One System Initiative Recommendations

Prepared by:

Katie Peterson, The Cloudburst Group
Max Burns, The Cloudburst Group
Darci Flynn, Brave Path Strategies
Sarah Hennessy, RE!NSTITUTE
Peter Muse, RE!NSTITUTE
Salvador Muñoz, The Cloudburst Group subcontractor

Table of Contents

Acronyms

CAB	Consumer Advisory Board
CBO	Community-based organization
CoC	Continuum of Care
DFSS	Department of Family and Support Services
EHARC	Emergency Homeless Assessment and Response Center
HMIS	Homeless Management Information System
HRS	Homeless response system
MDT	Multi-disciplinary team
NTSC	Neighborhood-based Transition Support Center
OEMC	Office of Emergency Management & Communications

INTRODUCTION

Since August 31, 2022, Illinois—predominately Chicago—has welcomed nearly 47,000 New Arrivals from the southern border. This has strained resources across the City, County, and State and has led to the development of parallel systems for homeless services and housing for New Arrivals. In response, key decision-makers are working to align these stems into a comprehensive homeless response system (HRS).

Vision and Purpose of the One System Initiative

- **Leverage investments:** Leverage New Arrival response investments to enhance shelter and permanent housing resources for all people experiencing homelessness.
- **Expand the workforce:** Shift permanent shelter management to the non-profit workforce, potentially reducing expenditure rates and strengthening the primary crisis response network.
- **Invest in proven models:** Allocate funds to proven housing and shelter models to meet documented unmet needs.
- **Enhance policy:** Update policies to address future homelessness and displaced populations, focusing on improved language access in shelters.

The first phase of the project spanned January 2024 through September 2024. Key outcomes of this phase included the following:

Leadership Structure: Established a leadership and decision-making structure for developing recommendations to be presented to the systems integration team, including City, State, and County government partners and leaders from community-based organizations (CBOs).

Discovery and Analysis: Reviewed materials, reports, and data and led a process mapping exercise with community leaders, government partners, and people with lived experience to inform a landscape analysis report outlining unmet needs and gaps within both the HRS and the New Arrival system.

Recommendations for One System: Convened frontline staff and leadership from CBOs serving people experiencing homelessness and New Arrivals to put forward recommendations to inform the development of One System. These work groups were facilitated by the consultant team, consisting of Cloudburst Consulting Group and RE!NSTITUTE. A Consumer Advisory Board (CAB) was also convened to inform the recommendations coming out of each Work Group. These recommendations are organized by the following focus areas:

- Access Points
- Shelter
- Community Integration
- Provider Coordination
- Data
- Training

The Work Groups and the CAB met weekly to discuss and draft recommendations on how to develop One System that works for all residents experiencing homelessness and housing instability. Every other week, the CAB met with the Work Group chairs to ensure their input and expertise were being captured as recommendations were being discussed and drafted. Their

input is integrated and reflected in every recommendation being put forward. Themes from the CAB include:

- Everyone working within the One System needs to understand the homeless population, including New Arrivals, and how to provide services with empathy, dignity, and respect.
- People with lived experience need to be centered in all decisions about programs, policies, and services.
- People with lived experience need to be hired and properly supported to work within the One System.
- Peer mentorship (people with lived experience supporting people experiencing homelessness) needs to be integrated into programs and services, and peer mentors must be compensated (see **Community Integration recommendation).**
- Oversight of the One System needs to hold staff and providers accountable when standards of care are not met or adhered to.
- Culturally responsive and trauma-informed services are needed at every point of a person's journey to obtain stability.
- The current prioritization for housing is leaving people stuck in the system and unable to live independently.

The Leadership Group began reviewing specific recommendations in mid-June as a preview to the final set of recommendations. They brought their input and feedback to the Work Groups and CAB for further discussion and refinement of recommendations. In September 2024, the Leadership Group met in person to discuss the final slate of recommendations (provided in early July) and vote on which recommendations to affirm, which are outlined in this report. To affirm meant that leadership team members want to see the recommendation implemented in Chicago; to not affirm meant that they did not want to ever see the recommendation implemented in Chicago. All 14 recommendations were affirmed by the Leadership Team.

The government partners in the Leadership Group did not vote on the recommendations. They will receive the affirmed recommendations from the community partners in the Leadership Group and will review the recommendations internally to determine their next steps.

