

# YMCA OF METROPOLITAN CHICAGO HOUSING COMMUNITY ASSESSMENT REPORT

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Abstract: To inform a new strategic vision, a community assessment of Y housing was conducted through a review of literature, community-level data, and case files, and surveys, focus groups, and interviews with residents, housing staff, and other housing organizations to help determine the future direction of Y housing. The strengths of Y housing include providing affordable housing with access to fitness facilities for single men in an accessible neighborhood and supporting the mission and vision of the Y. The identified areas for improvement include approaches to determine the future of Y housing, staffing, resident support and services, and case file changes.



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# EXECUTIVE SUMMARY INTRODUCTION AND BACKGROUND

To inform the YMCA of Metropolitan Chicago's (the Y) strategic planning for its housing portfolio, we conducted a robust community assessment of the Y's two Single Room Occupancy (SRO) housing facilities in Lake View and Irving Park. The community assessment included a review of community-level data and relevant literature; resident surveys, interviews, and focus groups; interviews with housing staff; and interviews with community housing organizations.

## REVIEW OF THE LITERATURE HOUSING INSECURITY DEFINITION

As the Y considers its role in ending housing insecurity in the Chicago region, we should first define what housing insecurity is. Housing insecurity can take several forms, including homelessness, housing cost burden, residential instability, evictions and other forced moves, living with family or friends to share housing costs ("doubling up"), overcrowding, living in substandard or poor-quality housing, or living in neighborhoods that are unsafe and lack access to transportation, jobs, quality schools, and other critical amenities (Leopold et al., 2016).

## OVERREPRESENTED HOUSING-INSECURE POPULATIONS

Some groups of people are overrepresented in the housing-insecure population, including people of color, youth transitioning out of foster care, people who identify as LGBTQIA+, people with criminal histories, survivors of domestic violence, veterans, people with mental health or substance use disorders (SUDs), and single men.

## EVIDENCE-BASED HOUSING PRACTICES

Evidence-based practices in housing include the overarching practice of "housing first," an approach guided by the idea that people's basic needs, such as food and stable housing, should be met before they can address less critical issues, such as getting a job, budgeting properly, or attending to mental health or substance use issues. Other best practices in housing include the use of person-centered services, motivational interviewing (MI), harm reduction, and trauma-informed care. The housing field also has best practices for staffing ratios, integrating property management and services, and application and intake forms.

## METHODOLOGY

Many data sources were used to conduct the community assessment, including case file data, resident surveys, resident focus groups, resident interviews, staff interviews, stakeholder meetings, and housing service organization interviews.

## FINDINGS

We gathered the following findings from the case file review, resident survey, resident interviews and focus groups, staff interviews, stakeholder meetings, and housing organization interviews.

### CASE FILE REVIEW

Limited documentation in files related to interactions with residents and ongoing services made it difficult to analyze the nature of services. The system for documenting when a resident was referred to a case manager was also unclear. It was also revealed that deciding whether a resident was accepted or denied housing at the Y was subjective and without clear criteria on how to make this decision. Due to the prevalence of paper filing systems, it is unclear to what extent the Y houses populations at higher risk of housing insecurity (e.g., youth transitioning out of foster care, people who identify as LGBTQIA+, people with criminal histories, survivors of domestic violence, veterans, people with mental health or substance use disorder (SUDs)).

### RESIDENT SURVEYS, INTERVIEWS, AND FOCUS GROUPS

**Demographics.** The Y fills a gap in housing single men, given that 70% of all people experiencing homelessness are men (National Alliance to End Homelessness, 2022). Nearly half of the surveyed residents indicated that they identify as white, while the homeless population in Chicago is only 12.7% white. Additionally, 28% of surveyed residents identified as Black. However, nearly three-quarters of the homeless population in Chicago is Black (Voorhees, 2021). Surveyed residents ranged in age from 20 to 90 years old with the largest percentage between 50 and 59 years old (29.5%). Twenty-five percent of surveyed residents were older than 65 years old. The two highest primary income sources indicated by surveyed residents were: 1. Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (34.6%); and 2. employment earnings (29.5%). The annual income range most selected by surveyed residents was between \$10,000 and \$25,000 (39.0%), with more than two-thirds making under \$25,000 annually. The largest percentage of surveyed residents were retired (26%), 22.1% of surveyed residents indicated that they were employed, 20.8% were disabled and unable to work, and 16.9% were unemployed and not disabled. Nearly all surveyed residents had at least a high school diploma and 32.1% had a college degree.

**Y Housing Experience.** The largest percentage of residents who responded to the survey have lived in Y housing for 1-3 years (36.7%), followed by 4-9 years (26.6%). Less than 14% of residents indicated they lived in Y housing for less than one year and nearly one-quarter (22.7%) have lived in Y housing for more than 10 years. Residents who participated in interviews and focus groups primarily indicated they choose to live in Y housing due to the low cost of living. Supplemental reasons for choosing to move into Y housing include transitioning out of a hospital or

behavioral health program and the benefits of living in the Irving Park or Lake View neighborhoods.

Nearly 30% of residents indicated that they would continue to live in Y housing for as long as they could, while 42% of surveyed residents estimated they would move out of the Y within the next two years. Nearly two-thirds of residents said they would move out of Y housing at some point because they wanted more amenities, fewer restrictions, more support, increased cleanliness and safety, or different locations and neighborhoods.

The survey, interview, and focus group residents indicated that they liked the amenities that the Y offered, the affordability, the socialization aspects of living at the Y, the friendliness and helpfulness of staff, and the privacy and independence that Y housing offered. However, residents indicated that they were dissatisfied with or wanted to change the following:

- Cleanliness, such as cleaner bathrooms, replacing the carpeting with tile, and addressing bed bugs.
- Maintenance and building repairs related to elevators, temperature control, and windows.
- New amenities, such as private bathrooms, kitchenettes, and free internet (some units require major plumbing and electrical upgrades).
- Increased opportunities for socialization.
- Improved communication through things like newsletters and meetings.
- Assistance with resources and referrals.
- Better handling of residents who smoke in rooms, which is prohibited.
- Addressing resident behavioral health issues.
- Improved mail service.

**Challenges.** The biggest challenges for residents who responded to the survey were affording rent (25.9%), finding other housing (24.7%), and accessing government benefits (21.0%); however, 22.2% did not indicate any challenges. The responses on whether the Y provided support on the challenges were mixed, with approximately one-third indicating they receive support from the Y for some challenges and another third indicating they receive no support from the Y for their challenges. Nearly 43% of surveyed residents indicated that they would be interested in receiving support for their challenges. Currently, five percent of residents received case management services through the Y and another 25% had access through another organization (i.e., Holsten or Franciscan case management providers).

Interviewed residents were asked about aspects of their social, physical, and behavioral health. While they indicated having a wide range of medical concerns, all indicated having insurance through their employment, Medicaid, or Medicare. Additionally, they mentioned struggles with a variety of behavioral health disorders including suicidality, trauma, schizophrenia, and previous alcoholism.

Residents were asked what they wanted or needed in order to move into a traditional rental unit. Some residents indicated being limited in their housing options by having a fixed income on SSI/SSDI. Others indicated that they would need a higher-paying job to afford a market-rate apartment. One resident indicated they had a social worker through another program that provided beneficial services to them, which led another resident to express interest in being on the caseload of a social worker because they felt a social worker could help point them in the right direction of needed services. Additional services or supports that residents mentioned wanting or needing to move into a traditional rental unit included obtaining furniture, benefits assistance, utility assistance, employment assistance, navigating the Coordinated Entry System (CES),

finding a roommate to split costs, and finding a place to live with access to critical amenities.

## STAFF INTERVIEWS

**Strengths.** Housing staff highlighted the Y's ability to meet residents' needs by providing them with a unit to live in. They also described case management services including social events, assistance applying for benefits, employment and education services, budgeting, as well as referrals to food pantries and legal aid. Staff reported seeing certain residents make progress and improve their lives. Staff also described recent progress on operational matters such as the renovation of units, accepting new residents, standardization of housing administrative information, increased collaboration between housing and other departments, and increased support from association leadership.

**Challenges.** Staff expressed that challenges faced by residents include struggles with addiction and recovery, isolation and lack of social support systems, lack of safety nets, lack of self-care, difficulties with the upkeep of room cleanliness, little to no financial skills, and low income. Staff indicated that they face barriers in meeting resident needs, including:

- Limited staff bandwidth.
- Limited resources for resident support or building upgrades.
- Refusal of assistance by some residents.
- Unorganized tracking systems compounded by inconsistent rental costs.
- Lack of staff role clarity and difficulty collaborating among staff.
- Lack of security.
- Absence of training to support residents with behavioral health problems.
- Inability to fairly handle resident complaints.
- Difficulty finding appropriate housing for residents who want to move.
- Lack of full privacy for conversations with residents due to the proximity of staff offices and sound-carrying.
- Lack of guidance from leadership on how to approach gender non-conforming housing applicants.

Staff expressed the belief that if the Y improved its service to residents, residents would be better prepared to move out into permanent housing, which would also open units up for other people facing housing insecurity. One staff member shared that they felt a lot of the residents' concerns would be fixed if maintenance issues were addressed. Housing staff said they hoped to address some of the challenges mentioned through training staff on available community resources, better advertisement of the availability of services, partnerships with outside agencies, increased funding to support residents in paying rent and accessing necessities, and incentives to motivate residents to participate in services.

**Y Housing Goal.** Staff shared that they had difficulty communicating the goal of the Y's housing program. Staff shared they believed the current goal of Y housing was: to support residents living at the Y and assist others in transitioning out of Y; to promote safe, decent, and sanitary living for those in need; and to provide services that residents need to prosper and improve their quality of life. One staff member said that they felt that the Y was generally meeting the goal for residents that want to continue living at the Y, but was doing poorly in assisting residents that want to move out. Staff said they believed the future of Y housing included serving as a stepping stone for residents to progress in their lives, having an updated and maintained space, creating an environment that felt safe, and having enough trained staff to meet residents' needs.



## HOUSING ORGANIZATION INTERVIEWS

Interviews with other housing organizations in Chicago were conducted to gain a better understanding of the housing landscape in Chicago and to learn from others who are serving housing-insecure populations. All interviewed organizations utilized a housing-first approach but implemented various housing models, including Permanent Supportive Housing (PSH, including one using a flexible housing pool model), Rapid Rehousing (RRH), Transitional Housing (TH), and recovery home models.

**Challenges.** Housing organizations shared that their biggest challenges included, housing eligibility limitations from the [Department of Housing and Urban Development \(HUD\)](#) and the [Continuum of Care \(CoC\)](#), screening residents to ensure the programs can meet their needs, and an overall lack of affordable housing options in Chicago.

**Where the Y Fits In.** Many approaches were recommended by peer housing organizations for how the Y can fill gaps in serving housing-insecure populations. Organizations recommended various housing models that the Y could adapt to meet gaps, such as recovery home reentry housing, housing for people with criminal backgrounds, non-congregate emergency shelter, transitional housing, and bridge housing. Considering co-locating multiple models was also recommended, as at least one agency interviewed implemented more than one model per location. One agency recommended that the first step in determining the future direction of Y housing should be to consider who Y housing will serve. Making an intentional decision about who Y housing should serve will lead to determining the model and funding structure. To meet the needs of populations already served by the agencies interviewed, it was also recommended that the Y provide digital literacy services and tutoring for GED courses and have a staff member that is certified in SOAR (SSI/SSDI Outreach, Access, and Recovery).

## CONCLUSIONS

Data from residents, staff, and other local housing practitioners' perspectives and case file reviews were analyzed alongside literature on evidence-based service models and best practices. Through this analysis, overall strengths and the areas for improvement for Y housing were identified.

## STRENGTHS

Residents and staff agreed that the Y housing program's greatest strength was its ability to house and provide Y membership to residents in neighborhoods that were accessible, safe, and close to public transportation. Y membership was viewed as an asset, specifically for residents with health challenges. The existence of case management services on-site was also identified as an asset. Services such as social events, assistance applying for benefits, employment and education services, budgeting, as well as referrals to food pantries and legal aid were mentioned as helpful services that should be continued. It was expressed that the Y should build upon its success in helping residents to secure temporary rental assistance. Residents expressed gratitude for flexible payment plans and support in securing funds to pay for rental arrears.

## OPPORTUNITIES FOR IMPROVEMENT

Through our analysis, both personal challenges for residents and challenges for the Y's housing program were identified.

**Resident Challenges.** Residents indicated that their biggest challenges were affording rent, finding other housing, and accessing government benefits. Staff acknowledged the challenges that residents experience due to having low income. However, when asked, staff generally focused more on addiction, mental health, lack of self-care, difficulty with room upkeep, lack of financial skills, and lack of social support as challenges facing residents. With regard to potential solutions, some staff focused on resident education, while residents generally focused on resources needed. The difference in solutions between staff and residents highlights a potential disconnect between the groups.

**Y Housing Challenges.** Opportunities for improvement were identified related to the following areas: strategy, facilities, staffing, intake and screening, resident support, and tracking systems.

**Facilities.** Residents and staff hoped to see increased investments in Y housing facilities. Both groups indicated wanting electric updates, elevator updates or additions, carpets replaced with tile, separate entrances for residents, plumbing and bathroom improvements, and ideally, larger rooms with private bathrooms and kitchenettes.

**Staffing.** Y housing facilities were found to be understaffed per industry standards. Property management and maintenance were understaffed given the number of units occupied in Y housing facilities and industry-standard staffing ratios. Given that approximately half of the residents were interested in receiving services, case managers would each have nearly 80 people on their caseload if all interested residents received service. For this reason and because an additional 20% said they might be interested in case management services, it is clear that additional case management staff are needed. The Y was further found unlikely to be operating in line with evidence-based practices with regard to integrating property management and services, due most notably to staff reports of unclear roles and responsibilities.

**Intake and Screening.** The Y's intake process included many barriers to accessing housing. This seems to indicate that the Y was not operating with housing-first principles in mind, but was instead attempting to mitigate risk associated with housing individuals who have a history of mental illness, substance abuse, or involvement with the justice system. It appeared that these screening practices skewed demographics away from being representative of Chicago's housing-insecure population without effectively meeting their intended purpose of screening out individuals who need support beyond what the Y can provide. According to staff, the rationale behind much of the screening process related to the Y not having the staffing structure to support individuals with certain types of needs. This was not a problem unique to the Y. Housing organizations that were interviewed and Y housing staff expressed similar challenges related to screening residents to ensure programming can meet their needs. Residents also reported concerns about the Y's screening process being too lenient because they felt allowing active substance users to live in the building put their safety and recovery at risk. However, these same residents stressed the importance of providing supportive services to these individuals and a resident representative in a stakeholder meeting said substance use or mental illness should not keep someone from being housed at the Y. It is recommended that the Y's screening procedures as well as procedures related to lease violation response be examined by a stakeholder group composed of leadership, housing staff, and residents.

**Resident Support.** It was clear that not all residents were aware of the services available to them. During interviews and focus groups, some residents expressed interest in additional services for themselves and other residents, specifically those with behavioral health challenges that caused

safety concerns. Staff and residents agreed that better communication about case management services was needed.

Based on the case file review and due to a lack of case notes, it was unclear whether the Y individualized support for residents using person-centered services. However, based purely on the small number of service plans reviewed, this appeared to be an area for improvement that could be addressed both through form revision and staff training. In particular, it is recommended that Y staff support residents with goals related to transitioning to more appropriate housing, given that approximately 63% of residents are interested in moving out. Staff views on residents' willingness to move out of Y housing differed. A few staff felt that some residents talked about wanting to move out of the Y, but lacked the motivation to take action; while others believed that many of the residents were comfortable at the Y and wanted to stay living there long-term. However, the Y housing staff's belief that older residents and those who have lived at the Y for a long time were more unlikely to move out of Y housing than younger residents was inconsistent with survey results. It is recommended that each resident's interest in moving be assessed regularly to best support residents with their goals.

**Tracking Systems.** Based on case file review and staff interviews, stakeholders agreed that enhanced forms and electronic tracking systems were needed to improve service quality.

**Service Model.** To reach the goals voiced by Y housing staff during interviews and stakeholder meetings, it is recommended that the Y consider implementing transitional housing with case management and rental assistance for residents interested in moving to other housing. To avoid displacing residents who would like to stay at the Y indefinitely, stakeholders may consider co-locating multiple service models, with a traditional rental model that would allow those who want to stay to do so. If possible, it is recommended that the Y attempt to secure funding for a service-only model to support residents who want to stay indefinitely by helping them to improve their quality of life and regularly assess interest in transitioning to different housing. Based on interviews with housing organizations and Y housing staff's goals for Y housing, the Y may need to take into consideration the source of funding to support their future goals for housing as there are limitations from some funding streams depending on the population that is served.

See Appendix B for a full list of recommendations. See Appendix C for a statement on the impact the community assessment has on diversity, equity, inclusion, and access.

# INTRODUCTION

Under new leadership, the Y placed a new strategic focus on its housing portfolio. To inform strategic planning, we conducted a robust community assessment of our two SRO housing facilities. The information collected through the community assessment process aims to help the Y's housing leadership codify the program model(s) and resident recruitment strategies to implement moving forward in the Y's housing portfolio. The housing community assessment was conducted from July 2022 to November 2022. Interviews with other housing providers, a review of community-level housing data, and relevant housing literature provided information to better understand the overall housing and homeless services landscape in Chicago and how the Y can best leverage its assets to support housing stability through equitable access to housing and support services. We also looked inwards through case file reviews, surveys, focus groups, and interviews with residents and staff to document current implementation, what is working well, and how services and operations can improve. The end goal for the Y's housing strategy is to improve overall socioeconomic mobility and community safety by helping individuals experiencing housing insecurity or other crises improve their well-being.

