders, and primary substance use disorders, research into how these underlying conditions impact the course of homelessness and cross-sector collaborations/services needed to effectively serve this population would be valuable. We are especially interested in topics such as preventing opioid overdose and managing mental health crises.

Could we also think about the homeless service workforce itself as a special population to study resiliency factors and coping mechanisms for secondary/vicarious trauma that allow the workforce to stay in the field?

The agenda could also explore ways to establish lasting therapeutic relationships that allow people to make progress toward a permanent home.

And given the events of the last year ... explicit mention of how to limit the spread of infectious diseases among people living in congregate settings.

Thank you for your suggestions. An appendix has been added listing examples of special populations and your suggestions have been included. Additionally, your suggestions have been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

- effectiveness of RRH in long-term stability
- effect of eviction record in re-housing
- impact of eviction on children, specifically education
- effectiveness of rental assistance and housing advocacy in preventing eviction and homelessness
- what mental health interventions assist in preventing homelessness and cost/benefit analysis

Thank you for your suggestions. These are great examples of specific questions that would relate to the agenda's topic areas *Understanding Homelessness and Intersection with Other Systems*. Your suggestions have been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

The agenda does not prioritize research focused on young children, families, and pregnant people. I'd recommend adding these groups to the description of "Special Populations" and also including research questions throughout that tie to this group, such as:

- How children and families interact with the homeless service system
- Multi-service involvement of children and families (DCFS, CPS, Medicaid, early childhood programs)
- The impact of homelessness on pregnant people and young children
- The movement of children/young people through the homeless service system with or without a caregiver (i.e., homeless children in families who later show up as young adults experiencing homelessness)

Thank you for your suggestions. An appendix has been added listing examples of special populations and your suggestions have been included. Additionally, your suggestions have been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Are there any items in the CoC Research Agenda that should be removed?

All of those who responded to this question indicated answers of “no” or “all topics are important.” Thank you to all who provided your response.

The length of the CoC Research Agenda is limited. What in the agenda is most important? What in the agenda is least important?

Most important - participant-centered, driven and led research processes.

Thank you and we agree this is very important to the Research Agenda. These concepts are reflected throughout the document and addressed most specifically in the section *Partnerships with Researchers*.

I am not sure that is the right question. High Quality Research projects with adequate resource sourcing is to me the key. We can attempt to direct researchers to the agenda by publicizing the agenda... but I am more concerned about poorly organized or resourced projects not delivering answers to our questions.

Thank you for the thoughtful insights. We share those concerns and are always mindful of those limitations in assessing whether to pursue research studies.

Most important is Understanding Homelessness and especially evaluating program models. Over my many years in the field, we have moved from one "service model du jour" to another. In the 80's, it was 2-year transitional housing, then Safe Haven's in the 90's. PSH became the model of choice in the 2000's and now we seem to be shifting toward Rapid Rehousing. A long-range evaluation of each program model and its impact on various populations has never happened that I know of. This should include outcomes 2 - 3 years after people have left programs, and longer. All are important, but least important on the list is Intersection with Other Systems, except for maybe healthcare give the COVID crisis.

Thank you for these insights and for sharing your personal perspective. This is the valuable knowledge that we hope to bring from the CoC and its community members to support and advise research projects, as described in the agenda section *Partnerships with Researchers*. The idea of a long-range evaluation has been included in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Recidivism into homelessness, equitable housing access, truly Affordable Housing, department of housing, health, employment, and justice coming together to work on legal, racial, and socioeconomic barriers.

Thank you for the thoughtful insights. These topics are now reflected in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Communication between groups is essential.

Thank you for your comment and we agree and will continue to work towards this goal.

Stress prevention and early intervention and how the CoC data can inform and contribute to a larger understanding of housing insecurity. Particularly related to doubled-up children and families.

Thank you for the thoughtful insights. These topics are now reflected in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Most important: Understanding how to tailor services and supports for people with physical and behavioral health needs; intersections with other systems.

Thank you for the thoughtful insights. The addition of the appendix section *Special Populations* provides additional examples of special populations, all of which might benefit greater understanding of how to tailor services.

I'd recommend stressing/focusing on prevention and how the CoC data and information can inform and fit into our larger understanding of housing insecurity. Particularly related to doubled-up populations and families.

Thank you for the thoughtful insights. These topics are now reflected in the agenda appendix section *Question & Topic Suggestions from Community Members*.

Do you have other thoughts to share about the CoC Research Agenda?

People who are participating in the research whose lives are most directly impacted by the research should receive remuneration for sharing their information.

We agree and a statement about compensation has been added to the agenda section *Partnerships with Researchers*. Thank you for highlighting this important issue.

Needs to be better communication to CoC members on this effort. so... members can help publicize the Research Agenda.

We agree that communication of the agenda is important. All Chicago will publicize the finalized agenda and ask other CoC partners to assist in publicizing it as well.

A prioritization of longitudinal studies that look at the impact of programs or housing over time would be good. We've also never looked at people 5 - 10 years after they've left the homeless system or done an in-depth study of returns to the homeless system.

Thank you for this idea. We have included it in the agenda appendix section *Question & Topic Suggestions from Community Members*.

This may need check-ins that show the progress of the work.

Thank you for your comment. We are in regular conversation with the researchers using our data.

Data requests to promote policy or systems change are important. What is the process for data requests and how is it different than for research requests?

What if an organization requires aggregated data for mutually beneficial work that is not on the public dashboard but that also doesn't qualify as research?

The number of data requests might be less if data was publicly available. For example, no information about children or pregnant women seems to appear on the dashboard.

Thank you for posing these important questions. The priorities and review method described in the agenda applies to all data requests from the community. The exception are requests that relate to All Chicago's roles as the Chicago CoC's Collaborative Applicant and HMIS Lead. We agree that publicly available data is beneficial, and data is made public when possible and appropriate. For further information on these topics, feel free to contact helpdesk@allchicago.org

I recommend including more information in the introduction/background section. I believe what this is about is deciding when to partner with research projects to give them access to the HMIS data they need to conduct their projects. An outsider reading this might think you are stating the types of research the CoC is going to undertake to conduct itself. I would just try to clarify that a bit.

Thank you for your comment. We've added some language to the introduction to emphasize that we are looking for research partners to do this work.

What is the process for data requests to promote policy or systems change versus the research process?

What if an organization needs aggregated information for mutually beneficial work that is not on the public dashboard but that also doesn't qualify as "research" per say?

The priorities and review method described in the agenda applies to all data requests from the community. The exception are requests that relate to All Chicago's roles as the Chicago CoC's Collaborative Applicant and HMIS Lead. For further information on these topics, feel free to contact helpdesk@allchicago.org