Considerations When Reviewing the Affirmed Recommendations

Interdependencies Among Work Group Recommendations

While each Work Group independently developed its set of recommendations, there was continuous collaboration across Work Groups and many recommendations rely on others to be fully and successfully implemented. For example, creating access points from the Access Points Work Group recommendations requires more shelter beds to serve the growing population of households experiencing homelessness in Chicago. These interdependencies are called out in each recommendation as applicable.

It is also important to note that many of the recommendations from the Work Groups align with recommendations from various Line of Action committees within the CoC. The consultant team and Work Groups did not have detailed knowledge into the Line of Action recommendations; therefore, it will be important to review the final set of affirmed recommendations with the broader CoC recommendations to inform implementation.

Urgency and Impact Scores

In addition, the community members of the Leadership Team voted on two measures: 1) the urgency to implement a recommendation and 2) the impact that a recommendation would have on the community. Each voting member rated on a scale of 1 to 3 with 3 being high urgency or high impact. The scores listed with each recommendation are an average score for those two measures.

Recommendation: Establish at least one physical 24/7/365 access point for shelter requests and real time data tracking for bed availability

Target Population: Unsheltered residents seeking shelter

Interdependencies With Other Recommendations: Virtual access point | Homeless Management Information System (HMIS) integration | Maintain current inventory of shelter beds | Standards of care | Priority training for staff

Urgency Score	Impact Score
2.65	2.65

Background

Currently, there is a bifurcated process for people experiencing homelessness and New Arrivals to access shelter. For people experiencing homelessness, they must call 311 or go to 10 S Kedzie to request a shelter bed. The Office of Emergency Management & Communications (OEMC) enters a service request, which is transferred to The Salvation Army. Once a bed is identified, The Salvation Army will pick them up wherever they are and bring them to the available bed. People with lived experience have identified challenges and barriers with this process, citing difficulty getting connected to a shelter and inconsistent processes told to them depending on where they initially attempt to access services (i.e., a police station versus 10 S Kedzie). On average, due to the limited number of shelter beds in the HRS, roughly 35 percent of calls requesting shelter result in the resident being picked up and brought to a shelter. The Salvation Army also administers the Emergency Homeless Assessment and Response Center (EHARC), which serves families for up to 14 days while they await a shelter bed. EHARC works to find households safe alternative housing to avert stays in shelter. If diverting a household from a shelter stay is not possible, EHARC provides for shelter placement.

In late 2023 Chicago created the Landing Zone as an initial port of entry for New Arrivals, adding the Intake Center in 2024 to provide additional support. The Landing Zone is open 24/7 for New Arrivals. The Intake Center is open Monday through Saturday, 8 am–8 pm, during which a household can be placed in shelter. Upon arrival at the Landing Zone, the New Arrival household completes a basic intake with the City of Chicago's Office of Emergency Management and Communications, is assessed for basic needs and outmigration/diversion services at the Intake Center, and is provided a quick orientation to the City of Chicago.

Recommendation

In order to create an equitable process to access shelter in the One System, the City/State should create at least one low-barrier access point that is available 24/7 and 365 days a year, where residents can get their basic needs met, be assessed for diversion and shelter placement, and seek shelter when bed(s) are available. Clients at the access point should be given the option to complete a Coordinated Entry Assessment. This recommendation would also include developing a data tracking system that identifies shelter beds available in real-time to streamline shelter placement.

Intended Impact

- An improved process to access shelter beds.
- Provision of coordinated care while pursuing shelter beds.
- A reduction in confusion over where and how to access shelter beds.
- An increased assessment of diversion options for both people experiencing homelessness and New Arrivals.
- A streamlined process to conduct Coordinated Entry assessments.

Recommendation: Establish an effective and timely virtual access point for all populations experiencing homelessness and housing instability

Target Population: Unsheltered residents seeking shelter

Interdependencies With Other Recommendations: Physical access point | HMIS integration | Maintain current inventory of shelter beds | Standards of care | Priority training for staff

Urgency Score	Impact Score
2.65	2.5

Background

Currently, a resident can call 311 to request non-emergency services, including shelter placement. That request is entered into Salesforce by 311 operators (at the City's OEMC) and transferred to the relevant City department or contracted delegate for resolution. If the request is for shelter by a household experiencing homelessness, The Salvation Army receives the request and matches the household to a shelter when beds are available. Once it identifies a shelter placement, The Salvation Army transports the client(s) to shelter. The Salvation Army uses the Chicago Department of Family and Support Services (DFSS) intake form with the client and provides it to the shelter upon placement. The Salvation Army then inputs the information into HMIS.