# BACKGROUND

At the time of this report, the Y had two SRO buildings in Lake View and Irving Park, which housed 310 men across both sites. Case management services were available for a small number of residents. Only a handful of units had a separate bathroom and the majority shared a bathroom with the other men on their floor. Each room was furnished with a twin bed, dresser, desk, and chair. Most rooms also had a microwave and mini fridge. Each SRO building had a common room with computers and televisions. Some units were funded through the Chicago Low Income Housing Trust Fund (CLIHTF) and others were paid for by other housing service providers, but many were traditional rentals with affordable rents of around \$415 per month. While some residents received sporadic need-based rental assistance, many residents were responsible for paying their full rent. The Y had one housing manager and one case manager at each site. The Y was in the process of hiring a housing director.

# LITERATURE REVIEW

A literature review was conducted to gather information on common terms, best practices, housing-insecure populations, and the state of housing insecurity and housing services within Chicago. In the following section, we cover how others have defined the issue and how others have approached solving the issue.

# DEFINING HOUSING INSECURITY AND HOMELESSNESS

Defining the issue of housing insecurity is the first step toward ending housing insecurity. However, many definitions of housing insecurity and homelessness exist. As the Y considers its role in ending housing insecurity, questions related to homelessness are unavoidable. Below, we will cover much of the housing field's unique terminology.

## HOUSING INSECURITY

Housing insecurity can take several forms, including homelessness, housing cost burden, residential instability, evictions and other forced moves, living with family or friends to share housing costs (doubling up), overcrowding, living in substandard or poor-quality housing, or living in neighborhoods that are unsafe and lack access to transportation, jobs, quality schools, and other critical amenities (Leopold et al., 2016). Households that spend 30% to 50% of their income on housing are considered cost burdened and households that spend more than half of their income on housing are severely cost-burdened.

**Indicators of Housing Instability Risk.** According to the Inclusive Economy Lab (2021), the leading indicators that signal elevated risk of housing instability include:

- Loss of income.
- At risk of missing housing payments.
- Outreach for assistance.
- Missed rent and utilities.
- Decrease in credit score.
- Worry about eviction.
- Mortgage forbearance.
- Informal eviction.
- Formal eviction.
- Foreclosure.
- Living doubled up.

## CHRONIC HOMELESSNESS

According to the U.S. Department of Housing and Urban Development (HUD) (2015), chronic homelessness is when an individual with a disability has lived in an emergency shelter, a place not meant for human habitation, or safe haven (defined below on page 4) for an extended period of time. The individual must have been living in one of the previously mentioned places for 12 months continuously, or on at least four separate occasions in the last three years, where the combined occasions total at least 12 months. Individuals living in an institutional care facility can also meet a chronic homeless definition if they have lived in the institution for fewer than 90 days and previously lived in an emergency shelter, safe haven, or place not meant for human habitation. Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual.

## LITERAL HOMELESSNESS

HUD (n.d.) defines literally homeless as an

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation; or
- Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, TH, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

## DOUBLING UP

Many definitions of homelessness include people temporarily staying with others or doubling up (Chicago Coalition of Homelessness, 2021). Temporarily staying with others or doubling up is the way that most people, particularly families with children, experience homelessness in Illinois. Homeless services are only equipped to provide shelter and transitional housing (TH) to a fraction of those experiencing homelessness, so temporarily staying with others is a means of survival for many. Of the 65,611 people experiencing homelessness in 2020 in Chicago, 75.6% were temporarily staying with others. According to the Homeless Management Information System (HMIS) data, 20,011 people utilized the homeless service system in Chicago, and 1 in every 5 people reported temporarily staying with others at least once in 2020. People experiencing homelessness by temporarily staying with others need crucial homeless services, but until the HUD definition is changed to better reflect the true scope of homelessness, many Illinois families are barred from these services, especially people of color (Chicago Coalition of Homelessness, 2021).

## HOUSING MODELS

Due in part to the diversity of housing-insecure populations and partly due to funding structures there are a variety of housing models in the housing field, including permanent supportive housing, rapid rehousing, transitional housing, medical respites, safe havens, emergency shelters, SRO buildings, and homeless prevention.

## PERMANENT SUPPORTIVE HOUSING

Individuals participating in permanent supportive housing (PSH) programs have subsidies such that they pay no more than 30% of their income toward rent and utilities and their housing is not time-limited. Additionally, they have access to ongoing case management services that are designed to preserve their housing and address their current needs (Utah State Legislature, 2018). Clients in PSH programs have full housing rights, including a lease in their name. Their housing is not contingent upon participation in services. The housing may be scattered-site units located throughout the community or in buildings in which a majority of units are reserved for individuals receiving assistance. HUD funding for PSH is often limited to projects that serve individuals who meet literal homelessness criteria and have a disability.

PSH is an evidence-based model with a proven positive return on investment for individuals with mental health disorders and SUDs. PSH reduced homelessness, increased housing tenure over time, and resulted in fewer emergency room visits and hospitalizations, compared to normal treatment programs (Utah State Legislature, 2018). Furthermore, the cost of PSH programs can be partially or completely offset by reductions in the use of health, mental health, criminal justice, emergency shelter, and other public services following placement in housing. PSH has a one-year housing retention rate of up to 98%. Other studies on PSH found that clients report an increase in perceived levels of autonomy, choice, and control in housing-first programs than in other PSH programs that do not implement housing-first. A majority of clients in PSH programs are found to participate in the optional supportive services provided, often resulting in greater housing stability. Clients that use supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence, and spend fewer days hospitalized than those not participating.

## RAPID REHOUSING

Rapid Rehousing (RRH) is an approach in which families or individuals are moved into a permanent market rate unit as quickly as possible and provided with subsidies that gradually reduce over a limited time frame before the participant takes full responsibility for rent (Utah State Legislature, 2018). Components of RRH include housing identification services, time-limited financial assistance, and case management services to address barriers to housing stability.

RRH often reduces the amount of time that people spend in the homeless system, leading to a reduction in the demand for shelter beds (Utah State Legislature, 2018). The rates of individuals or families who receive RRH returning to the homeless system are low, between 4% and 14%. Additionally, studies have shown that RRH helps people exit homelessness quickly. Studies have shown that between 75% and 91% of households remain housed a year after being in an RRH program.

## TRANSITIONAL HOUSING

The Illinois statute on emergency food and shelter programs states that TH provides, “temporary residence for a period not to exceed 24 months, [...] access to food, case management, counseling, and advocacy services” (Ill. Admin. Code tit. 89 § 130.400). Wrap-around support services, including case management and housing support, are often provided along with housing to create a more stable environment and ultimately transition into independent permanent housing (North Carolina Coalition to End Homelessness, n.d.). TH programs can operate in two different models. Facility-based programs are the more traditional TH program model in which residents are located on the same site and share a living space. Services are provided to address the needs of the residents to move into permanent housing after they complete the program. Transition-in-Place programs provide the services of the traditional TH program to individuals and families who live in scattered-site units in the community. After the program ends, the participants are often provided the option of staying in their housing permanently.

## MEDICAL RESPITE

Medical respite, or recuperative care, is temporary housing paired with clinical care for people experiencing homelessness after an in-patient hospital stay (National Health Care for the Homeless Council, n.d.). Medical Respite is short-term residential and post-acute medical care for patients experiencing homelessness who are too ill or frail to recover from a physical illness while living in a shelter or on the streets, but who are not sick enough to be in a hospital. It is offered in a variety of settings including freestanding facilities, homeless shelters, nursing homes, and TH.

## SAFE HAVENS

A Safe Haven is a 24-hour/7-days-a-week community-based early recovery model of supportive housing that serves hard-to-reach, hard-to-engage individuals experiencing homelessness, serious mental illnesses (SMIs) and substance use disorders (SUDs) (VA National Center on Homelessness Among Veterans, 2011). Safe Havens place no treatment participation demands on residents, but expect them to transition from unsafe and unstable street life to permanent housing and re-engage with treatment services.



## EMERGENCY SHELTERS

Emergency shelters are often where people experiencing economic shock first turn for support through a wide range of services (SAMHSA, 2022). Illinois statute on emergency food and shelter programs states that overnight and emergency shelters provide “overnight sleeping accommodations for a period not to exceed 12 hours. Access to food service for at least one meal is required. In addition, case management, counseling, and advocacy services are required. Maximum length of stay to be determined by provider” (Ill. Admin. Code tit. 89 § 130.400).

Under the right conditions, shelters can help people get out of the elements, give beds to people escaping dangerous situations, and be a starting point toward gaining permanent housing (Greater Kansas City Coalition to End Homelessness, 2021). However, shelters can be problematic, especially when the shelters fail to connect people with resources to get connected with permanent housing. Common barriers at emergency shelters include curfews, first-come-first-serve policies, discriminatory rules, and arbitrary expectations. Shelters often have strict hours or the expectation that a person needs to stand in line by a certain time to receive a bed. This can be especially challenging for people who are working and have to choose between working their job hours or standing in line to wait for a place to sleep, which may perpetuate their housing problem. Shelters also often have long lists of rules about who can stay which may result in discriminatory practices that keep people of certain ages, gender identities, or physical abilities out of the shelter. These rules may also separate parents from children, resulting in potential trauma. Additionally, shelters may have expectations of those who stay, including that they cannot exhibit mental health challenges, be intoxicated, or have other conditions that go against a housing-first approach.

During the COVID-19 pandemic, many shelters transitioned from congregate shelters to non-congregate shelters. Non-congregate shelter is the term used for emergency shelters that provide accommodations in a way that provides private space for guests. Early in the pandemic, the federal government issued an order allowing the use of Federal Emergency Management Agency (FEMA) emergency shelter assistance funds to house unsheltered people in non-congregate settings like hotels and motels (Local Initiatives Support Corporation, 2022). This flexibility helped protect vulnerable populations and reduced the chances of transmission in group shelter settings. In a study of individuals who received non-congregate shelter and supportive services during the COVID-19 pandemic, Fleming et al. (2022) found that these individuals had significantly fewer emergency department visits, hospital admissions, inpatient days, and psychiatric emergency department visits compared with matched controls without a placement.

## SINGLE ROOM OCCUPANCY HOUSING

According to HUD, SRO housing is, “a residential property that includes multiple single room dwelling units. Each unit is for occupancy by a single eligible individual. The unit need not, but may, contain food preparation or sanitary facilities, or both” (2001). In some instances, SRO housing models provide social services to their residents (Parulkar, & Farrell, 2021).

It has been found that clean, safe SRO environments with adequate support services have a positive impact on residents who suffer from poor mental health and trauma (Parulkar, & Farrell, 2021). However, many SROs have been found to have poor living conditions, such as mold, poor sanitation, and faulty building structures as well as negative social determinants of health, like problem drinking, multiple sexual partners, and lack of social support structures (Parulkar, & Farrell, 2021). These negative effects are more impactful on residents when SROs lack on-site social services and have poor management. Furthermore, when chronically homeless people comprise a large proportion of the residents in SROs without social services, serious challenges can occur. Recently, SROs have begun implementing programs like case management,



skills training, and community engagement activities which have led to increased housing stability and job retention among residents. In recognition of the need for more affordable housing options, partnerships between government and non-governmental organizations have led to coordinated efforts in identifying sites to build new SROs with suitable living standards.

## HOMELESS PREVENTION

The Illinois Department of Human Services (IDHS) Homeless Prevention Program provides rental/mortgage assistance, utility assistance, approved case management, and approved supportive services directly related to the prevention of homelessness to eligible individuals and families who are in danger of eviction, foreclosure, homelessness, or are currently homeless (n.d.). The program is designed to stabilize individuals and families in their existing homes, shorten the amount of time that individuals and families stay in shelters, and assist individuals and families with securing affordable housing. The services are provided through Continuum of Care organizations and include housing inspection, job preparation and employment services, counseling, outreach, follow-up, and case management. The program may pay up to six months of rent, mortgage, and utility payments or arrears.

HUD's framework for homeless prevention (2021) states that homeless prevention programs reduce homelessness when they are both effective and efficient. Effective interventions help people who are at risk to find and maintain stable housing and avoid homelessness. Efficient interventions assist the people who are most likely to experience homelessness if they do not receive assistance and minimize the extent to which resources are provided to those who are unlikely to experience homelessness. HUD defines three strategies of prevention; primary, secondary, and tertiary strategies. Primary prevention strategies attempt to mitigate the direct factors that lead to homelessness. Secondary prevention strategies help people find safe alternatives when they are seeking shelter or are likely to have to stay in an unsheltered location. Tertiary strategies provide stabilization assistance to people who have already experienced homelessness to mitigate the impact of their homelessness and prevent another occurrence.

## HOUSING INSECURE POPULATIONS

Some groups of people are overrepresented in the housing insecure population, including people of color, youth transitioning out of foster care, people who identify as LGBTQIA+, people with criminal histories, survivors of domestic violence, veterans, people with mental health or SUDs, and single men.

## PEOPLE OF COLOR

While 29% of Chicago residents are Black, approximately 73% of people facing homelessness in Chicago are Black, according to the 2021 Point-In-Time (PIT) Count (Voorhees, 2021). While nationwide, Hispanics are slightly more likely to experience homelessness (National Alliance to End Homelessness, 2022), Hispanics are underrepresented in Chicago's homeless population based on the 2021 PIT Count (Voorhees, 2021). Black and Hispanic or Latino/a/x renter households in the Chicago area are twice as likely to report being behind on housing payments or having low confidence in their ability to pay next month's rent when compared to white households (Inclusive Economy Lab, 2021). Additionally, low-income and communities of color have been substantially more likely to experience the health and financial impacts of the pandemic. In addition to safe and affordable housing, Buitrago et al. (2021) argue that these individuals need access to case management and wraparound services to ensure their stability, build their skills, and address the issues that impact their housing insecurity.

## YOUTH TRANSITIONING FROM FOSTER CARE

Often without employment, family, or other social support, youth transitioning from foster care have significant difficulty securing permanent housing. Approximately one in four youth become homeless within four years of aging out of foster care (National Foster Youth Institute, n.d.).

## LGBTQIA+

People who identify as LGBTIQ+ comprise an estimated 20 to 40% of homeless populations, while only comprising 5 to 10% of the wider population (Fraser et al., 2019). Among youth experiencing homelessness, between 20% to 45% are LGBTQIA+ (National LGBTQIA+ Health Education Center, 2020). The majority report running away or being forced out of their homes due to their sexual orientation. LGBTQIA+ youth are also more likely to experience ongoing PTSD, addiction, depression, and other risk factors due to ongoing homelessness.

## PEOPLE WITH CRIMINAL HISTORIES

The barriers to housing faced by people with criminal justice involvement are well documented. People who have been incarcerated are ten times more likely to experience homelessness than the general public, with the likelihood increasing with additional incarcerations (Couloute, 2018). People detained or incarcerated, even for short periods, may experience job loss or other financial harms that threaten their existing housing (Urban Institute, 2022). Each year 2 million people with mental illness are booked into jails. Of those 2 million, 75% have SUDs. In many cases, people receive their first mental illness diagnosis in a correctional facility.

Additionally, national research suggests that up to 15% of incarcerated people experienced homelessness in the year before admission to prison (Couloute, 2018). Limited access to housing vouchers, housing eligibility requirements, discriminatory screening practices, and high housing costs can all complicate efforts to find stable housing. Several groups are at risk for the justice system–housing instability cycle, including:

- People experiencing unsheltered homelessness.
- People with co-occurring disorders (i.e., SUD and mental health disorders) in custody or with past criminal justice involvement.
- People who have previously been incarcerated.
- People in overpoliced communities.
- People facing destabilizing transitions (i.e., evictions) (Brown et al., 2021).

## **SURVIVORS OF DOMESTIC VIOLENCE**

Domestic violence experiences are common among youth, single adults, and families who become homeless (National Alliance to End Homelessness, n.d.). For many, it is the immediate cause of their homelessness. Survivors of domestic violence may turn to homeless service programs seeking a safe temporary place to stay after fleeing an abusive relationship. Others may turn to homeless service programs primarily because they lack the economic resources to secure or maintain housing after leaving an abusive relationship. The portion of individuals reporting domestic abuse among the sheltered population was 13% in the 2021 PIT Count (Voorhees, 2021).

## **VETERANS**

While the number of homeless veterans is down substantially from previous years, they still account for 11% of homeless adults in the United States, compared to veterans making up 7% of the total adult population (Stasha, 2022). Potential factors that lead to homelessness for this population include increased social isolation, SUD, PTSD, and unemployment (Stasha, 2022). Veterans accounted for around 7.7% of the sheltered population and 5.3% of the unsheltered population in the 2021 PIT Count (Voorhees, 2021).

## **PEOPLE WITH MENTAL HEALTH OR SUBSTANCE USE DISORDERS**

Recorded rates of mental health conditions and co-occurring SUDs vary but are consistently higher among people who are homeless (SAMHSA, 2014). Additionally, mental illness is a major cause of homelessness, which often leads to drug and alcohol abuse. It is estimated that between 20% to 60% of people experiencing homelessness have a diagnosable SMI (SAMHSA's Trauma and Justice Strategic Initiative, 2014) and an estimated 76% have any current mental health disorder (Gutwinski et al., 2021). In comparison, less than six percent (5.6%) of U.S. adults experienced SMI and around 20% experienced mental illness in 2020 (National Alliance on Mental Illness, 2021). Housing insecurity is often interrelated with mental health and disability and there are several barriers experienced by persons with disabilities to finding and securing housing (Vredenburg et al., 2021). Almost 13% of the sheltered population in the 2021 PIT count reported receiving or felt they would be helped by receiving services for substance use (Voorhees, 2021). Additionally, the proportion of people experiencing homelessness in the 2021 PIT count reporting they were receiving, or that felt they would be helped by receiving, mental health services was 19% for the sheltered population in 2021.

## **SINGLE MEN**

The large majority (70%) of all people experiencing homelessness are men. Among single adults, men are even more likely to be homeless than women (National Alliance to End Homelessness, 2022). Additionally, men comprised nearly 60% of the individuals in the Chicago 2021 PIT Count (Voorhees, 2021). Women made up around 40% and 0.2% of the population identified as transgender.

# EVIDENCE-BASED PRACTICES IN HOUSING

There are various evidence-based practices in housing including the largest overarching practice of housing first. Other best practices in housing include the use of person-centered services, motivational interviewing, harm reduction, and trauma-informed care. The housing field also has best practices for staffing ratios, integrating property management and services, and application and intake forms. Additionally, some organizations have created guidance for housing providers.

## HOUSING FIRST

According to the National Alliance to End Homelessness (2022), housing first means that homeless housing and services are offered without conditions. This means that barriers to accessing and maintaining housing and services are low to ensure those who need the resources most can utilize them. The CoC believes that housing first should be integrated into all homeless housing and service interventions, including outreach, prevention, emergency shelter, TH, and PSH. Systemically, housing first also includes the coordination of access and entry into homeless housing. Additionally, the CoC ideally advocates for the implementation of a housing-first approach throughout the entire Chicago homeless system, including that providers and staff should believe that all are housing-ready and housing is a basic right.

There is growing evidence demonstrating that housing first is an effective solution to homelessness (National Alliance to End Homelessness, 2022). Residents in a housing first model access housing faster and are more likely to remain stably housed than they would have been without support. This is true for both PSH and RRH programs. Housing-first approaches have also been found to decrease costs for emergency room care, inpatient medical and psychiatric care, detox services, incarceration, and emergency shelter (Utah State Legislature, 2018).

## PERSON-CENTERED SERVICES

Person-centered services are operationalized by ensuring programs are flexible to address the unique needs and strengths of all people that they support (Chicago Continuum of Care, 2020). To address the needs and strengths of clients, a prerequisite of person-centered services is to assess the strength and needs of those who are served. Under a person-centered approach, programs should be made adaptable to serve the most vulnerable, prioritizing those that most need services. Services and care for people facing or at risk of homelessness should include tailoring approaches to a person's gender, age, Indigenous heritage, ethnicity, and history of trauma; and advocacy for comprehensive primary health care (Pottie et al., 2020). Person-centered services are grounded in best practices such as trauma-informed care, motivational interviewing (MI), harm reduction, and positive youth development (Chicago Continuum of Care, 2020). Person-centered services center on the people experiencing homelessness and align with a commitment to racial equity.

## MOTIVATIONAL INTERVIEWING

MI is a method of communication for enhancing motivation to change by exploring and resolving ambivalence (Chicago Continuum of Care, 2020). MI requires emotional engagement and the use of empathy to help clients with challenges manage ambivalence toward change. Key aspects of MI include facilitating client engagement by establishing trusting and mutually respectful working relationships, an agreement between the service provider and the participant about intended outcomes, goals associated with outcomes, and steps toward meeting goals. Key qualities of MI include:

- MI is a guiding style of communication that is between following, or good listening, and directing, or giving information and advice.
- MI is designed to empower people to change and draw out their meaning, importance, and capacity for change.
- MI is based on a respectful and curious way of interacting with people that facilitates the natural process of change and honors individual autonomy (Motivational Interviewing Network of Trainers, 2021).

The core skills of MI include asking open questions to explore the client’s experiences, perspectives, and ideas; affirming the strengths, efforts, and past successes of the client; reflecting based on careful listening to express empathy and understanding; summarizing to emphasize key points; encouraging change talk in clients; and exchange of information between clinician and client with respect that both have expertise (Motivational Interviewing Network of Trainers, 2021).

## HARM REDUCTION

The Midwest Harm Reduction Institute (2022) defines harm reduction as

The philosophy of harm reduction promotes and supports the right of people who use substances and engage in other risky behaviors to be treated with dignity and respect; their right to exercise self-determination related to use; and their right to a collaborative approach in therapeutic relationships. Harm reduction offers a spectrum of strategies for managing alcohol use, drug use, and other risky behaviors. It includes approaches that lead to safer use, moderation, or abstinence—depending on the individual’s desires and needs. Because the focus is on improving the quality of life, any step that reduces harm to individuals, their loved ones, their community, and society as a whole is embraced and celebrated.

Key principles of harm reduction include using people-first language, meeting people where they are, understanding the impact of structural inequalities, and incorporating a spectrum of strategies rather than just abstinence (National Harm Reduction Coalition, 2020). People-first language includes referring to a person always as a person first and in a way that indicates a behavior can change. For instance, terms like “drug addict,” imply someone is, by nature, an addict. something and rather, they should be referred to as a person with a SUD. Meeting people where they are involves understanding the starting point of people and working with them to progress. Understanding the impact of structural inequalities, such as poverty, racism, homophobia, classism, and more is an essential part of meeting people where they are and understanding their lived experiences. Lastly, harm reduction requires the incorporation of a spectrum of strategies that includes safer techniques of drug use (e.g., securing clean needles, using in a supervised and safe space, using less harmful drugs in place of more harmful drugs, etc.), managing use, as well as abstinence to promote the dignity and well-being of people who use drugs.

## TRAUMA-INFORMED CARE

**Trauma.** The American Psychological Association defines trauma as, “an emotional response to a terrible event like an accident, rape, or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships, and even physical symptoms like headaches or nausea” (2013). Types of trauma include bullying, community violence, complex trauma (i.e. exposure to multiple traumatic events), disasters, early childhood trauma, intimate partner violence, medical trauma, physical abuse, refugee trauma, sexual abuse, sex trafficking, terrorism and violence, and traumatic grief (National Child Traumatic Stress Network, n.d.)

**Retraumatization.** Retraumatization occurs when clients experience something that makes them feel as though they are undergoing another trauma (SAMHSA, 2014). Unfortunately, treatment settings and clinicians can create retraumatizing experiences, often without being aware of it. Staff and organizational issues that may cause retraumatization include but are not limited to discounting reports of abuse or other traumatic events, labeling behavior/feelings as pathological, being unaware that the client's traumatic history significantly affects their life, inconsistently enforcing rules and allowing chaos in the treatment environment, and limiting access to services for ethnically diverse populations. Organizations that anticipate the risk of retraumatization and actively work on adjusting program policies and procedures to remain sensitive to the histories and needs of individuals who have undergone past trauma are likely to have more success in providing care, retaining clients, and achieving positive outcomes. Organizations and staff can address retraumatization by

- Anticipating and being sensitive to the needs of clients who have experienced trauma regarding program policies and procedures in the treatment setting that might trigger memories of trauma.
- Developing and practicing individual coping plans in anticipation of triggers.
- Recognizing that clinical and programmatic efforts to control or contain behavior in treatment can cause traumatic stress reactions.
- Making sure that staff and other clients do not shame the trauma survivor for his or her behavior.
- Responding with consistency across staff members.

**Vicarious Trauma.** Vicarious trauma is the emotional residue of exposure that counselors and providers have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured (National Harm Reduction Coalition, 2020). Reactions to vicarious trauma may include exhaustion, absenteeism, anger/irritability, staff conflict, poor relationships, dissatisfaction, hopelessness, and avoidance of job responsibilities. Strategies to manage vicarious trauma include establishing and maintaining protective boundaries around personal time and self-care, support regarding peer and clinical supervision, and allowing oneself to experience emotional reactions.

**Trauma-Informed Practice.** Substance Abuse and Mental Health Services Administration (SAMHSA's Trauma and Justice Strategic Initiative, 2014) have described four aspects of trauma-informed practice; realize trauma, recognize trauma, respond to trauma, and resist re-traumatization:

In a trauma-informed approach, all people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals [...] People in the organization or system are also able to recognize the signs of trauma [...] The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning [...] A trauma-informed approach seeks to resist re-traumatization of clients as well as staff [...] Organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff, and the fulfillment of the organizational mission. Staff who work within a trauma-informed environment are taught to recognize how organizational practices may trigger painful memories and retraumatize clients with trauma histories.



## PROPERTY MANAGEMENT STAFFING RATIOS

The National Apartment Association suggests that there should be one office staff and one maintenance staff per 100 housing units (2020). Depending on the size of the property and other considerations, the number of onsite staff may vary. Standard onsite positions include a property manager, assistant property manager, leasing consultant, maintenance supervisor, maintenance technician, and groundskeeper. Characteristics to consider include property age, size, location, and structure type. For older buildings, additional maintenance resources may be needed to handle deferred property maintenance, increased capital/value projects, and other demanding needs to create an aesthetic environment.

## CASE MANAGEMENT STAFFING RATIOS

Providing quality case management services is critical to obtaining and retaining housing (Department of Housing and Urban Development, 2020). Having appropriate staff-to-client ratios promotes positive client outcomes and staff retention. With case management staffing ratios, generally as the intensity of the services increase, the caseload decreases, and vice versa. For housing-based case management, HUD recommends that for supportive housing services at a single site, case managers should have between 10-20 individual clients on their caseload. For stably housed residents, case managers may have between 20-50 individual clients on their caseload.

## INTEGRATING PROPERTY MANAGEMENT AND SERVICES

The Corporation for Supportive Housing (CSH, 2009) created a manual outlining the best practices for integrating property management and services in supportive housing. They suggest three key principles are necessary for integrating property management and support services. The first principle is that property management supports mission-driven housing. All partners, including property management, must have a shared commitment to the success of the community and residents as well as a shared commitment to coordinated communication between social services, property management, and residents. The second principle is to establish clear roles and responsibilities. There should be a commitment to have clear roles and responsibilities for all housing stakeholders with ongoing discussions to allow for the re-negotiation of responsibilities. Lastly, the third principle is to recognize overlap and tension between roles. There should be respect for the different roles of social service provider, property manager, owner, and resident as each is necessary and important for an effective housing program.

## APPLICATIONS AND INTAKE FORMS

The National Network to End Domestic Violence (2017) provides guidance on the best practices for housing applications and intakes. They state that a good application is simple, and does not ask for more information than is absolutely necessary. The application should have two purposes; 1) to determine if the applicant meets the basic and minimum eligibility criteria, and 2) to determine if the support and assistance the organization can provide is a good fit for the applicant's needs. An intake should only be completed after someone has already been accepted into the program. The intake may be a process that occurs over a period of time through various meetings as it is common for people facing housing insecurity to not want to share all the details of their situation in the first meeting but may share more over time as trust is built. Furthermore, the intake should be completed with the client and should be a discussion. The program only needs to gather information in the application and intake form that is directly relevant to the program being able to serve the client effectively.

# CHICAGO HOUSING INSECURITY AND HOMELESSNESS

The section below contains an overview of housing insecurity and homelessness in Chicago and introduces two of the largest players in housing funding in Chicago, The Chicago Housing Authority and the Chicago Continuum of Care.

## HOMELESSNESS ESTIMATES

An estimated 65,611 people were experiencing homelessness in Chicago in 2020 (Chicago Coalition of Homelessness, 2021). This includes sheltered, unsheltered, and nearly 50,000 people temporarily staying with others, or “doubling up”. This was a 7,338-person increase (+12.6%) from 2019. Fewer Chicagoans experienced sheltered and unsheltered homelessness in 2020, but Chicago saw a large spike (+20%) in people temporarily staying with others.

Estimating the number of individuals experiencing homelessness is challenging. HUD’s methods for quantifying homelessness exclude doubled-up arrangements. The Department of Education (DOE) counts doubling-up, but those counts only account for households with school children. HUD’s estimates of homelessness in Chicago are done annually through the Point in Time count. The PIT Count is used to determine which communities receive essential federal housing, transportation, and public health assistance, including COVID-19 relief funds, but this HUD-mandated count fails to account for the way most people experience homelessness in Illinois which is by temporarily staying with others.

The 2021 PIT Count estimated a total of 4,447 people experiencing homelessness in Chicago (Voorhees, 2021). The count identified 3,023 sheltered individuals experiencing homelessness and an estimated 702 to 1,454 people experiencing homelessness on the street. The number of sheltered individuals comprised 68% of all people counted, while the number of unsheltered individuals accounted for 32% of all counted people.

## AFFORDABLE HOUSING SHORTAGE

According to 2019 American Community Survey estimates, 47.5% of Illinois renters were housing cost burdened, that is, paying more than 30 percent of their incomes in monthly rent (Illinois General Assembly, 2022). At the regional level, the highest concentrations of rent-burdened households were in Cook County (49.2%), South/West Metro Chicago (48.1%), and Northwest Metro Chicago (47.7%). The proportion of renters facing housing insecurity has also increased during this time (Institute for Housing Studies at DePaul University, 2021). Among the 17% of Chicago households with a total annual income of less than \$20,000, almost 90% are paying more than 30% of their income towards rent (American Community Survey, 2015-2019).

Meanwhile, Chicago experienced a 5.2% (24,000 unit) decline in affordable housing units between 2012 and 2019. The proportion of renters facing housing insecurity is also increasing (Institute for Housing Studies at DePaul University, 2021). Smaller landlords, trying to recover from pandemic losses, have reported being less likely to be flexible with tenants and more likely to tighten rental requirements (Reosti, 2021).



## SRO HISTORY IN CHICAGO

The Y has played a role in the affordable housing landscape in Chicago for almost 100 years. SROs began to appear in Chicago in the late nineteenth century, in response to a large transient workforce that came in and out of Chicago on a seasonal basis (Slayton, 2005). The SRO district, primarily along Madison Street east of Halsted Street on the Near West Side, was known as the Main Stem. By the 1920s the number of jobs available to skilled migrant workers had decreased. By the 1950s the SRO district became known as Skid Row with the popular image of a haven for people with alcohol-related illnesses; however, data showed that most of the residents were instead low-income, with no other affordable housing available to them. Urban renewal and redevelopment efforts eliminated most SRO housing. In the 1980s, however, after cuts to many safety net programs that assisted people in maintaining stable housing, an explosion of homelessness led several community groups to rediscover and maintain old SRO buildings.

Recently; however, SROs are again being redeveloped into market-rate apartments. For instance, a historic low-income SRO building in the Uptown neighborhood of Chicago is in the process of being converted into 80 market-rate apartments with ground-floor retail space and modern amenities (Ward, 2022). The building operated as an SRO until 2019 when a rezoning paved the way for redevelopment into apartments. Residents of the building protested the move, saying they faced an uncertain housing situation if they were forced to leave the building. The redeveloped building will have only three affordable units. With the renovation, Uptown is losing another 180 SRO units on top of the hundreds of others that have already been redeveloped into modern apartments, such as the former Wilson Men's Hotel, the Darlington, and the Hazelton Hotel.

## CHICAGO HOUSING AUTHORITY

The Chicago Housing Authority (CHA) provides homes to more than 63,000 households through public housing, the Housing Choice Voucher (HCV) program, and services (Chicago Housing Authority, n.d.). The CHA serves more than 15,000 low-income public housing households. CHA's HCV program allows low-income families to rent housing at market rate via funds provided by HUD. Through the HCV Program, CHA pays a portion of participants' rent each month directly to the landlord. CHA services include employment training, job retention assistance, child care programs, college scholarships, and other services.

## CHICAGO CONTINUUM OF CARE

The Chicago Continuum of Care (CoC) is a membership organization comprised of more than 100 organizations and individuals who work to prevent and end homelessness in Chicago (All Chicago, n.d.). Mandated by the U.S. Department of Housing and Urban Development (HUD), the CoC strategizes and plans a coordinated, comprehensive approach to providing housing and services for people experiencing homelessness.

All HUD funding for homeless services funnels through the Chicago CoC. The CoC leads efforts to have a centralized entry system providing access to all homeless and housing services through the coordinated entry system.

# CHICAGO HOUSING INVENTORY COUNT

The annual Chicago Housing Inventory Count (HIC) is a count of housing projects within the Continuum of Care (CoC) that provide beds and units dedicated to serving people experiencing homelessness (All Chicago, 2020). In 2020, the HIC found there were 19,936 beds; 286 projects, and 70 agencies dedicated to serving people experiencing homelessness in Chicago. There were 149 PSH projects, 59 emergency shelters, 44 TH projects, 17 RRH projects, four safe havens, and 17 other permanent housing projects.

## COMMUNITY STANDARDS FOR HOUSING ORGANIZATIONS

The Chicago Continuum of Care (CoC) outlined [community standards for organizations serving people facing housing insecurity](#). The work of the CoC is grounded in a housing-first approach with person-centered services (Continuum of Care, 2020). The CoC believes best practices in housing include:

- Screening and admission
  - o Admission is given without prerequisites such as abstinence from substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history, financial history, completion of treatment, or participation in services.
  - o Housing priority is given to people with the most severe service needs and the highest level of vulnerability.
- Participant choice
  - o To the extent that is possible and practical, participants are provided with options regarding the location of housing, type of housing, and type of unit.
  - o Participants are made aware of any time limits and available resources after leaving a program.
  - o Services cannot be denied or terminated because of a participant's alcohol or drug use.
- Supportive services
  - o Programs provide a variety of goal-driven services that are flexible and appropriate for participants in various stages of change.
  - o Services include support for basic needs, but also educational/vocational support, case management and systems advocacy, housing assistance, legal assistance, healthcare support, life-skills programming, mental health and substance-use services, medical, self-care, employment, benefits screening, and application, and children's services.
  - o Supportive services are offered for the maximum length of time allowed by the program model and agency resources.
  - o Projects may set expectations for service participation but should not deny or terminate housing when participants do not meet these expectations.
  - o Programs use the stages of change model with participants to ensure services are appropriate and responsive to needs. Programs use evidence-based tools, such as MI.
- Persistent engagement
  - o Program staff should provide continuous engagement opportunities to participants in programs. This includes those who may decline supportive services at the moment, but should still be regularly offered service options.

- Leasing and tenancy
  - o Program participants receive ongoing education about the housing first model, the provider’s housing process, and their rights and responsibilities as residents. They are encouraged to exercise their rights and should be given legal assistance and/or advocacy, if desired.
  - o Participants are given special payment arrangements for rent arrears, assistance with financial management, and/or help & encouragement in obtaining a representative payee.
- Discharge and transfer
  - o Programs will allow participants to remain in the program even if they must leave for a temporary absence of 90 days or less for hospitalization, SUD treatment, mental health treatment, or incarceration.
  - o All measures are used to prevent eviction, except in cases where the participant is a threat to themselves or others.