The 311 number receives calls for several issues and needs in addition to calls for people experiencing homelessness. The Salvation Army must respond to other non-emergency services such as well-being checks and shelter placements for people experiencing homelessness, which can increase the amount of time it takes for the agency to respond to a shelter request.

Recommendation

The Work Group recommends creating one phone number to call that is exclusive to shelter requests and serves as a centralized One System intake interview process appropriate for all populations. This will require building a multilingual workforce adequately equipped to respond within four hours with accessible transportation to appropriate shelter placements. If no shelter bed is available, the resident would be offered transportation to the physical 24/7 access point to wait for a bed.

Intended Impact

- An improved process to access shelter beds regardless of where a person is physically located.
- A shorter wait time to access shelter (when beds are available).
- Robust communication and collaboration between virtual and physical access points.
- Clearer processes for residents to navigate the HRS.
- Assist street outreach providers with helping unsheltered residents access shelter

Recommendation: Build a prioritization process for shelter beds

Target Population: Unsheltered residents seeking shelter

Interdependencies With Other Recommendations: Physical access point | HMIS integration | Maintain current inventory of shelter beds | Standards of care | Priority training for staff | Update shelters to be physically accessible

Urgency Score	Impact Score
2.75	2.625

Background

Prior to New Arrivals coming to Chicago, there were roughly 3,000 City-funded shelter beds within the HRS in Chicago. As of late June there are approximately 11,175 shelter beds for New Arrivals. Currently there is no streamlined or consistent prioritization for those seeking shelter beds.

Recommendation

The **Shelter and Access Point Work Groups** separately recommend that the government funders sustain the current number of shelter beds in both the HRS and New Arrival system as of the end of June 2024 and make all beds available to people experiencing homelessness and New Arrivals. Even with this number of beds, there may be more people seeking shelter than beds available in the future. As such, the City and State should explore a community driven and transparent prioritization plan for shelter beds.

Intended Impact

- Equitable access to emergency shelter beds for individuals and families in need of shelter.
- Safely sheltering the most vulnerable residents at all times.
- A reduced number of unsheltered individuals in Chicago.

Recommendation: Build a workforce development and economic security strategy that supports people experiencing housing instability and homelessness

Target Population: People experiencing homelessness or housing instability who are also experiencing economic insecurity and barriers to employment; partners in the workforce development and economic security fields

Interdependencies With Other Recommendations: Standards of care | Priority training for staff | Shelter-based multi-disciplinary teams (MDTs) | Neighborhood-Based Transitional Support Centers (NTSCs)

Urgency Score	Impact Score
1.625	1.75

Background

People experiencing homelessness often find it difficult to navigate and fully engage in the labor market. This leads to negative economic outcomes for themselves and can perpetuate generational poverty and trauma.

New Arrivals have complex needs due to limited access to work authorization and legal documentation in the United States. The Chicago Cook Workforce Partnership has been leading efforts to coordinate with government agencies and key partners to collect information from New Arrivals, provide resources, and connect individuals with the public workforce system.

Recommendation

Identify key challenges and opportunities to improve pathways to economic stability for people experiencing homelessness, including New Arrivals, by convening people with lived experience, homeless service providers from both systems, and employment partners like the Chicago Cook Workforce Partnership, ScaleLIT, Central States SER, Jobs for Progress Inc., Unions, workers' rights centers, day laborer groups, and Weaving Impact. This work should be a continuation of work being led by City and State officials and will help to collaborate and connect efforts across different tables and coalitions.

Intended Impact

- An increased understanding of the strengths and pain points of the workforce development ecosystem in Chicago.
- Improved pathways to economic stability for people experiencing homelessness, including New Arrivals.
- Collaborative partnerships that foster innovation and creative utilization of resources.
- A culturally responsive and equitable workforce development ecosystem.
- Improved access to workforce development and economic security programs for all, regardless of race, gender identity, sexual orientation, disability status, education attainment, country of origin, or legal status in the United States.
- Aligned priorities and strategies to advocate for improved federal policy to address barriers faced by New Arrivals and other immigrants in Chicago.

Recommendation: Establish a Landlord Incentives and Risk Mitigation Fund

Target Population: Landlords, affordable housing developers, and renovation companies. While residents are not the primary target, they would benefit significantly from an increased number of affordable housing opportunities

Interdependencies With Other Recommendations: HMIS integration | Standards of care | Priority training for staff | Shelter-based MDTs

Urgency Score	Impact Score
1.75	2

Background

A key strategy of Chicago's Blueprint for Fair Housing is to increase the affordable housing stock. A severe lack of affordable housing requires the One System to think creatively about how to build lasting relationships with landlords, bringing them into partnership in the fight against homelessness. Landlords are often interested in working with providers within the HRS but are reticent to take on the real and imagined risk; even single instances of significant damage to a unit can significantly decrease a landlord's willingness to rent to the next client. Consequently, this often negatively impacts some of the most marginalized and high-need residents.