## ILLINOIS PLAN TO PREVENT AND END HOMELESSNESS

The Illinois Interagency Task Force on Homelessness and the Community Advisory Council on Homelessness created a two-year plan to prevent and end homelessness in Illinois (Illinois General Assembly, 2022). The plan establishes the foundational framework for Illinois to meet the goals outlined in the Executive Order to Fight Homelessness, which include

- Reaching functional zero of homelessness and chronic homelessness.
  - o Functional zero is a milestone, which must be sustained, that indicates a community has measurably ended homelessness for a population. When it’s achieved, homelessness is rare and brief for that population.
  - o Functional zero for chronic homelessness means there are fewer than 0.1% of the total number of individuals reported in the most recent PIT count.
- Addressing unnecessary institutionalization.
- Improving health and human services outcomes for people experiencing homelessness.
- Strengthening the safety nets that contribute to housing stability.

### Key activities within the plan include

- Development of PSH,
- Supporting college students experiencing homelessness,
- Improve discharge planning for young adults, and
- Expansion of the medical respite model.

### Four themes emerged as pillars of the plan, including

- Build affordable and PSH,
- Bolster the safety net,
- Secure financial stability, and
- Close the mortality gap.

A foundational goal of the plan is ending the racial disparity that exists in homelessness. Throughout the plan are activities that push forward reducing unacceptable racial inequities. The Illinois Plan to Prevent and End Homelessness (2022) suggests multiple ways to address racial disparities in experiences of homelessness, including using a racial equity framework (such as the [toolkit](#) developed by the Government Alliance on Race and Equity), enforcing fair housing, implementing homeless prevention programs, increasing resources for affordable housing, ensuring people with criminal records have equal access to housing, and sealing eviction records.

## METHODOLOGY

We used several data sources to conduct the community assessment of the YMCA housing facilities, including case file data, resident surveys, resident focus groups, resident interviews, staff interviews, and housing service organization interviews. Data were collected from July 2022 to November 2022.

## STUDY SAMPLE

### RESIDENT SAMPLE

**Resident Survey.** A total of 81 residents responded to the survey, including 42 from Lake View and 39 from Irving Park. The 81 residents surveyed ranged in age from 30 to over 70 years old, with the majority being between 50-69. Nearly half (48.7%) of the surveyed residents identified as White, 29.5% identified as Black/African American, 12.8% identified as Hispanic or Latino/a/x, 2.6% identified as American Indian/Alaska Native, 3.6% identified as some other race, and 6.4% of residents preferred not to identify their race/ethnicity.

**Resident Interviews and Focus Groups.** All residents that completed a survey were asked if they would like to participate in an interview and/or focus group. Thirteen individuals signed up, with six signing up for just an interview, two signing up for just a focus group, and four signing up for both. However, one person did not show up for an interview and one did not show up for a focus group. In total, nine residents were interviewed; six from Irving Park and three from Lake view, and five residents participated in a focus group; two from Irving Park and three from Lake View.

### STAKEHOLDER SAMPLE

**Staff.** All housing staff members were interviewed as part of the housing community assessment, including one operations director for housing, one housing manager, two case managers, and the Chief Community Development and Equity Officer who oversees housing.

**Community-Based Housing Organizations.** We reached out to 11 community-based housing organizations in Chicago for interviews and six responded and participated in interviews.

## MATERIALS

### RESIDENT SURVEY

A 21-question survey instrument was distributed to all 311 residents at the Y's Lake View and Irving Park housing facilities via a paper form. Surveyed residents were informed that the survey was voluntary and that they may choose to not participate in the survey. The residents were asked to provide contact information to receive a \$5 gift card. The survey questions asked residents about their experiences living in the Y housing, such as their perceptions of safety, cleanliness, and privacy as well as information about how long they have lived there, how long they plan to live there, and whether it is a place they would recommend to live.

The survey also asked residents about their housing support service needs, what they like about Y housing, and what they would change about Y housing. Lastly, the survey asked residents basic demographics, income, education, and housing history questions.

## **STUDY PROCEDURE**

### **CASE FILE REVIEW**

We reviewed a sampling of housing files, including current resident files, past resident files, and denied resident files as well as case management files for both current and former residents at both locations. The case file review was conducted in person due to the files being in paper format. 28 total case files were reviewed, including 15 housing files from Irving Park, five housing files from Lake View, four case management files from Irving Park, and four case management files from Lake View. Additionally, we reviewed the forms used in housing, including the intake form, service plan form, and referral form.

### **RESIDENT INTERVIEWS**

Interviews with residents were conducted in person or over the phone; one was in person and 8 were over the phone. Each interview took between 45 minutes to one hour and 45 minutes and consisted of 31 questions. Residents were asked questions about their experience living in Y housing as well as questions about their personal housing history. Interview recordings were referred back to in order to fill in missing information from our notes. The residents were provided a consent form and had to provide verbal consent to participate in the interview and to be recorded. Residents were provided \$20 gift cards to Walgreens or Target. All interviews with residents were summarized together by the researchers and provided to residents to review and provide amendments before being included in this final report.

### **RESIDENT FOCUS GROUPS**

One focus group was conducted at each of the housing sites. The focus group discussion was guided by nine broad questions about their experiences living in Y housing, including the challenges they face, what they like, why they chose to live at the Y, and how to improve the Y housing. Focus group recordings were referred back to in order to fill in missing information from our notes. The residents were provided a consent form and had to provide verbal consent to participate in the focus group and to be recorded. Residents were provided \$20 gift cards to Walgreens or Target. The focus groups were each summarized by the researchers and provided to residents to review and provide amendments before being included in this final report.

### **STAFF INTERVIEWS**

Interviews with housing staff were conducted virtually. The interviews were recorded and referred back to in order to fill in any missing notes. The interviews were each summarized independently. Interview summaries were reviewed by the interviewee to allow the staff person to provide any amendments and share what they would like omitted from this final report. The interviews with staff took around two hours each and were split into two sessions each. Staff were asked 43 questions, including information about their role and time in Y housing, their perceptions of resident assets and needs, and their thoughts on Y housing overall.

## STAKEHOLDER MEETINGS

Three meetings were held with Y housing stakeholders. The first meeting included all housing staff and the researchers and was the launch of the community assessment in which we explained the process and purpose to staff. The second meeting included all housing staff, the researchers, and a housing resident representative. In this meeting, all stakeholders drafted a logic model for Y housing. The third meeting included all housing staff, the researchers, and three resident representatives in which we discussed the findings from residents in this report and asked the stakeholders for their interpretations.

## COMMUNITY-BASED HOUSING ORGANIZATION INTERVIEWS

Interviews with community-based housing organizations were conducted virtually using Google Meets. We took notes during the interviews. The housing organizations were asked 11 questions about their housing program and model, the people they serve, and other information to learn how the Y can better support housing-insecure populations. The information gained from the interviews with housing organizations were coded thematically and summarized by the researchers.

## LIMITATIONS

One study limitation was the sample size of residents who took the survey (n = 81). Therefore, the survey responses may not be generalizable to all Y housing residents. Second, the case file review sample size was also limited and may not be representative of all case files. Additionally, this community assessment was conducted at one point in time, and Y housing, residents, staff, and community-based housing organizations may evolve and change over time such that some findings and conclusions may no longer be applicable. Lastly, a systematic review of the literature on housing needs and the history of housing and homelessness in Chicago was not conducted. The reviewed literature may not be fully representative.

## FINDINGS

Below, we discussed findings from the case file review, resident survey, resident interviews and focus groups, staff interviews, stakeholder meetings, and housing organization interviews.

## CASE FILE REVIEW

Y housing had various types of files, including housing case files, social service case files, and case management case files. During the review of case files, we came across several important findings. The housing case files were collected and stored nearly entirely in paper format with very little data stored electronically. Data stored electronically consisted of move-in, move-out, rent due, rent collected, and third-party payor information. The case management case files were mostly in paper format, with some information entered into HMIS. The housing and case management files ranged in size usually determined by how long the resident lived at the Y.

It was often difficult to sort through the information in case management files and understand it in a meaningful way, mostly due to the absence of case notes. We found it difficult to determine the exact frequency and type of contact with residents by case managers. It was estimated that on average the case managers contacted each resident on their caseloads around once per month in some way (i.e., referrals, 90-day service plan, or providing information about upcoming groups or events). However, it was unclear how the referrals and services were provided (i.e. in person, via mailbox, or posted in common spaces).

For instance, the referral logs that were reviewed often referenced flyers that seemed to be distributed to residents via their mailboxes. It was also unclear whether the resident followed up or received services through that referral. Also, many of the service plans had the same goals listed for the resident at every 90-day interval, without any information provided about progress on the goal in the interim or why the resident was unable to complete that goal. Due to a lack of case notes on interactions with residents, it was unclear whether interactions with residents occurred, how involved residents were in developing their service plans, and how engaged residents were with services and referrals.

## SOCIAL SERVICE CASE FILE FORMS

All residents and prospective residents should have a social services case file. The forms listed below were included in the standard example social service case file.

**Blended Interview Form.** The blended interview policy stated that the purpose of the interview is to “determine suitability for housing and case management services.” The Blended Management Interview form was utilized by case managers when a new applicant applies for housing. The form contained information about the prospective tenant’s income source, recent employment history, disability (if received SSI/SSDI), housing history, goals and interests, family information, health information, substance use history as well as screenings for mental health, ability to complete daily living activities, and violence exposure. Through the process of completing the blended interview form, the applicant was asked whether they were interested in supportive services as a part of the violence screening. However, there was no general question about interest in supportive or general case management services.

**Blended Interview Recommendation Form.** After reviewing the information in the Blended Interview form, the case manager completes the applicant recommendation form and indicates whether they recommend accepting or rejecting the applicant. The blended interview policy indicated that any resident with a history of SUD, mental health issues, or homelessness must secure a letter of support from an external party. In that case, the case manager may list their recommendation status as pending. The application may be pending if the case management requires the prospective tenant to get a letter of support from an external service provider, a doctor, or a psychiatrist that states they can live independently. It was unclear from case files how residents are informed of the outcomes of their application, specifically in the case of denial. However, according to the policy, the Housing Manager is responsible for communicating the decision. If an applicant was accepted, the documented procedures indicate that the resident was invited to sign a lease and the housing manager informed the case manager of their move-in date so that they could go through orientation with their site’s case manager.

**Proof of Homelessness.** If the applicant stayed in an emergency shelter or place not meant for human habitation before moving to the Y, the applicant was asked to secure documentation of their homeless status from a third party. It was unclear whether an inability to secure proof of homelessness documentation would cause a denial of housing.

**Letter of Support.** If an applicant had a history of SUDs, mental health issues, or homelessness, a letter of support indicating that they can live independently was requested and stored in the case management file. The letter must have been provided by an external party such as an external service provider, doctor, or psychiatrist, and it must state that the resident can live independently.



## CASE MANAGEMENT CASE FILE

Not all residents who live in SRO housing had a case management file. As of October 2022, 17 of the 310 residents living in Y SRO housing were on a caseload. The forms listed below were included in the standard example case management file, in addition to the forms listed above in the Social Service Case File section.

**Client Rights and Responsibilities Agreement.** At intake for case management services, the client was walked through the following rights as a client.

- Quality, timely services without discrimination of any kind.
  - o Referrals.
  - o Support for building skills.
- Reasonable accommodations if the client has a disability.
- Safety.
- Confidentiality.
- Self-determination.
- To disagree with all or part of their service plan.
- To be informed of rules and consequences for breaking the rules.
- To be informed of the benefits and risks associated with services.
- To file a grievance and receive a response without retribution.
- To refuse services.
- To refuse medication.
- To seek legal services.

The Client Rights and Responsibilities agreement contained several confusing statements. For example, the following sentence made it seem as if clients were to pay for case management services; “If the ability to pay for services becomes a problem for you, the YMCA will make all reasonable efforts to continue assisting you.”

**Grievance Procedures.** The grievance procedure spelled out how residents can file a grievance if they believe that any of the rights listed in the Client Rights and Responsibilities Agreement were violated. It was noted that the procedures referred to outdated position titles.

**Intake Assessment.** The intake assessment was used by case managers when a resident was added to their caseload. It collected some of the same information as was collected on the blended interview form. It included information about demographics, housing history (including criteria for chronic homelessness), disabilities, medical conditions, substance use, income, health insurance, the reason for requesting services, current support from other agencies, emergency contact information as well as immediate health care need and suicidality screening. This form was to be used at the initial intake into case management and annually.

**Mainstream Benefits Assessment.** The benefits assessment form collected information about the outcome of any previous screening for public benefits programs and whether or not benefits are currently being received. Some non-benefit information was included on the form (i.e. employment income). In that case, the case manager notated information about the resident’s interest in working and ability to work. The form included information about other needs, such as medical, vision, food, clothing, mental health, substance use, and other housing.



**Service Assessment.** The service assessment form collected information about resident demographics, marital status, religion, disabilities, veteran status, emergency contact information, income, health insurance coverage, needed assistance with public benefits applications, educational history, interest in pursuing training/education, housing history, as well as screenings for health care needs, medical conditions, smoking, exercise habits, medications, substance use and treatment history, history of involvement with the justice system, social support network, hobbies, mental health, ability to complete daily living activities, violence exposure and cognitive functioning, and immediate service needs and action steps.

**Service Plan.** The service plan indicated that it should be completed within 30 days of initial intake and every 90 days after that. The first part of the form was designed to collect information about the client's problems and needs. Three categories of problems/needs were identified

- Maintain housing (the options under which are rent arrears, behavior problems, and housekeeping compliance).
- Increase skills or income.
- Healthy living.

Each category had an "other" option where a different type of need or problem could be added. There was room to write out three problems, three corresponding goals, action steps, target dates for completion, and status updates.

**Budget/Money Management Worksheet.** The money management worksheet recorded the client's income and expenses and walked the client through identifying disposable income, if applicable. Information about debt and repayment plans was also collected on this form.

**Service Closing Summary.** The service closing summary indicated the reason for discharge from Life Development Center services, whether due to completion of service plan goals, transition to a program better able to meet the resident's needs, or lack of engagement with services. The reason for discharge and destination for the client was listed on this form. In addition, the form captured whether aftercare services were needed, but aftercare services appeared to refer to services that would be provided by an external agency.

**Referral Tracking Form.** On the referral tracking form, case managers recorded the name of the agency referred to, the reason for the referral, and whether the referral was followed through on.

**Group Tracking Form.** On the group tracking form, case managers recorded the type of group attended and who facilitated the group. There were three types of groups listed; socialization, education/employment, and life skills.

**Transportation and Voucher Sheet.** On the transportation and voucher form, case managers recorded assistance provided to the client and the purpose of such assistance. Clients signed this form to confirm that they received assistance such as bus cards.

**Release of Information.** The release of information form allowed residents to consent for Y staff to release information about the resident to external parties. It documented the type of information that could be shared, who the information could be shared with, the purpose of sharing the information, and the time frame during which sharing was permitted.

**Daily Case Management Log.** In addition to the document types listed above, a daily case management service log was referenced in policies and procedures. However, no completed daily logs were reviewed during the case file review. Case managers also had different understandings of the use of this form. One used the form to track services provided to residents not on the caseload while the other shared it was to be used for those on the caseload. This form has fields to track information about services provided to multiple participants and includes tracking for referrals, goal completion, group participation, and interventions such as outreach attempts, intake, assessment, service plan creation/update, crisis intervention, case consults with the internal team, contacts with external service providers, and counseling related to benefits, budgeting, health, job readiness, food access, behavior, and housekeeping. There is also a monthly Excel template that tracks services provided to residents on the caseload, but this template cannot be found inside case files consistently.

## HOUSING CASE FILE

**Application.** The tenant application for Y housing included the personal information of the resident, such as their name and contact information, residential history, and financial and employment history. It also included information on the application screening process detailing the two-step process which included 1) a housing and rental history and credit check and 2) a criminal background and warrant check. It informed the prospective tenant that the applicants that the YMCA could not accept included individuals that were required to register for a past sex offense or were under a residency restriction for a past child sex offense. If an applicant had a criminal conviction from the previous three years, then the Y conducted an individualized assessment about the nature of the conviction to determine whether the applicant met the standards for tenants. Lastly, the application included a release and consent of information and an application agreement which included a \$30 non-refundable application fee.

**Lease.** Leases were typically one year and allowed the resident to give a 30-day notice to terminate the lease. Select units in the Lake View and Irving Park buildings participated in the Chicago Low Income Housing Trust Fund (CLIHTF) program which subsidized rent for low-income tenants. Residents residing in CLIHTF units also had a lease addendum for CLIHTF. Eligibility and intake documentation for CLIHTF was in files as was appropriate. Some residents had leases with other service providers such that the lease on file was a master lease between the service provider and the Y.

**Income Verification.** Income verification was collected at the time of application and annually thereafter. Income requirements for prospective applicants were that the resident must have an income of two times the total rent amount. Applicants who were receiving SSI or SSDI and were moving into a CLIHTF unit may have been accepted if they made slightly less than two times the overall monthly rent.

**Tenant Inspection Sheet.** The tenant inspection sheet was filed out by the housing manager during inspections of residents' units. It included the room status (i.e. occupied, vacant, out of service, or storage), the room size, and the amenities in the room. It had space for inspection of whether the room was rent ready, if it needed cleaning, furniture, repairs, painting, or extermination, and if there were any odors. It also had space for inspection of the door, lock, ceiling fan, light fixture, lamp, electrical outlets, light switches, coaxial cable, smoke detector, walls, ceilings, paint, carpet, closet door, windows, heating and air conditioning, mattress, box spring, bed frame, mattress cover, sheets, pillow, dresser, desk, chair, refrigerator, and microwave. It also included a pest control section to check for roaches, bed bugs, rodents, and other pests.

If the room had a bathroom, items and amenities in the bathroom were inspected and tracked. Lastly, it allowed housing managers to check if there was clutter, uncleanliness, or unapproved items in the room. Based on the inspection, the room either passed, failed, or needed a follow-up.