Recommendation

Following a proven model deployed by programs in Chicago as well as across the country, the development of a risk mitigation fund to cover costs such as damages to units, vacancies (if tenant leaves early), and rehabilitation funding to bring units into compliance with HUD inspection requirements will increase the number of landlords who participate in subsidized housing programs in Chicago and increase the affordable housing stock, resulting in more options and choice for people in Chicago experiencing housing instability and economic insecurity. The fund could incentivize landlords to participate in programs by offering "holding fees" to give clients more time to move into a unit or positioning programs to be successful in a competitive housing market by giving them the flexibility to offer higher rent deposits. Landlord risk would also be mitigated, as the fund could be used to repair damages, giving landlords more confidence in renting to clients and strengthening long-term relationships with service providers.

Intended Impact

- Greater trust with landlords.
- Less cost burden for landlords.
- Reduced contributing factors (e.g., structural racism, community opposition, and land use and zoning issues).
- An increased number of units that comply with HUD inspection standards.

Recommendation: Establish Neighborhood based Transition Support Centers (NTSCs)

Target Population: Anyone experiencing housing instability in Chicago; the NTSCs should prioritize individuals without support services attached to their housing placement

Interdependencies With Other Recommendations: HMIS integration | Standards of care | Priority training for staff | Shelter-based MDTs

Urgency Score	Impact Score
2	2.125

Background

People with lived experience and frontline staff service providers have articulated the need for residents exiting shelter to have access to ongoing support while adjusting to living in a new neighborhood in Chicago. The Illinois Welcoming Center model has found great success in co-locating and centralizing a primary suite of services for immigrants new to Illinois.

Recommendation

This recommendation proposes a similar model for those new to various neighborhoods in Chicago. These services would include legal support, landlord mediation, mental health, workforce development, and peer mentorship. However, while the primary target audience of these centers is people exiting shelter into housing in that neighborhood, these services would be available to anyone living in that neighborhood. For this reason, homeless prevention services would also be offered at the centers. Similar to the Illinois Welcoming Center model, it would be optimal to identify existing organizations that have deep roots within a specific neighborhood and who would be able to scale up the services they offer with the appropriate funding.

Intended Impact

- A facilitated continuation of care upon housing placement that provides specialized support and services that are culturally and linguistically specific as well as neighborhood-specific.
- Stronger community building and integration.
- An increased understanding of how to navigate community resources and assets, which contributes to self-sufficiency for new neighbors seeking stabilization support.
- A decreased recidivism rate in the homeless shelter system (“One System”).

Recommendation: Integrate all shelters entirely into the existing HMIS

Target Population: All residents residing in and projects operated within the One System

Interdependencies With Other Recommendations: Physical and virtual access points | Prioritization process for shelter beds | Priority training for staff | Shelter-based MDTs | NTSCs | Standards of care

Urgency Score	Impact Score
2.25	2

Background

The New Arrival system and HRSs (serving mainly non-New Arrivals) currently collect and manage data differently.

The current system and supporting processes for the New Arrival shelters were created and refined in response to a crisis, and they are currently using spreadsheet-style software. The current practices of managing client-level data in this format do not easily enable the creation of reports, the pulling of data at the household level, or longitudinal analysis. Additionally, the current system (i.e., SmartSheets) used by New Arrival programs was a short-term solution to better organize and house data. Important pieces of data about client needs or disabilities are captured in open-ended fields, which makes tracking client needs more difficult, especially over time.

In contrast, the HRS is mandated by HUD and other federal partner agencies to use a data system that is validated to comply with the reporting requirements and specifications of an HMIS. The system is administered by All Chicago, the HMIS Lead Agency of the Chicago Continuum of Care (CoC). As the lead agency, All Chicago's HMIS team is responsible for system administration, governance, and support. There is a robust CoC governance process and structure that oversees the software and determines which vendor the CoC will use. Service Point is the system utilized for Chicago's HMIS.

Consent and data privacy policies at the client level will require review and reconciliation across the two systems, as they operate differently and have different standards.

Recommendation

All shelters operating under the One System Initiative should integrate entirely into the existing HMIS. To the extent possible, the current software (Service Point) should be improved to make the user experience more streamlined and easy to navigate.

Intended Impact

- Uniform data collection, reporting, and oversight capabilities.
- Improved data quality and a long-term ability to better serve all residents in Chicago's homeless system.

Recommendation: Develop Implement and ensure a coordinated standard of care

Target Population: Residents staying in shelter, unsheltered residents, residents in subsidized housing, and residents who have exited the shelter system without subsidized housing and are still in need of support and services

Interdependencies With Other Recommendations: All recommendations will be impacted by the community standards of care that will dictate how systems are designed, services are provided, and programs are developed within the One System

Urgency Score	Impact Score
2.625	2.625

Background

While there are community standards outlined by the Chicago CoC, there is limited infrastructure to operationalize and ensure adherence to these standards across providers within and outside of the shelter system. Therefore, residents who are experiencing homelessness or housing instability are receiving a varying degree of quality of services. Further, there is limited accountability built into the community standards that currently exist. As such, there are limited pathways to address these inadequacies when residents are not treated fairly, or with dignity and respect, or when they are not provided the appropriate care and services according to their needs.

Recommendation

The City of Chicago should develop, implement, coordinate, and ensure accountability to a written standard of care practice for shelters (e.g., standard operating procedures) and for providers within the One System. This will ensure equitable access to a high-quality standard of care and provide a system for remedying gaps and strengthening practice. It will be critical to provide technical assistance around these best practices for service providers within and outside of the shelter system. Coordinating entities will need to be empowered to create learning collaboratives and cross-care coordination. Further, success is contingent upon designing equitable and transparent accountability structures to ensure adherence to and continual improvement of the standards of care.

Intended Impact

- Improved continuous care coordination within and outside of the shelter system.
- A more dignified experience of living and receiving services within the One System.
- Aligned expectations of care for residents in the One System.
- A base level of care and access for all organizations within the shelter system.
- Written community standards with clear accountability measures.
- Quicker movement to stable housing.
- Increased culturally appropriate and trauma-informed services.
- Establishment of a standard set of services in every shelter: medical, legal, housing-focused case management, employment/workforce development, benefits, childcare and services for kids, technology access/computers on-site, and case management (see Provider Coordination MDT recommendation).
- More services and resources in shelters to assist shelter residents in self-resolving faster.

Recommendation: Develop a centralized, coordinated, and robust outreach system for unsheltered residents

Target Population: Unsheltered individuals living in places that are not suitable for habitation

Interdependencies With Other Recommendations: HMIS integration | Physical and virtual access points | Shelter-based MDTs | NTSCs | Standards of care | Priority training for staff

Urgency Score	Impact Score
2.125	2.375

Background

Many street outreach networks are not well known to CBOs or service providers working with unsheltered individuals. Many healthcare and mental healthcare outreach organizations do not have direct lines to street outreach that would facilitate warm hand-offs for the clients they are currently engaged with.

Over the last year, Chicago's DFSS, All Chicago, and the CoC have invested heavily in increased coordination of the homeless street outreach sector. This includes strengthening teams' understanding of their geographic service areas, establishing case conferencing spaces, and reviewing service duplication. Increased coordination has helped identify areas that need additional training and targeted technical assistance. This work supports and elevates a critical sector of the HRS. The sector's current work toward adopting community standards at the CoC level echoes much of what the One System Work Groups have identified with regard to increased levels of standardization and consistency across the shelter system.

Recommendation

As such, the work of DFSS, All Chicago, and the CoC to develop a robust, stable, and centralized unsheltered outreach system should continue. Outreach teams should be structured to provide consistent service capacity, with additional emphasis on increasing language capacity within street outreach teams. Further, DFSS, All Chicago, and the CoC should develop a centralized, public-facing progress dashboard for aggregate outcomes tracking of all outreach efforts. The CoC, funders, and City and State agencies need to review this data on a regular basis to ensure the system is operating in an equitable and transparent manner.

Intended Impact

- Increased funding for outreach teams to increase language access capacity and obtain additional survival supplies.
- Larger outreach teams that can stabilize capacity to meet the growing needs of unsheltered residents.
- A centralized point of contact for CBOs to facilitate warm hand-offs to outreach teams for individuals who are currently unsheltered.
- Increased transparency with a community-facing dashboard that identifies various resources and provides metrics and data on the total number of unsheltered residents in the system.