**Vehicle Parking Registration Form.** Residents at the Irving Park location were able to apply for a vehicle registration form to park their vehicles in the parking lot. The registration form included information about the resident and their contact information, information on the vehicle, and certification by the resident that they would keep the vehicle registered with the YMCA and the city of Chicago.

**Amenity Request Form.** The amenity request form was filled out by residents to request a change. It included the amenity or item they were looking to change or add, the action they were looking for (i.e. remove or add), and the effective date. It asked the resident to sign off that they understand that they approve of any applicable costs associated with the amenity.

**Emergency Contact Form.** The emergency contact form was filed out by residents indicating two of their emergency contacts and kept on file by the housing manager in case of an emergency with a resident.

**Past Due Letters.** Past due letters were sent to residents by housing managers when a resident is behind on rent. It included which months they are behind on and the total amount that they owe.

**Warnings and Write-Ups.** Residents received written warnings and write-ups when housing managers were informed of a violation of the Resident Code of Conduct. The write-up included information about the complaint and the rule that it broke. Warnings were placed in the resident's files and reviewed at lease renewal.

**Bed Bug Remediation Tracking Form.** The bed bug remediation tracking form was used by housing managers when bed bugs were found in a resident's unit. It included who the bed bugs were noted by (i.e. resident, exterminator, or housing manager), whether bed bug treatment was needed, and treatment dates.

**Resident Assistant Form.** The resident assistance form was used by housing managers to refer a resident to the case manager. It includes the area of concern (i.e., rent, room, or behavior concern), the resident's name and contact information, outreach attempts, and the plan of action to address the concern.

# RESIDENT SURVEY

The survey of residents in Y housing facilities gathered information on who the Y was currently serving and their experience living at the Y.

## RESIDENT DEMOGRAPHICS

The majority of residents who responded to the survey are between the ages of 50-69 (60.3%). Nearly half of the respondents are White (46.3%), over a quarter are Black/African American (28.0%), 13.4% are Hispanic or Latino/a/x, and 6.1% indicated they identify as another race or ethnicity. Nearly all residents that responded to the survey have at least a high school diploma or equivalent (94.2%), with nearly one-third (32.1%) having attained a college degree, and over half having attended at least some college (52.6%). Table 1 below shows the demographics of the respondents.

Table 1  
**Resident Demographics**

CHARACTERISTIC	N	%
<b>AGE (years)</b>		
30-39	2	2.6%
40-49	11	14.1%
50-59	23	29.5%
60-69	24	30.8%
70+	14	17.9%
Prefer not to answer	4	5.1%
<b>RACE/ETHNICITY</b>		
American Indian/Alaska Native	2	2.4%
Asian	1	1.2%
Black/African American	23	28.0%
Hispanic or Latino/a/x	11	13.4%
White	38	46.3%
Prefer not to answer	5	6.1%
Other Race/Ethnicity	2	2.4%
<b>EDUCATIONAL ATTAINMENT</b>		
Less than a high school degree	4	5.1%
High school degree or equivalent	24	30.8%
Some college but no degree	16	20.5%
Associate degree	8	10.3%
Bachelor degree	11	14.1%
Graduate degree	6	7.7%
Prefer not to answer	9	11.5%

Note. Sample size 78. Respondents may have chosen multiple answers for race/ethnicity.

**Income and Employment.** Residents were asked about their annual income, sources of income, and employment status. Most residents that responded to the survey had an annual income under \$24,999 (67.5%). The highest primary income sources indicated were SSI/SSDI (31.4%) and employment (26.7%). Over one-quarter of the respondents indicated they were SSI/SSDI (31.4%) and employment (26.7%). Over one-quarter of the respondents indicated they were

retired (26.0%) and 22.1% indicated they were currently employed. Table 2 below provides further information on the residents' income and employment status.

Forty percent of residents that were unemployed and not looking for work indicated their source of income as SSI/SSDI, 40% said other, and 20% preferred not to answer. Most residents that were disabled and unable to work received SSI/SSDI (68.8%).

For surveyed residents making no annual income, 50% indicated that they currently receive regular rental assistance, 16.7% did not, and 33.3% were unsure. Additionally, 50% of surveyed residents making between \$1-\$9,999 annually indicated that they receive regular rental assistance, with 25% indicating they did not and 25% unsure. For residents making over \$10,000 annually, 61% did not receive regular rental assistance. The average unsubsidized rental cost of Y housing units is \$415 per month, meaning that any resident making under \$16,600 annually who does not receive a rental subsidy would be considered rent-burdened. Based on income and subsidy data collected, an estimated 24.7% of all residents are rent-burdened.

Table 2  
**Resident Income and Employment**

CHARACTERISTIC	N	%
<b>ANNUAL INCOME</b>		
\$0	6	7.8%
\$1 - \$9,999	16	20.8%
\$10,000 - \$24,999	30	39.0%
\$25,000 - \$49,999	9	11.7%
\$50,000 - \$74,999	2	2.6%
Prefer not to answer	14	18.2%
<b>INCOME SOURCE(S)</b>		
Employment	23	29.5%
Money from family/friends	3	3.8%
Retirement/Pension	13	16.7%
SSI/SSDI	27	34.6%
Unemployment compensation	1	1.3%
Prefer not to answer	9	11.5%
Other income	10	12.8%
<b>EMPLOYMENT STATUS</b>		
Employed, working under 30 hours per week	7	9.1%
Employed, working over 30 hours per week	10	13.0%
Not employed, looking for work	8	10.4%
Not employed, not looking for work	5	6.5%
Disabled, unable to work	16	20.8%
Retired	20	26.0%
Prefer not to answer	11	14.3%

Note. Sample size was 77. Respondents may have chosen multiple answers for income sources, so the total percentage may be greater than 100.

## RESIDENT HOUSING HISTORY

Residents were asked about their previous housing experience. Nearly half of residents who responded to the survey indicated that before living at the Y, they lived in housing that they rented without rental assistance or a subsidy (47.2%). Nearly 14% of surveyed residents indicated that they were homeless before living at the Y; however, case managers' files indicated 30.9% of all residents were homeless before living at the Y. Most surveyed residents had no prior evictions (90.9%) and had not previously owned a home (84.4%). Table 3 below provides data on residents' housing histories.

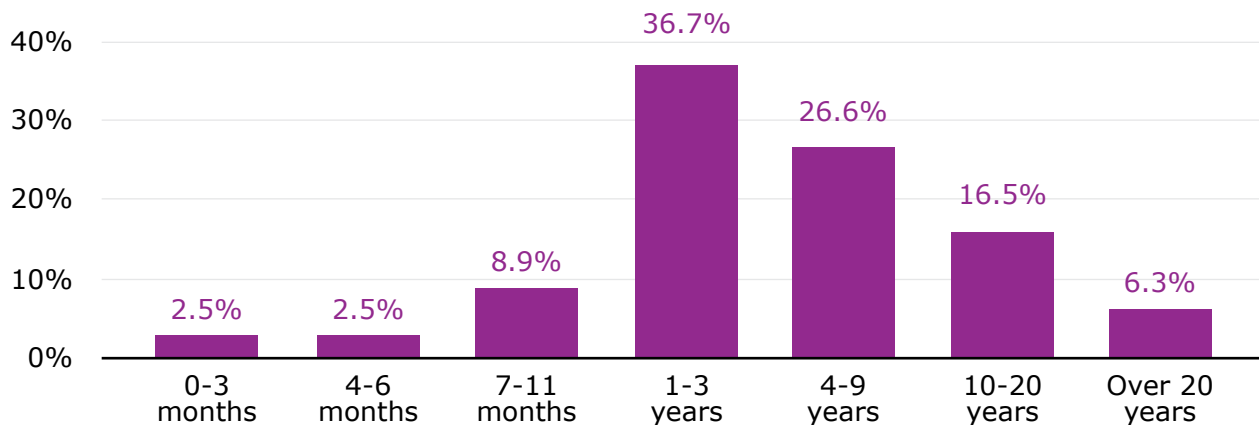
Table 3  
**Resident Housing History**

CHARACTERISTIC	N	%
<b>PRIOR HOUSING</b>		
In housing that you owned	5	6.9%
In housing that you rented without rental assistance/subsidy	34	47.2%
In housing that you rented with rental assistance/subsidy	13	18.1%
In housing that you shared with others but did not own or rent yourself	10	13.9%
In an emergency shelter, safe haven, or transitional housing project	7	9.7%
In a place not meant for human habitation	3	4.2%
<b>PREVIOUS EVICTIONS</b>		
Yes	7	9.1%
No	70	90.9%
<b>PREVIOUS HOME OWNERSHIP</b>		
Yes	12	15.6%
No	65	84.4%

Note. Sample size was 77.

The largest percentage of residents who responded to the survey have lived in the Y housing for 1-3 years (36.7%), followed by 4-9 years (26.6%). 13.9% of residents indicated they have lived in Y housing for less than one year and nearly one-quarter (22.7%) have lived in Y housing for over 10 years. Figure 1 below shows the breakdown of residents' time living in Y housing.

Figure 1  
**Resident Time Living in Y Housing**



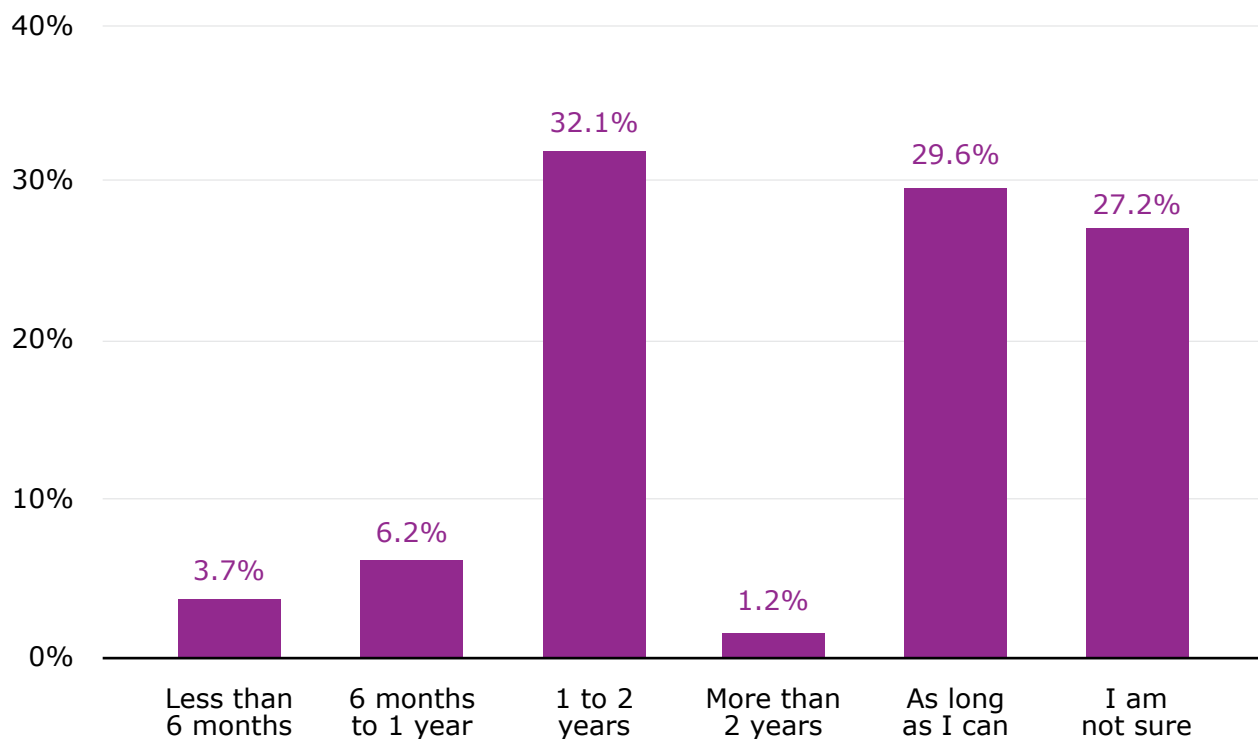
Note. Sample size was 79.

**Likelihood to Move Out of Y Housing.** Most residents that responded to the survey indicated that they would consider moving out of Y housing (63.3%) and provided the following reasons why they would move:

- More amenities, including:
  - o Access to laundry facilities in the building (Irving Park only).
  - o Back yard.
  - o Bigger space.
  - o Elevator in the building (Irving Park only).
  - o More options to cook besides with a microwave.
  - o Newer, more modern building.
  - o Private bathroom.
- Fewer restrictions, including:
  - o Ability to have guests.
  - o Ability to have pets.
- More supports, including
  - o Better support services (e.g., employment supports, resources for residents with behavioral health concerns).
  - o No residents with untreated mental health or SUDs.
- Cleanliness and safety, including:
  - o Better, more respectful neighbors.
  - o Cleaner facility.
  - o Safer residence.
  - o Better heating/cooling system.
- Other, including:
  - o Different location/neighborhood.
  - o Investment opportunity.

**Over half of the residents aged 60 or older indicated that they would consider moving out of Y housing (56.8%). Additionally, 81.8% of residents aged 50–59 and 63.6% of residents aged 40–49 indicated they would consider moving out. Figure 2 below provides information on how long residents indicated they would live in Y housing.**

Figure 2  
**Resident Estimate of Continued Time Living in Y Housing**



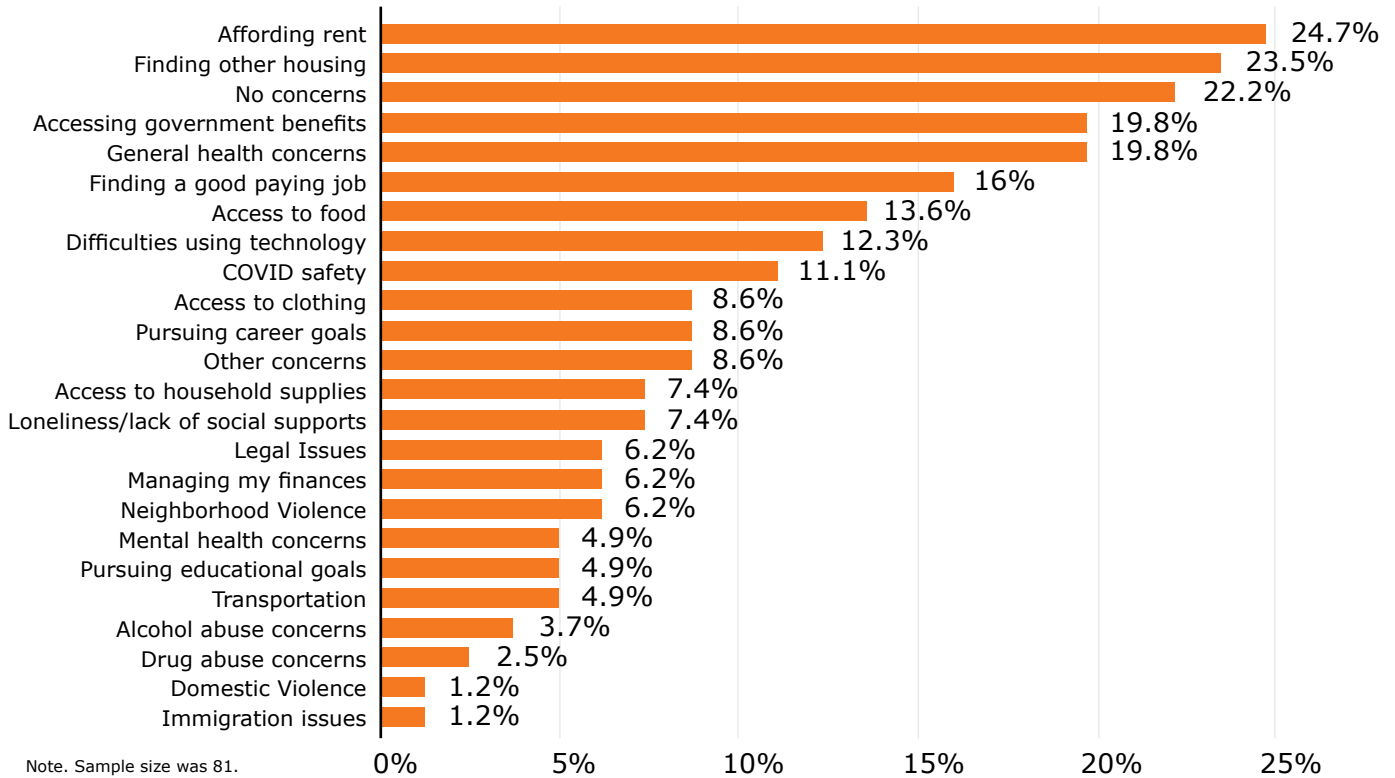
Note. Sample size was 81.



## RESIDENT CHALLENGES

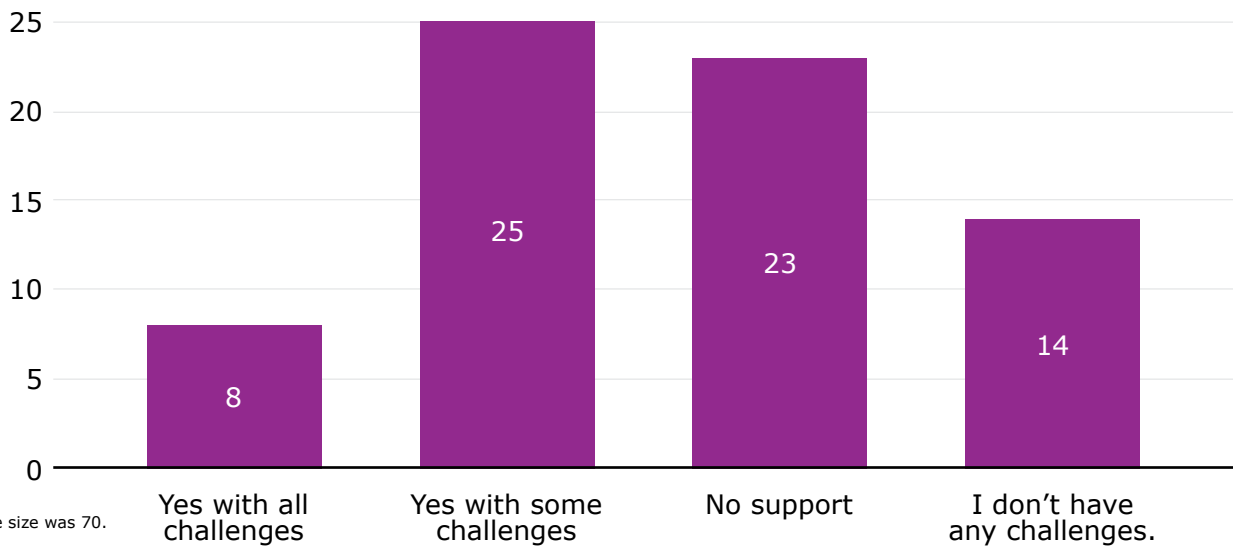
The biggest challenges for residents who responded to the survey were affording rent (24.7%), finding other housing (23.5%), and accessing government benefits (19.8%). Figure 3 shows the percentage of respondents for each concern. Eighteen residents (22.2%) did not indicate any challenges.

Figure 3  
**Resident Challenges**



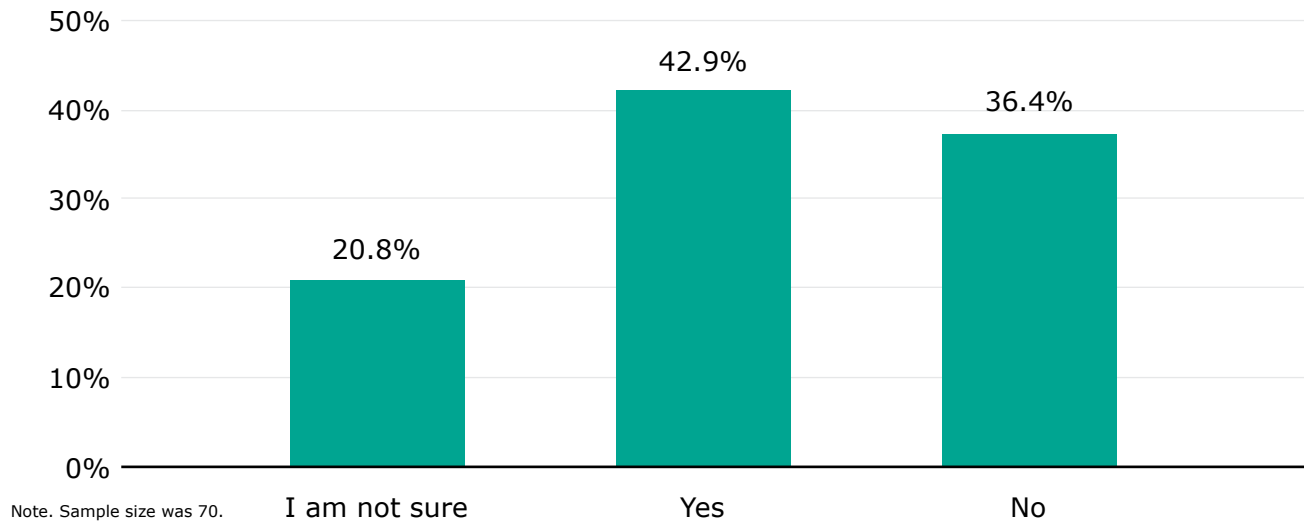
**Y Support for Challenges.** The responses on whether the Y provided support on the challenges were mixed with around a third indicating they receive support from Y for some challenges (35.7%) and another third indicating they receive no support from the Y for their challenges (32.9%).

Figure 4  
**Y Support to Resident Challenges**



Nearly half of surveyed residents (42.9%) indicated they were interested in receiving support for their challenges from Y housing staff.

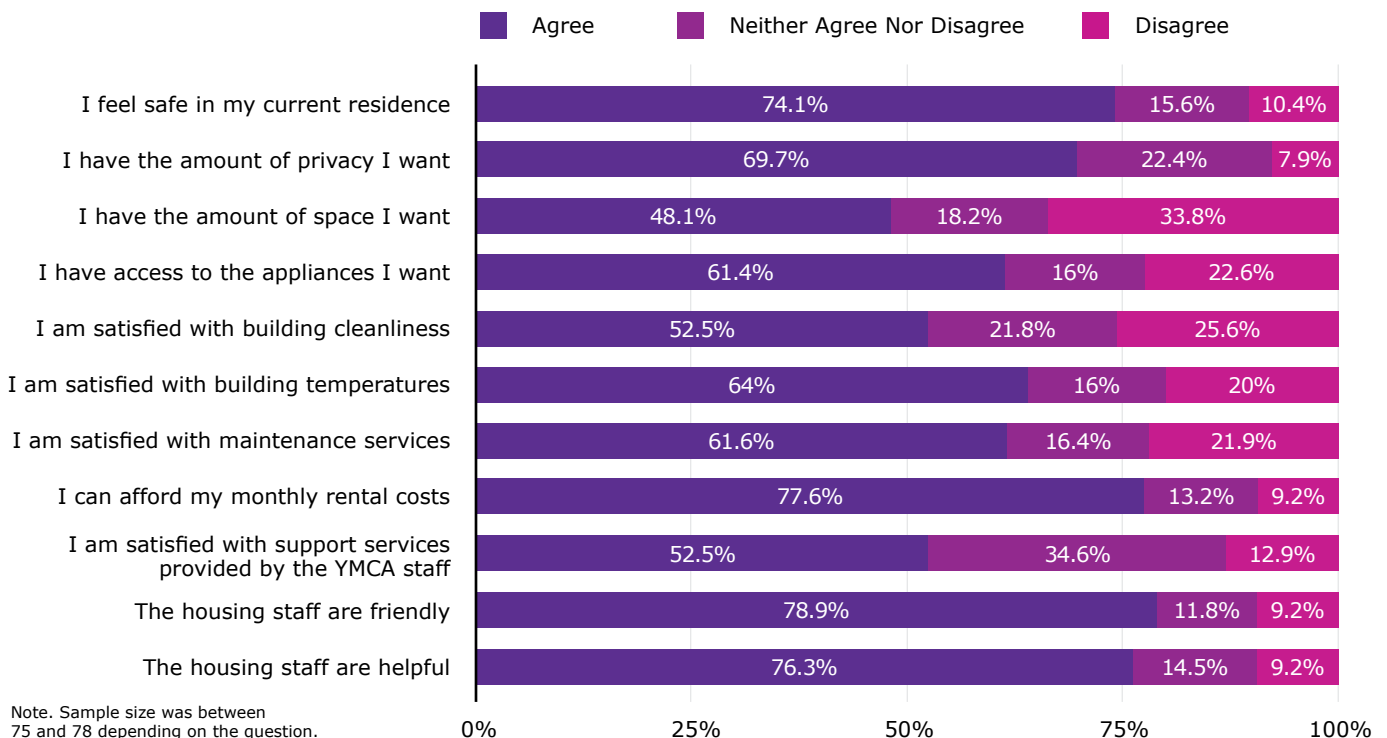
Figure 5  
**Interest in Support with Challenges**



## RESIDENT EXPERIENCE WITH Y HOUSING

Residents were asked whether they agreed or disagreed with various elements of Y housing, including if it felt safe, clean, and affordable and about staff helpfulness and friendliness. Figure 6 below provides more detail.

Figure 6  
**Experience and Satisfaction with Y Housing**



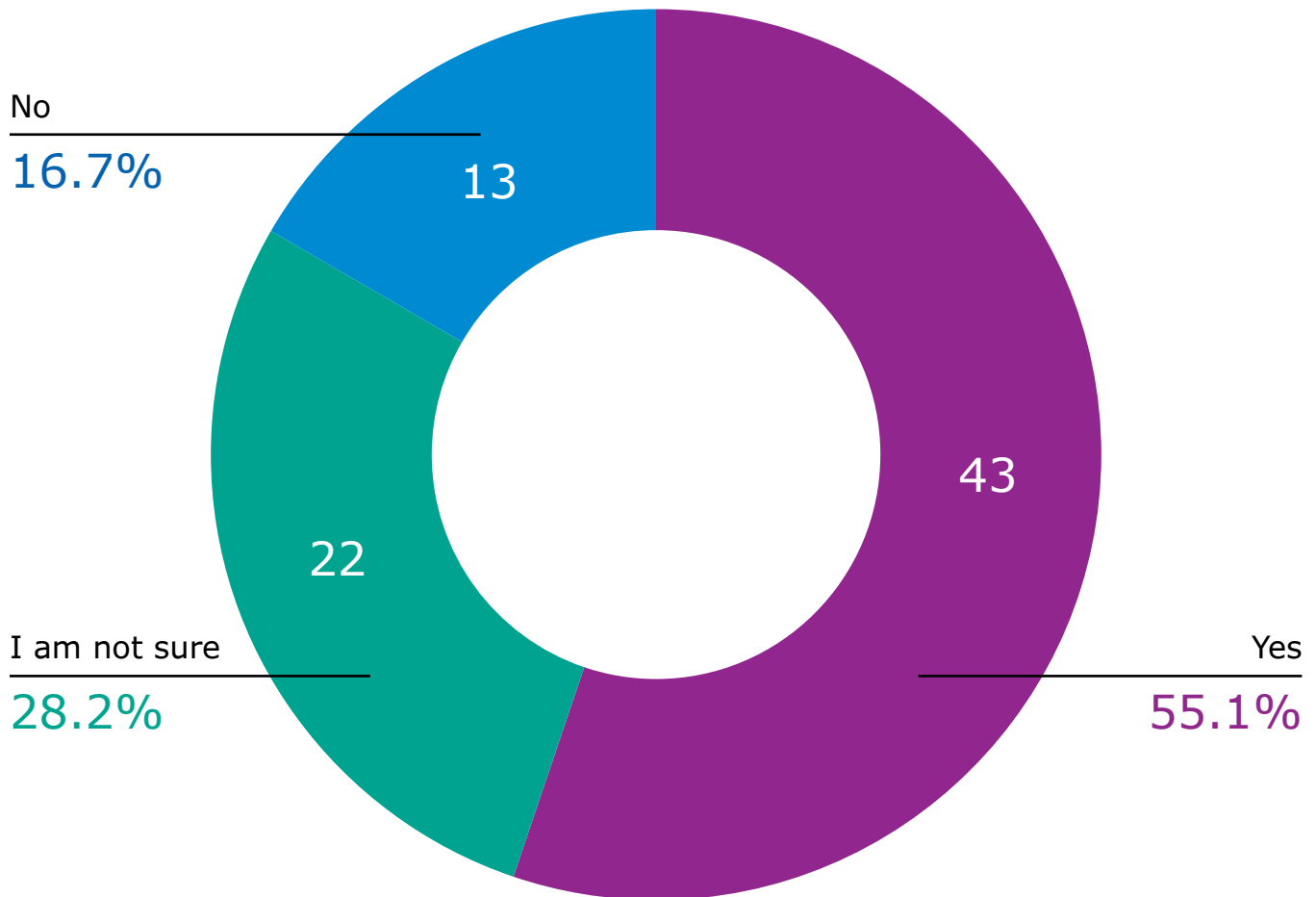
Overall, the majority of residents were satisfied with living in Y housing. Around three-quarters of residents agreed that they felt safe in their residence, could afford their monthly rent, and believed the housing staff are friendly and helpful. However, between one-quarter to one-third of residents who responded to the survey indicated that they do not have the amount of space they would like, feel they do not have access to the appliances they want, and were not satisfied with the building's cleanliness. Residents provided the following explanations for their disagreement with the statements in Figure 5 above.

- Cleanliness, including:
  - o Bed bug infestations.
  - o The bathrooms are not clean or if they are, other residents dirty them and clog the urinals.
  - o The hallway carpets are not cleaned frequently enough and the hallways have a foul odor.
- Maintenance/building issues, including:
  - o Maintenance requests are ignored by maintenance staff and building repairs are not taken care of.
  - o The building gets too hot in the winter, especially for those with steam pipes in their room that are not insulated.
- Room amenities, including:
  - o Some would prefer to have a private bath and kitchen space in their room.
  - o The rooms are too small.
  - o Unable to cook healthy food with just a microwave.
- Staff, including:
  - o Either not knowing who the housing staff are or having negative experiences with housing staff, including one resident sharing, "The vast majority of housing staff exhibit deliberate indifference to building tenants. The attitude of YMCA staff is worse."
- Safety, including:
  - o Feeling that some of the other residents are not able to live in a communal setting, with some causing fear due to untreated mental health and SUDs.

Two residents provided supplemental information with their survey submissions. One indicated that they had to go to outside agencies, such as the Chicago Department of Public Health and city aldermen to get additional support to resolve problems they faced living at the Y. The other expressed concerns about other residents that were not able to live communally, issues with mail distribution to residents, spotty WiFi, lack of access to cooking equipment for healthy meals (i.e., slow cookers), and elevators being out of service for long periods at Lake View. This resident also stated that there was poor communication from Y leadership to residents and would like to see resident meetings, Y newsletters, and resident news bulletin reimplemented.

Over half of the residents (55.1%) who responded to the survey indicated that they would recommend living in Y housing to a friend, while 16.7% said they would not.

Figure 7  
**Resident Recommendation as a Place to Live**



Note. Sample size was 78.

## RESIDENT PERCEPTIONS OF Y HOUSING

**Resident Perceived Positives.** Residents were asked open-ended questions about what they liked about living in Y housing and what they would change about living in Y housing. Respondents indicated that they liked the following about living in Y housing:

- Amenities, including:
  - o Access to the gym, fitness center, and pool.
  - o Access to public transportation.
  - o Convenient location to grocery stores, shopping, medical care, laundry, and places of worship
  - o Great location/neighborhood.
  - o Resource connections.

- Affordability, including:
  - o Low rental price.
  - o No utility costs.
- Socialization, including:
  - o Community living/ability to socialize.
  - o Respectful and friendly residents.
  - o Proximity to work and/or family.
  - o Supportive.
- Friendly and helpful staff.
- Privacy, security, and independence, including:
  - o Grateful to have a place to stay.
  - o Having a sense of independence and freedom.
  - o Private.
  - o Quiet.
  - o Safe and secure.

**Resident Recommended Changes.** Residents that responded to the survey indicated that they would like to change the following about living in Y housing:

- Cleanliness, including:
  - o Cleaner bathrooms.
  - o New carpet or replace carpet with tiles in hallways and rooms.
  - o Option for maid service in rooms.
- Maintenance/building repairs, including:
  - o 24/7 maintenance.
  - o Add an elevator in the building.
  - o Add private mailboxes for residents.
  - o Air conditioning available earlier in the year.
  - o Bathroom remodel with single shower stalls.
  - o Bigger rooms/apartments.
  - o Improve energy efficiency (i.e., electric vehicle charging station in parking lots, solar panels, wind energy).
  - o Improve internet connectivity/WiFi coverage.
  - o Improve plumping.
  - o Improve temperature control in building and rooms.
  - o Improve the resident lounge.
  - o Increase spraying for pest control.
  - o Kitchenette in room/access to more cooking equipment (i.e., stove, oven).
  - o Laundry room in building.
  - o Private bathroom in every room.
  - o Repaint rooms and hallways.
  - o Update windows.
  - o Upgrade HVAC and electrical.

- Socialization, including:
  - o Allow visitors.
  - o Bring back newsletters and tenant meetings.
  - o More social events or field trips for residents.
- Resources and responses, including:
  - o Better handling of residents who smoke in rooms.
  - o Better pandemic preparedness.
  - o More thorough screening to filter out residents that cannot live in a communal setting.
  - o Resources, referrals, and/or systems in place to assist residents with mental health, substance use, or other issues.

## RESIDENT INTERVIEWS AND FOCUS GROUPS

Ten unique residents provided input in interviews and focus groups. Nine residents participated in one-on-one interviews, six were from Irving Park and three were from Lake View, and five residents participated in focus groups, two from Irving Park and three from Lake View. Four residents participated in both interviews and focus groups. Residents were asked questions about their experiences living in Y housing as well as questions about their personal housing histories, barriers and goals to finding housing, and overall well-being.

## UNDERSTANDING CURRENT RESIDENTS

**Resident Housing History.** The nine residents that were interviewed have lived in Y housing for a variety of time, ranging from three months to over 12 years. Focus group residents had lived at the Y from three months to five years. Focus-grouped and interviewed residents primarily indicated choosing to live in Y housing due to the low cost of living; however, they provided many supplemental reasons for choosing to move into the Y housing, including:

- Being priced out of their previous apartment.
- Losing their income or employment.
- Accessing fitness facilities.
- Being unable to find housing for men anywhere else.
- Transitioning out of a hospital or behavioral health program.
- Being familiar with either the Irving Park or Lake View neighborhoods.

Before living in Y housing, focus-grouped and interviewed residents indicated that they lived with family, rented an apartment with roommates or on their own, lived in other SRO buildings, stayed at a shelter, or were in a behavioral health program.

Residents indicated that they had faced some obstacles in finding housing in the past, including losing their job, getting sick or becoming disabled, not having an income that is three times the rent, or having past evictions.

**Experiences of Homelessness.** Three of the nine residents that were interviewed had experienced literal homelessness in the past. Another resident was going to be homeless before moving into the Y and another was doubled-up for a year, staying with an acquaintance before moving to the Y. The three residents that reported experiencing literal homelessness had varying lengths of homelessness. One resident was homeless on two separate occasions; the first time for six years and the second time for five years. Another resident experienced homelessness for

two months, staying in hotels or with family. The third was homeless on and off for a year before joining a behavioral health program.

**Income.** Four residents indicated that their primary source of income was SSI or SSDI, three indicated employment, one indicated a pension, and another indicated they make some money from sporadic employment as well as getting occasional money from friends and their pastor.