Recommendation: Deploy shelter based Multi disciplinary Teams (MDTs)

Target Population: Shelter residents

Interdependencies With Other Recommendations: Physical and virtual access points | Priority training for staff | NTSCs | HMIS integration | Resource document

Urgency Score	Impact Score
2	2.25

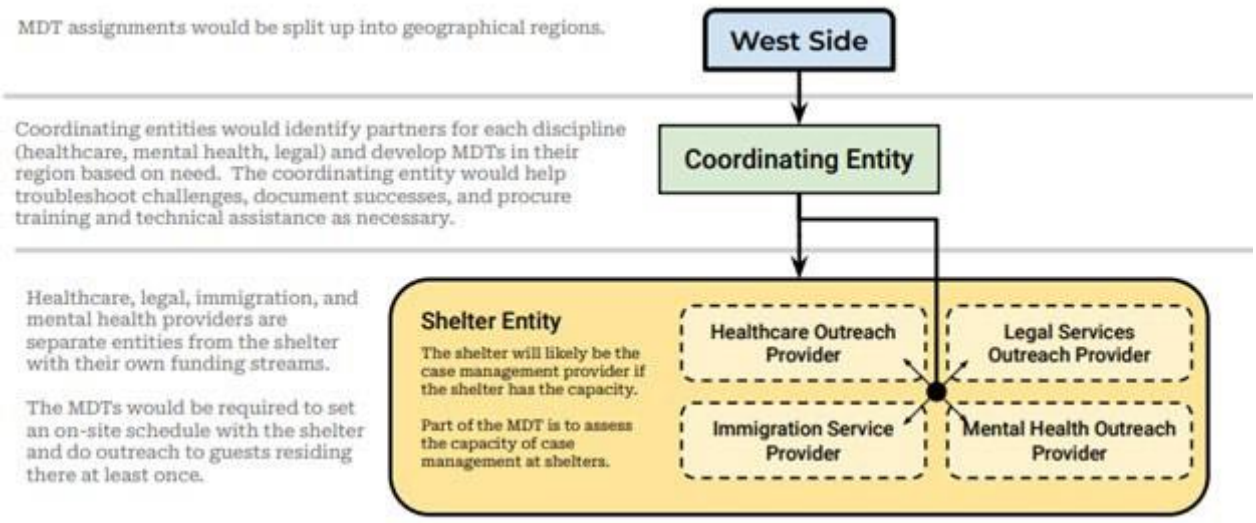
Background

Currently, each shelter operates independently and develops its own services on-site and through referrals to CBOs and programs. As such, there is a spectrum of services available to residents depending on the shelter at which they are staying, which leads to an inequitable safety net for shelter residents and can cause needs to go unmet and prolong their time in shelter or increase recidivism in the shelter system. Additionally, when providers are serving shelter residents (on- or off-site), they are often not communicating with each other to best meet the resident's needs. This leads to duplication of services and multiple assessments for the resident, which is not trauma-informed.

Recommendation

Once the two system systems have been merged into one, the community should develop shelter-based MDTs made up of housing-focused case managers (e.g., shelter staff), healthcare providers, mental health providers, immigration legal providers, employment specialists, and general legal providers to provide wrap-around support and ongoing care to shelter residents.

This recommendation proposes to fund MDT Coordinators that are regionally distributed throughout the city (e.g., North, West, South). The role of the MDT coordinator would be to identify the partners for each discipline (e.g., healthcare, mental health, legal) and develop MDTs based on needs within their region. The MDT coordinator would then also help MDTs coordinate, troubleshoot challenges, document successes, and procure training and technical assistance as needed and identified by the MDTs. Additionally, the MDT coordinator would be the bridge between shelter-based MDTs and outreach teams to ensure unsheltered residents are connected to shelter and care quickly and with dignity. MDTs would be made up of multiple CBOs, given the diversity in specialization required in this recommendation. As such, the MDT coordinator would be responsible for developing and managing memoranda of understanding with the partners and serving as a pass-through fiscal agency to pay MDT partners.



Intended Impact

- Coordinated care that is standardized across the shelter system.
- A reduction of duplicated services, which would lead to cost-savings and better utilization of limited resources.
- Trauma-informed support (e.g., not sharing things over and over again).
- Households being moved out of shelter faster and with better outcomes upon exit.

Recommendation: Maintain current shelter bed inventory of both HRS and New Arrival system until further analysis

Target Population: Unsheltered residents seeking shelter

Interdependencies With Other Recommendations: Physical and virtual access points | Prioritization process for shelter beds | Standards of care | HMIS integration | Shelter-based MDTs

Urgency Score	Impact Score
2.875	2.875

Background

There are currently approximately 3,000 beds in the HRS, and there were approximately 11,175 beds dedicated to New Arrivals at the end of June 2024. While New Arrivals could be staying in a homeless shelter, people experiencing homelessness could not stay at a New Arrival shelter.