**Current Employment.** The three employed residents held jobs as a security guard, and ramp agent at the airport, and the last held two separate cleaning jobs. The security guard was working there for three months, the ramp agent was in the airline industry for 28 years, and the last employed resident worked at one job for 13 years and just started the other. All three residents were satisfied with their jobs, indicating that they were simple, but sometimes hard on their bodies.

**Past Employment.** Residents mainly held retail, trade, or manual labor jobs in the past, including in restaurants, factories, furniture stores, painting, plastering, electrical, and computer programming. One resident with a chronic health condition had no previous job experience.

**Educational Attainment.** Residents who were interviewed ranged in education levels from not finishing high school to bachelor's degrees. Three residents held bachelor's degrees in mathematics, communications, or aviation administration. Two had associate's degrees in liberal arts or business management. Three took some classes in college but did not obtain a degree. One resident did not finish high school.

**Social Support.** All but one resident that was interviewed had family in the area; however, only about half were in close contact with them. Some had very good relationships with the family members that were nearby, including talking daily to weekly and some visiting their family members weekly for meals or socializing. A few received support from the family members, such as lending some money, a listening ear, or providing a place to cook and/or eat home-cooked meals. None of the residents that were interviewed had a partner or significant other at the time of the interview. Two had been previously married, one now a widow and the other divorced. Four interviewed residents had children.

**Physical Health.** Interviewed residents reported a wide range of medical concerns, including arthritis, diabetes, asthma, high blood pressure, eye problems, kidney disease, edema, poor vision, and back and neck pain. All residents reported having insurance, with the majority having Medicaid or Medicare and others had insurance through their employer or the insurance marketplace. Most residents did not face many challenges when it came to healthcare. They felt that they were able to access what they needed. However, two residents indicated their biggest healthcare challenge was being overweight. Other concerns included having the energy to make it to the doctor or being able to access their needed medications.

**Behavioral Health.** Residents indicated having a variety of mental health or SUD problems, including suicidality, child abuse, trauma, depression, schizophrenia, anxiety, previous alcoholism, and anger issues. However, a few residents stated they did not have any behavioral health concerns. Some were or had previously received supportive services such as rehabilitation, mental health programs, or seeing a therapist. Others received support through other methods such as music, their faith, talking to a supportive person in their life, or learning coping skills on their own. A few were interested in receiving support in the future, such as access to counseling or seeing a therapist.



## RESIDENT HOUSING GOALS

Seven of the nine residents interviewed and three of the five focus group residents indicated that they did not plan on living at the Y long-term. Three of the residents planned on moving back to Lawson House when the renovations were complete due to it having larger units, private bathrooms, kitchenettes, and allowing visitors. Others were not interested in living in the Y long-term because they wanted housing with more amenities such as a kitchen and private bathroom. One resident was on a waiting list for housing through the Chicago Housing Authority and was at the Y temporarily while waiting for a housing unit to open up for him. Two residents indicated an interest in moving into senior housing once they became eligible.

Only one resident said they planned on living at the Y long-term. Another resident said it depended on how Y housing was managed; indicating that he liked the direction of the current management. Two other focus group residents were also undecided, indicating that it depended on if they can make more money to afford different housing or find a place to live with roommates or significant others.

The most common theme that emerged from interviewed residents' housing goals was wanting a greater sense of independence. Many wanted their own market-rate apartment with a kitchen and other amenities that provide them with a greater sense of freedom, agency, and control over their lives. One resident even shared that they would like to start in an apartment and then eventually own a home. However, two residents indicated that they were comfortable in an SRO setting, stating that they found it helpful not to have to clean the common areas (i.e., bathrooms) or that they felt a smaller unit was what they were comfortable handling. One resident also shared that he felt that residents should be limited to living in Y housing for 18-24 months as motivation for residents to improve their living. He added that there should be support for residents as they plan to move out, such as financing, budgeting, and internet use.

**Needed Supports for Finding Housing.** Residents were asked what they wanted or needed to move into a traditional rental unit. Some residents indicated being limited in their housing options by having a fixed income on SSI/SSDI. Others indicated that they would need a higher-paying job to afford a market-rate apartment. One resident indicated they had a social worker through another program that provided beneficial services to them, such as accessing food stamps, lifeline benefits, and government-assisted internet services. Another resident expressed interest in being on the caseload of a social worker because they felt there was a lot they did not know and a social worker could help point them in the right direction of needed assistance. Additional services or supports that residents mentioned wanting or needing to move into a traditional rental unit included:

- Obtaining furniture.
- Benefits assistance.
- Utility assistance (e.g., internet access, heat, water).
- Employment assistance (i.e., support finding a higher-paying job).
- Navigating the Coordinated Entry System.
- Finding a roommate to split costs with.
- Locating property owners that are willing to rent to non-traditional renters (i.e., people with past evictions, limited rental history, or with limited income).
- Finding a place close to transportation and essential services.

## RESIDENT EXPERIENCE WITH Y HOUSING

Residents provided mixed responses as to whether they would recommend the Y as a place to live to a friend. Many said yes, but with the caveat that they would if it were the only option or the last resort. A few said yes with no caveats, including one who had recommended it to a friend that was now a resident. One resident said they would not recommend it unless they were choosing between living on the streets or at the Y.

**Strengths.** Residents were asked what they like best about living in Y housing and responses included:

- Independence and freedom.
- Affordability.
- Access to fitness facilities.
- Location and safety of the neighborhood.
- Accessibility to services and transportation.
- Security guard on premises.

**Challenges.** Residents shared that they faced challenges living in Y housing, such as people smoking in their rooms, maintenance work not getting done or maintenance staff being unavailable during non-business times, and fearing residents that are mentally unstable. Residents shared that smoke from other residents in the building was consequential to their health, especially for residents with asthma or other respiratory concerns. A major concern that emerged in focus groups was unsanitary conditions in the bathrooms and communal areas as well as concerns with bed bugs. A resident in the focus group at Irving Park stated that it was challenging for him to continuously have to go up and down the stairs without access to an elevator in the building. Additionally, Irving Park residents shared in their focus group that it is much louder in the units that are on the side of the busy street than in the units that are at the back of the building. Residents in both focus groups expressed frustration over the delivery of packages and mail. At Lake View, some residents had packages stolen in the past, and one suggested expanding the available time for residents to collect their mail. The time the mail was available for pick-up was especially burdensome for residents that worked. At Irving Park, residents felt that none of the front desk staff wanted to deal with the mail, which caused residents to feel like a burden when asking for their mail or packages.

**Recommended Changes.** Residents shared they would change the following about Y housing:

- Increase the room size.
- Add private bathrooms in each room.
- Remove all carpeting and replace it with tiles.
- Add an exhaust fan in the shower.
- Add a kitchenette in each room.
- Add an elevator at Irving Park.
- Create a separate entrance for residents from membership.
- Have maintenance on call for emergencies 24/7.
- Update heating, air conditioning, and electrical.
- Remove residents that are threatening.

**Y Housing Community.** Overall residents felt that the housing community was okay with some isolated incidents of residents causing trouble. For the most part, they felt that residents got along well with each other and were respectful. Two residents felt that some people should not be in Y housing because of SMI or SUD issues that impact their ability to live in a communal living environment without the necessary support. Others reported there were occasional noise issues with loud music or doors slamming. However, the biggest complaints were issues around the shared bathrooms, such as residents not cleaning up after themselves, not feeling comfortable in the shared shower, and unsanitary bathroom conditions.

Most residents that were interviewed indicated that they largely stick to themselves and do not interact much with other residents. Two residents stated that they have a few friends or acquaintances that were also residents. Two residents spent time in communal areas such as the resident lounge or outside. One resident felt supported by other residents and indicated it as a reason for wanting to live at the Y long-term. He felt emotionally supported and stated that sometimes residents help each other with food or other necessities. However, most residents reported some concerns with other residents, such as feeling unsafe around residents who are mentally unstable. Others expressed concerns about people smoking in their units, playing music too loudly, or sneaking people into their rooms.

**Events and Groups.** Only two residents indicated ever having attended an event or group hosted by Y housing staff. They each indicated they had attended holiday parties hosted by the Y in the past. Residents reported that they would be interested in services or groups related to:

- Employment, such as job training or job searches/referrals.
- Cooking, such as how to make dishes in the microwave.
- Outings or cultural events, like sports games, arts, or plays.
- Internet classes.
- Housing assistance.
- A newsletter about what is going on for free in Chicago.

**Space.** Residents reported that the space available to them was small. Their rooms felt cramped and ideally, they would like to have more space. One resident said the room said it felt like cages in jail and another said they tried not to spend too much time in their room because of the size. Others indicated there was not enough storage space and needed to store their belongings at relatives' houses.

**Temperature.** A few residents complained about the heat, stating that it would get too hot in the winter in rooms with pipes that were not insulated and others said that the heat was not high enough in the winter.

**Furniture.** Many residents indicated that they can make do with the furniture in their units; however, it was often in poor condition, old, or uncomfortable. Some residents reported bringing their own furniture in, such as their own chairs, microwaves, and mini-fridges because they did not like those that were offered to them. One resident shared that they were offered a new desk, chair, and dresser, but he denied them because they were a lot smaller than the old ones he already had. Some residents stated they would like to have an additional piece of furniture to prepare meals, such as a small island or table.

**Bathrooms.** As previously mentioned, the shared bathrooms were a major concern for residents. Two residents that were interviewed had rooms with a private bathroom and they greatly preferred that. Those that used the shared bathroom reported that the janitor did his best to keep up on cleaning the bathrooms, but that most residents do not clean up after themselves. Others shared that the bathrooms needed remodeling, sharing that not only are they outdated, but many also have broken sinks and toilets that back up. A few shared that there is mold in the bathrooms that has not been cleaned.

**Ability to Cook.** Residents indicated that it is difficult to cook healthy in their rooms with just a microwave, mini-fridge, and no running water. Many felt that extra amenities would be preferred with some indicating they would like to live in a place with a full kitchen.

**Cleanliness.** Overall, residents felt that the janitor did a good job of keeping the common areas clean given the resources available to him. However, there were areas outside of the janitor's control that caused some areas to not be perceived as clean. Some residents complained of the smell in the hallways due to the carpet that lined the floors never having been replaced and trapping the smells of residents. Others complained that some residents urinated in their rooms in bottles or trash cans which caused the hallways to smell of urine.

**Freedom and Rules.** All residents that were interviewed felt that they had a good level of freedom at the Y. They stated that they felt they could come and go as they pleased. A few residents wished they could have visitors. Two residents liked all of the Y housing rules but wished they were better enforced.

**Neighborhood.** Residents were fond of both the Irving Park and Lake View neighborhoods. They stated that the neighborhoods were walkable, safe, familiar, and had friendly neighbors. Residents reported that conveniences and public transportation were accessible to them in their neighborhoods. One resident wished there were fast food places nearby and another felt there were some problems with violence and shootings during the warmer months.

**Use of Y Facilities.** Many residents reported appreciation for having access to the gym, pool, and workout facilities at the Y. One resident even expressed that they would recommend the Y as a place to live because of the included gym membership. However, some residents did not use the facilities. Although some intended to use the gym, others did not because they felt unsafe using the facilities because of particular residents that often used the gym, and one resident said that some residents do not use the workout facilities because the staff treats the residents like second-class citizens.

**Relationships with Y Housing Staff.** All interviewed residents indicated having positive relationships with the current Y housing staff. They shared that the housing managers were helpful and good at communicating with residents. Residents also shared that Y housing staff was available when they needed it. Many residents indicated that they either didn't know who the case managers were or had very limited interactions with them; with one resident stating that they were told that the case manager was not a Y employee. None of the interviewed residents were receiving case management services. One resident that was interviewed received case management services from another provider. However, no residents reported any negative interactions with case managers. The only negative interaction that was reported by residents was about a Y housing staff member that is no longer employed with the Y. The residents reported that this staff member was confrontational, stand-offish, and not helpful.

A couple of residents reported that Y housing staff helped them sign up for rental assistance. One resident reported receiving referrals from Y housing staff for food pantries, jobs, and drug and alcohol counseling. Otherwise, other residents reported only interacting with Y housing staff for typical rental needs, like paying rent or maintenance requests. Another said they have seen referrals for events through flyers posted on the wall by housing staff, but that they had not personally attended the events. Residents that received support from or interacted with Y housing staff found it helpful and were appreciative that staff followed through on requests.

Focus-grouped residents were asked about ways that housing staff can improve living at the Y. One resident in a focus group stated that they have not interacted with housing staff, but would like to receive assistance in finding a better-paying job. Other residents shared that the screening process for residents should be more rigorous to weed out residents that cannot live communally, adding that they felt the Y was only concerned with collecting rental income rather than the health and safety of their residents. Other residents shared that they would prefer for there to be staff and/or security available during non-business hours and on weekends.

**Relationships with Other Y Staff.** Most residents that were interviewed said they did not interact much with Y staff outside of the housing staff (i.e., front desk staff, membership staff). When they did, it was usually brief interactions and generally friendly. However, some residents felt there was stigma from Y staff on the membership side towards residents and they would try to avoid interacting with staff members except to get their mail.

## STAFF INTERVIEWS

Interviews with Y housing staff members were conducted to learn more about staff and their perspectives on Y housing and residents.

### UNDERSTANDING CURRENT STAFF

Five staff were interviewed as a part of the community assessment process. Staff interviewed held the following roles: one housing manager, two case managers, one housing operations director, and one chief community development and equity officer overseeing housing. The Y is in the process of hiring a housing director and since the interviews with the staff has hired a second housing manager.

The housing manager reported being involved in collecting rent, addressing resident concerns, interviewing potential residents, accepting or denying prospective residents, managing and enrolling CLIHTF residents, conducting room inspections, and doing pest control walks. The duties of the case managers included assessing prospective residents, recommending acceptance or denial of prospective residents, providing resources to residents, assisting in resident skill development, and hosting groups and events. The housing operations director reported being involved in payroll management, reporting, managing contracts, facilitating communication between housing managers and maintenance staff, handling concerns from housing managers, and supporting case managers. The housing-related duties of the chief community development and equity officer were to oversee the housing portfolio, including reporting housing information to the board, securing funding, and sitting on committees related to housing. Their role involves less of the day-to-day and more of the overall management of housing. Those that are involved in the day-to-day operations of housing (i.e. case managers, housing managers, and housing operations director) report to the chief community development and equity officer.

## PERCEPTIONS OF RESIDENTS

**Resident Engagement.** Y housing staff shared that they engage with residents in various ways including collecting payments, helping with rental assistance applications, approving payment plans, inspections, evictions, having an open door policy to answer resident questions, mitigating incidents, connecting residents with needed resources, and hosting activities or events for residents. Staff built relationships with residents by building rapport, treating them with respect, offering support, spending time with residents, and being consistent. Case managers shared that they build relationships with residents on their caseload by advocating for the needs of residents and treating all residents fairly.

However, staff shared some challenges they face when building relationships with residents, including that some residents want to be left alone and that staff has to respect that. One staff member shared that it is difficult to have private one-on-one conversations with residents due to the proximity of their offices to other staff. They added that they often took meetings with residents elsewhere or had music playing to protect the confidentiality of the residents.

Staff indicated that many residents find out about the opportunity to live in Y housing through word of mouth and the occasional referral through 3-1-1 or from other suburban Y housing facilities, All Chicago, or The Department of Family and Support Services (DFSS). One staff felt the waitlist and all available units being filled indicated that the Y was doing well at making it known that housing is offered in the Y's portfolio, while others felt that rooms were waiting to be filled and that the Y could do a better job of advertising that it provides housing.

**Resident Description.** Staff shared that the Y houses a wide range of residents, including refugees from various places across the world, people with disabilities, people who choose to live here and want to stay long-term, and people who are staying to save money for other housing options. One staff member shared that they felt all residents were like a big, happy family. Other staff added that Lake View had an older population of residents in comparison to residents at Irving Park. Residents are believed to be more likely to age out at Irving Park because there is not an elevator in that building. Staff felt that the older population of residents was likely not the best fit for living in Y housing because there are not a lot of resources available for this population. Additionally, this population of residents was more likely to be on a fixed income. However, they felt that this population of residents was comfortable living at the Y sharing that many of them had been there for decades. Staff also felt that residents faced many challenges, including:

- Struggles with addiction and recovery.
- Isolation and lack of social support systems.
- Lack of safety nets.
- Lack of self-care.
- Difficulties with the upkeep of room cleanliness.
- Little to no financial literacy nor budgeting skills.
- Low income.

**Resident Strengths.** Overall, staff felt that residents in Y housing were a very diverse population. The diversity helped to bring a different dynamic to the Y than what is typically seen on the membership side and helped the Y to better fulfill its mission. One staff estimated that most residents were employed, while around another quarter of residents were on a fixed income (i.e., SSI/SSDI). Staff shared that there were residents that held many different jobs, including doctors and lawyers. One staff member shared that a strength that most residents share is being



content with minimalist living. Another staff member felt that residents were independent, good communicators, self-sufficient, and able to interact well with diverse populations. Additionally, residents that have been at the Y for some time are generally good at managing their money. To leverage residents' self-sufficiency, it was suggested that the Y add more amenities to give residents more opportunities to be self-sufficient.

**Resident Needs.** Staff felt that residents had different needs depending on their circumstances. Some common needs of residents that emerged in interviews with staff included:

- Budgeting education.
- Access to food.
- Rental assistance.
- Social and emotional support.
- Employment assistance.
- Internet literacy.
- Physical health, mental health, and SUD treatment.
- Development of social, life, and interpersonal skills.

One staff member was particularly concerned about older residents that have passed away while living at the Y. They felt this population of residents needed to live in an assisted living facility and found it challenging to convince these residents to move.