Recommendation

Transitioning New Arrival-dedicated shelter beds and other resources to be more open to the general homeless population in Chicago will facilitate a necessary increase in the number of available beds across the system, ensuring efficient resource use. Further, homeless shelters will need additional training, support, and capacity to serve New Arrivals.

The City should conduct a comprehensive evaluation to determine the number of beds necessary to meet the needs of the growing homeless population. Until that study is completed, the number of shelter beds available should equal the current HRS bed count (3,000) and the New Arrival bed count (11,175) as of June 30, 2024—a total of over 14,000 beds. Folding the current New Arrival-dedicated shelters into the general pool of shelter beds meets the Leadership Group's desire to transition from a parallel shelter system model into One System that shelters everyone in all of the shelters across the city.

Current barriers to implementing this recommendation include the restrictions on the use of migrant-dedicated resources due to funding requirements, as well as permanent staffing and zoning considerations. Recognizing that the current infrastructure for New Arrival shelters may not be sufficient long term, this recommendation requires that the City and State seek new buildings to maintain shelter beds as of June 30, 2024, while a more comprehensive evaluation is conducted.

Intended Impact

- A reduction in the number of unsheltered residents in Chicago.

Recommendation: Update shelter facilities to be more physically accessible including more spaces for respite and medical isolation

Target Population: All households currently in or attempting to utilize shelter resources benefit from this recommendation, regardless of disability status

Interdependencies With Other Recommendations: Physical and virtual access points | Maintain current inventory of shelter beds | Prioritization process for shelter beds | Standards of care | HMIS integration

Urgency Score	Impact Score
2.125	2.75

Background

Despite recent investments by DFSS via American Rescue Plan Act funding, a very small percentage of shelter spaces are physically accessible to clients with mobility challenges, and even fewer have dedicated medical respite or isolation spaces to meet the needs of medically fragile clients or clients experiencing other challenging medical issues. Physical accessibility requirements would include, at a minimum, ensuring that shelter entrances, doorways, hallways, eating areas, bathroom areas, bed spaces, and other supporting elements are barrier-free and conducive to using mobility aids.

Recommendation

Recognizing the significant investment such renovations and remediations would require to make *all* shelters accessible, the recommendation is to renovate enough space to meet the current and near-future needs of the current client population, taking into account the likely underrepresentation of need in the current client population. This should be paired with regular audits to ensure that accessibility needs continue to be met.

Infectious diseases have many negative implications for people experiencing homelessness, ranging from severe health outcomes to the economic effects of medical bills and lost days of work. The COVID-19 pandemic highlighted the need for medical isolation to mitigate the spread of communicable diseases for socially vulnerable populations living in congregate settings. Beyond the public health emergency, ongoing outbreaks of vaccine-preventable diseases such as varicella (chickenpox) and measles, as well as the CDC's Respiratory Virus Guidance, have demonstrated the ongoing need for isolation space for sheltered individuals to recover from communicable diseases. Such lessons could be implemented to ensure that shelters have adequate medical isolation space or external resources to utilize should the need for infection control arise in a narrow or broad circumstance in the future.

Intended Impact

- Increased accessibility to shelter for households with mobility disabilities.
- Equitable access to positive and sustainable housing outcomes.
- The prevention of outbreaks of infectious diseases within the One System.
- A reduced burden on the healthcare system (e.g., emergency departments), as clients can be safely discharged to shelter spaces that can accommodate recovery needs.

Recommendation: Develop a document that summarizes access to resources or services for various One System clients for use by case managers

Target Population: Staff within One System; all clients in the future One System could be positively affected by this recommendation

Interdependencies With Other Recommendations: Physical and virtual access points | Standards of care | Shelter-based MDTs | NTSCs | Convene workforce development and economic security partners

Urgency Score	Impact Score
2	2.25

Background

Staff in different parts of the HRS reported that they were often unaware of the resources and eligibility criteria of many programs. Once both the traditional clients experiencing homelessness and the New Arrivals are in the same programs, it will be even more important for staff to have a reference document that could quickly tell them whether they should look further into whether the client is eligible for a program or if the resource is not worth pursuing.

Recommendation

The community should develop a document for case managers working with One System clients that would allow staff to quickly assess whether a client is eligible for a resource. This document would not be a deep dive into eligibility requirements but potentially a chart that would allow for a quick glance at basic eligibility criteria for the One System staffer to determine if the client may be eligible for the resource.

Intended Impact

- Reduced knowledge gaps in the workforce providing care throughout One System.
- Consistent information available regardless of staff turnover.

Recommendation: Implement specialized training for staff and participants in the One System to meet revised priorities

Target Population: Staff within One System; all clients in the future One System could be positively affected by this recommendation

Interdependencies With Other Recommendations: Physical and virtual access points | Standards of care | Shelter-based MDTs | NTSCs | Convene workforce development and economic security partners

Urgency Score	Impact Score
2.75	2.5

Background

Executives and staff at agencies across both systems reported that additional training is necessary to adequately serve residents. Further, staff and people with lived experience reported a need for the clients (i.e., residents) to better understand their rights as they navigate systems. The Training Work Group heard positive feedback from community members becoming more inclined to welcome New Arrivals after receiving training on the journeys that New Arrivals had to make to get to Chicago. Currently, there is no core curriculum for staff.

Recommendation

The community should develop a core curriculum for One System staff. Training materials should be available on demand and shared broadly. The developed training curriculum should help guide providers to determine which training to complete first and so on. Any training created for clients would need to be in plain language, translated, and accessible to households of different education levels. Trainings should be specialized for different subpopulations and program types, including cultural and linguistically appropriate materials and content.

Intended Impact

- Consistent and updated information sharing across One System.
- Improved services.
- Increased empathy and cultural competency among One System staff.
- An improved understanding of the journey of New Arrivals and other populations that have migrated to Chicago.

Acknowledgement

The development of these recommendations benefited from the input, participation, and dedication of organizations across Chicago. Over 45 organizations participated in the six work groups, and the five members of the Consumer Advisory Board provided invaluable insights and served as a sounding board for all of the recommendations. We would like to give special thanks to every person that shared their time and expertise for this initiative.

Work Group Participating Organizations

4th Ward

25th Ward

40th Ward

46th Ward

A Safe Haven

Access Living

All Chicago Making Homelessness History

Brighton Park Neighborhood Council

Catholic Charities of the Archdiocese of Chicago

Chicago Department of Family and Support Services

Chicago Department of Public Health

Center for Housing and Health

Center for Immigrant Mental Health

Committee on Immigrant and Refugee Rights

Cook County Health

Cornerstone Community Outreach

Cornerstone Missionary Baptist Church

Corporation for Supportive Housing (CSH)

Featherfist

Franciscan Outreach

Illinois Coalition for Immigrant and Refugee Rights

Illinois Department of Human Services

Illinois Facilities Fund (IFF)

University of Chicago Inclusive Economy Lab

Lawndale Christian Health Center

Legal Aid Chicago

Legal Aid Society

Matthew House

Mayor's Office of Immigrant, Migrant, & Refugee Rights

Mujeres Latinas en Acción

New Life Centers of Chicagoland

Illinois Office to Prevent and End Homelessness

Phoenix Foundation NFP

Primo Center for Women and Children

Renaissance Social Services (RSSI)

Rob Paral and Associates

Rush University Medical Center

Salvation Army

Sarah's Circle

The Network: Advocating Against Domestic Violence

Thresholds

United African Organization

2-1-1 Metro Chicago

Jesse Brown VA

Illinois Venezuelan Alliance

World Relief Chicagoland

Leadership Team Voting Members

Ami Novoryta, Catholic Charities of the Archdiocese of Chicago

Beth Horwitz, All Chicago Making Homelessness History

Emily Krisciunas, Chicago Funders Together to End Homelessness

Ere Rendón, The Resurrection Project

Jose Muñoz, La Casa Norte

Kathy Chan, Cook County Health

LaShunda Brown, Primo Center

Matt DeMateo, New Life Centers of Chicagoland

Robret Simpson, Franciscan Outreach

Veronica Castro, Illinois Coalition for Immigrant and Refugee Rights

Leadership Team Non-Voting Advisory Members

Andrea Chatman, Chicago Department of Family and Support Services

Beatriz Ponce de León, Mayor's Office

Christine Haley, Illinois Office to Prevent and End Homelessness

Colleen Mahoney, Illinois Office to Prevent and End Homelessness

Emerson Wells, Illinois Department of Human Services

Maura McCauley, Chicago Department of Family and Support Services

Nancy Cao, Mayor's Office

Sendy Soto, Mayor's Office

Consumer Advisory Board Members

Judith Triplett

Tim Tucker

Gwenevere Clark-Truss

Yuliana Sepulveda Rivas

Nobelys Nieves