**Staff View on Residents' Perceptions of Needs.** A few staff indicated that some residents were very forthcoming about their needs while others were in denial. One staff member went on to add that residents may be in denial due to feeling ashamed of their needs. A few staff members felt that residents' needs were largely a result of a lack of income and/or low self-esteem. Some staff indicated that residents felt that the Y was not willing or able to meet their needs due to their past experiences of no follow-through or commitments by Y leadership. Additionally, one staff member shared that Y housing residents face a stigma of living in affordable housing as single men; adding that depression is very high for men that are single and low-income. Another staff member felt that residents have learned how to manage and function in the circumstances they are dealing with and that many of them are grateful to just have a roof over their heads. Additionally, they felt that residents may be aware of their mental or physical health concerns, but they may not be able to access the necessary resources to address them.

**Y Resident Needs in Comparison to Other Resident Needs.** Staff shared that the needs of Y housing residents were likely different from the needs of housing residents at other agencies. One staff member felt that the Y does not typically have residents that are in the highest need or highest risk categories because of the Y's stricter background check policy. One staff member shared that residents at the Y may be more likely to have hidden issues, such as mental health and SUDs, that they do not disclose because they want to remain living independently.

**Current Resources Available to Meet Needs.** The greatest currently available resource identified by staff to meet residents' needs was the ability to provide them with a unit to live in. Other resources and services that were already available to staff to meet resident needs included relationships with local food pantries as well as support with rental assistance applications, budgeting, and resume writing. However, staff indicated that they face barriers in meeting resident needs due to not having all the needed resources and staff bandwidth as well as challenges with some residents refusing assistance. One staff member believed proactive outreach to residents was not optimal and that residents should reach out to case managers if they need assistance.



**Future Resources to Meet Needs.** Staff hoped to see residents' needs addressed through training staff on available community resources, better advertisement to residents of the availability of case management services, increased partnerships and communication with outside agencies, increased funding to support residents in paying rent and accessing necessities, and incentives to motivate residents to participate in events and services. Another staff member shared that they felt a lot of the residents' concerns would be fixed if maintenance got addressed. They went on to say that if the Y invested in housing (i.e., building electrical, plumbing, cosmetic, and room updates), it would prove to residents that the Y values them and in turn may increase residents' self-esteem and value in themselves. Additionally, another staff member shared that they hoped in the future, Y housing could support a 24-hour model with staff available around the clock as the current model only offers residents access to staff during normal business hours.

**Supporting Residents Transitioning Out of the Y.** Housing staff were asked about their thoughts on encouraging and supporting residents who are interested in moving out of Y housing and into more permanent housing, such as a traditional rental unit. Some staff felt that this was currently happening for a few residents. Additionally, a few staff thought that some of the older residents were waiting until they hit the age that makes them eligible for senior housing. One staff member shared that they started a partnership with senior housing agencies in hopes of helping older residents move out into more appropriate housing. Another staff member shared that they always encourage residents from the time they move into the Y to take small steps to move out into more permanent housing, especially older residents moving into senior housing when they become eligible.

The housing staff felt that a system to move residents into more permanent housing was needed, but some felt that the problem was systemic, making it feel like there was not much that could be done. Staff believed that it would be helpful to have a list of housing resources that they can refer residents to. A few staff also felt that some residents complained about wanting to move out of the Y, but lacked the motivation to take action to move. Furthermore, some residents may owe the Y a lot in back rent and may feel stuck living at the Y. Some staff also believed that many of the residents were comfortable at the Y and wanted to stay living there long-term. One staff member felt a structure needed to be implemented that allowed housing staff to gauge if residents were ready to move out and sustain housing successfully. Additionally, they shared that there are different levels of what housing staff can provide in terms of supporting residents' transition out of Y housing, including assisting in the transition to senior living, studio, or one-bedroom apartments as well as support in securing a spot on a waitlist for PSH. This staff member believed that to gauge residents' readiness to move out of Y housing, the intake forms and tracking metrics need to be improved to allow for every resident to be initially assessed and checked on at regular intervals.

**Case Management.** Staff indicated that residents are assigned to a caseload in a few ways. The first way is during intake, residents are asked if they are interested in services. Then the case manager reaches out to them to see if they would like to participate in case management services. The second way is if a resident is facing challenges, housing managers may suggest that the resident reach out to the case manager or inform the case manager to reach out to the resident. Some staff felt that residents should be asked more frequently if they would like to receive case management services. One staff member suggested at each lease renewal (which happens annually) checking in with residents to see if they would be interested in any services. Another staff member believed that every resident should have at least the ability to touch base with a case manager, even if they are not on the official caseload.

Once a resident is on a case manager's caseload, it was shared that residents have non-mandatory meetings scheduled with their case manager at varying intervals depending on the resident's needs at that time. However, case managers indicated that most of their interactions with residents happen when a resident stops by their office to discuss a concern.

**Case Management Skills.** Case managers shared that it is important for them to focus services based on what the resident defines as their own needs. They shared that listening is the most important skill in case management and it helped to create a more effective service plan for residents. Case managers also indicated that following through or checking back in with residents was an important part of case management.

**Case Management Challenges.** Case managers identified challenges they face in offering residents services, including difficulties in:

- Finding and securing better housing for residents.
- Assisting residents in finding employment.
- Helping residents through a record expungement process.
- Creating budgets and improving credit scores.

One case manager was hesitant to offer assistance to residents that did not explicitly ask for it because of issues in the past of being accused of harassment. This has led to case managers only working with residents that are assigned to their caseload and through working with these residents they try to advocate for the best interest of all residents. However, they feel it is better to only offer services to residents that specifically request assistance.

**Current Services Offered.** Staff shared that the following services were offered in some capacity to residents:

- Benefit assistance.
- Referrals to food service providers.
- Legal aid information.
- Social events and outings.
- Employment and education services (i.e., job referrals, job search, resume review, sending documents).
- Minimal budgeting.

A few staff felt that not enough services were offered to residents and that the services that were offered were not well-organized, communicated, or consistent.

## PERCEPTIONS OF Y HOUSING

**Staff Relationships.** Some housing staff felt that relationships between housing staff members could use improvement in understanding each others' roles and being more willing to help others out. Case managers felt that sometimes housing managers do not grasp that case managers are advocates for the residents, especially when it comes to the eviction process. Others felt that relationships between housing staff were respectful and helpful.

Housing staff agreed there was tension between Y housing staff and other non-housing staff at the Y. Housing staff shared that membership staff made it clear that they want nothing to do with housing or residents. One housing staff member shared that many staff members outside of housing do not understand the goal of Y housing, the residents who are served, or why housing is part of the Y's portfolio. Housing staff wished that other staff at the Y had at least a working knowledge of Y housing, believing that this may alleviate some of the tension between staff.

**Staff Training and Support.** A few staff felt that they received little to no training or support in their roles. One staff member felt that many staff at the Y, and in particular some housing staff, were doing the work of two people, therefore making them feel unsupported by leadership and wishing they did not have that much responsibility. One staff member shared that they felt it was impossible to have adequate training for the number and diversity of residents they serve because they will never be able to know everything to meet resident needs. Some staff also felt there was a lack of guidance from leadership in areas related to who the Y serves, what is in each of their job descriptions, and what the rules related to resident interactions were.

A few staff members appreciated the general training the Y offered to all employees, but would like to see the Y incorporate housing-specific training. It was also recommended that all staff in a building with housing should receive training on mental health first aid and de-escalation techniques. Staff felt they needed training related to mental health, interpersonal skills development, and homelessness prevention. One staff member shared that it is important to have the right staff working directly with residents. They felt that these roles are difficult, especially in the current state of Y housing, and housing staff must be passionate about helping residents, able to build relationships with a diversity of residents, and compassionate throughout all interactions with residents. They wanted to see Y housing staff be transformational rather than transactional, and thought additional training was needed.

**Physical Housing Environment.** Staff felt that the buildings were old and in need of many repairs. Staff were also aware that the rooms are small, but one staff member felt this was expected for SRO housing facilities. Additionally, staff indicated that there were not enough common spaces available to residents, especially at Irving Park (e.g., laundry room, dishwashing sink, ice machine). Staff also wanted there to be more space available for services to be brought in to residents. One staff member recognized that the rooms are small and many are without private bathrooms or kitchens, but felt that until the new direction of Y housing is determined, there was not much that could be done. Additionally, they felt that education with residents on the appropriate use of facilities, garbage disposal, and other common complaints could lead to improvements in the physical housing environment.

**Housing Locations.** Staff shared that the Y housing facilities were in locations that were close to public transportation, making them very accessible. Residents were within walking distance of grocery stores and restaurants at both locations.

**Number of Residents Served.** A few staff members felt that the current number of residents they served was already difficult to manage given the limited number of staff and space available. They believed that if there were more staff and more space available to meet with residents or host groups, the Y may be able to serve more residents in housing and in case management. Another staff member felt that the Y had the ability to serve more residents as there were many units that were offline and in need of renovation. Additionally, they stated that the housing need in Chicago and Cook County was evident. They recognized there are capacity limits in the Y's ability to serve all people facing housing insecurity in Chicago and Cook County. However, they believed if the Y improved its service to residents, residents would be moving out into permanent housing, opening up units for other people facing housing insecurity.

**Y Housing Challenges.** Staff indicated that the greatest challenges they have faced in Y housing include:

- Unorganized file and tracking systems.
- Lack of communication between staff.
- No training or approaches to support residents with behavioral health problems.

- Collaboration between case managers and housing managers.
- Inconsistent rental costs and fees (i.e., late, parking, and fridge and microwave rental fees).
- Difficulty in communicating the goal of housing to outside stakeholders.
- Finding appropriate housing for residents that have needs that the Y cannot address.
- Fairly handling resident complaints about other residents.
- Minimal funding for housing development (e.g., renovations and building maintenance).
- Understaffing.
- Lack of security.

However, staff shared that some of these challenges have improved. Staff indicated that communication between colleagues as well as security concerns have improved through the implementation of bi-weekly or weekly meetings. Additionally, rent payment and room type cost consistency has improved. Unfortunately, at the time of the interviews, staff were still facing bandwidth issues as they continue to look for a housing director, and renovation and maintenance needs continue to be a concern.

**Y Housing Successes.** Y housing staff reported various successes they witnessed during their time on the Y housing team, including:

- Standardization of housing administrative information.
- Supporting residents in meeting their goals (e.g., moving to more appropriate or permanent housing, connecting to needed resources).
- Seeing residents progress and improve their lives.
- Increases in collaboration between housing and other departments at the Y, leading to an increase in support from Y leadership.
- Renovation of units.
- Moving in new residents.

**Sustainability.** Some staff believed that Y housing is sustainable, but felt that the Y was not fully aware of the true cost to run a housing facility. Staff shared that maintenance has continuously been deferred, which may impact the sustainability of Y housing in the long term. One staff member shared that it is critical that the Y determine a sustainable way to update the units to be more modern and allow for every unit to have air conditioners, microwaves, and mini-refrigerators. They shared that, “if we are really trying to house residents and improve their quality of life, we need to be able to provide these services, such as cooling, heating, keeping fresh produce, and cooking healthy meals.” However, they believed that overall Y housing was sustainable because the need and demand for housing exist. They recognized though that without the right housing model, Y housing may not be sustainable. They believed that to be sustainable, the Y needs to house residents that cannot pay market rate rent. Additionally, to be sustainable, Y housing needs a model that can secure partners and funding.

**Current Y Housing Goals.** Housing staff were asked to describe the goal of Y housing in their own words. One staff member saw the goal as two-fold; supporting residents that want to continue living at the Y and assisting other residents in transitioning out of Y housing. One housing staff member shared,

The definition of SRO housing has always been TH, but we are seeing that not many people that come into the Y are not transitioning.

This staff member felt the Y needed to do better assisting residents that want to move out, but that the Y was a decent place to live that is safe, clean, and comfortable for residents.

They went on to add that the current goal of Y housing is to promote safe, decent, and sanitary living for those in need, while the vision is to provide the services that residents need to prosper in life and to improve their quality of life. They said that the Y should be a pit stop and residents should be able to walk away and have a testimony that the Y was able to provide them a stepping stone to progress in their lives. They believed that the Y was meeting the current goal in terms of meeting the city requirements for operating a housing unit, but that Y housing was not providing much more than that. They believed there was a lot more that can be done to better achieve the goal.

**Future of Y Housing.** Housing staff were also asked what they want Y housing to be if they had unlimited resources. Many staff focused on cosmetic or maintenance needs, including:

- Electrical updates.
- Upgrading or adding elevators.
- Replacing carpeting with tiles.
- Plumbing and bathroom improvements.
- Separate resident entrances from membership.
- Larger rooms with private bathrooms and kitchenettes.

One staff member said that updating the building could be the first step to helping residents live in dignity. They said that might show residents that they should also start investing in themselves again. Another shared that it would go a long way if the Y remodeled all units while residents were living there rather than waiting for people to move out. Other areas mentioned included better security, more training for staff, increased resource partnerships for residents, and more staff to serve residents. One staff member envisioned a future of Y housing where housing spaces were consistent with membership spaces with breathable air, clean facilities, and regular updates and maintenance. They envisioned that residents would feel they belonged in the Y community and that they would feel stable and supported.

## STAKEHOLDER MEETINGS

### FIRST STAKEHOLDER MEETING

During the first stakeholder meeting, we (Research and Evaluation team) introduced the community assessment to Y housing staff. Before starting conversations about Y housing, staff were asked to share positive and negative attributes of their own homes. The group discussed the importance of a safe neighborhood, peace and quiet, as well as supportive neighbors, affordability, adequate indoor space, green space outdoors, and proximity to recreational activities and work. Staff also shared what they did not want in a home, such as bugs, odors, mold, and crime.

### SECOND STAKEHOLDER MEETING

At the second meeting, we facilitated a logic modeling exercise with stakeholders. One resident representative from Irving Park Y as well as housing staff who participated in the first stakeholder meeting attended. Stakeholders discussed the overall goal of Y housing and the activities and resources that were needed to meet the goal. Stakeholders discussed who the Y should house in the Lake View and Irving Park SRO buildings. Stakeholders came to a consensus that there should be some level of need as a criterion for being housed in a Y SRO facility. However, the method for determining need was tabled for discussion at future meetings. A draft logic model was generated with the population identified as "individuals experiencing housing insecurity and other crises." This draft was circulated with the stakeholders for feedback and discussed during subsequent meetings.

## THIRD STAKEHOLDER MEETING

During the third meeting with stakeholders, an additional two stakeholders joined the group; two resident representatives from the Lake View Y. Resident survey, interview, and focus group findings were presented. Stakeholders were asked to interpret the findings and provide recommendations. The following recommendations were generated:

- Facilities improvements, including:
  - o Upgrade electrical.
  - o Add rails and seating in showers for individuals with mobility issues.
  - o Add food prep space and appliances (a system for maintaining common space would be needed).
  - o Take advantage of tax benefits for upgrades (including energy efficiency upgrades).
- Services, including
  - o Develop strategies to build trust between residents and staff.
  - o Refer residents who cannot pay rent/full rent to case managers.
  - o Connect residents to credit repair education/services to help with transition to traditional rental housing.
- Communication, including
  - o Install/repair public announcement system.
  - o Bring back the resident newsletter.
  - o Improve communication about case management services.
  - o Ensure residents know how to report issues/who they can ask for help.
  - o Inform residents about the upgrades being made and the ones the Y wants to make.

In follow-up to the previous stakeholder meeting, the group also discussed the overall goal of Y housing as defined in the logic model draft, this time with a specific focus on the population that would be housed. Stakeholders did not have concerns about the target population identified – individuals experiencing housing insecurity and other crises. The question was then asked, “What if someone experiencing housing insecurity needs substance abuse, mental health, or daily living support?” The group discussed Y Housing’s identity as an independent living facility as well as the idea that people who need substance abuse, mental health, or daily living support also need a roof over their heads, although challenges come along with providing substance abuse, mental health, or daily living support. The concept of housing first was also discussed, however, no final decisions were made regarding the target population. Stakeholders were asked to review and provide feedback on the logic model draft.

## ADDITIONAL STAKEHOLDER MEETINGS

Additional stakeholder meetings will be conducted after the drafting of this report. During these meetings, findings from staff and housing organization interviews as well as the literature review will be presented. Further feedback on the logic model and recommendations for the next steps will be collected. Summaries for these meetings will be kept [here](#).

## HOUSING ORGANIZATION INTERVIEWS

Interviews with other housing organizations in Chicago were conducted to gain a better understanding of the housing landscape in Chicago and to learn from others who are serving housing-insecure populations.



## UNDERSTANDING HOUSING ORGANIZATIONS IN CHICAGO

The following six housing organizations serving Chicago communities participated in interviews as a part of the Community Assessment process:

- Above and Beyond.
- Alexian Brother Bonaventure House.
- AIDS Foundation Chicago (AFC) Center for Housing and Healthcare.
- Heartland Housing.
- La Casa Norte.
- Sarah's Circle.

For information about each of the interviewed housing organizations, please see Appendix A.

All of the organizations interviewed utilized a housing-first approach. Housing-first organizations lead their programs with the belief that shelter is an essential first step in addressing any other concerns an individual may have. For instance, one organization shared that it is easier for an individual in active addiction to begin substance use recovery when they are first housed. Although there may still be issues in maintaining housing, it is still important to be housed in order to have the capacity to deal with other issues.

**Housing Models.** The interviewed housing organizations implemented various housing models, including PSH, flexible housing pool, RRH, recovery homes, and TH.

**Permanent Supportive Housing.** Alexian Brother Bonaventure House, La Casa Norte, and Sarah's Circle offered PSH. The Bonaventure House had a location with 23 units in which they housed people that received referrals from HMIS. This organization also had multiple scattered-site PSH programs with eight case managers serving 15-20 individuals or families each across scattered-site housing locations. Sarah's Circle shared that they have four different PSH programs with case management services.

**Flexible Housing Pool.** The Center for Housing and Healthcare used a flexible housing pool (FHP) that offered supportive services and scattered site housing to reduce the use of emergency rooms, jails, and social services. The difference between PSH and FHP was the way it was funded, as the largest financial contributor to the FHP was hospitals. The vision of the FHP was to, "promote cross-sector involvement in an integrated housing and service delivery strategy that will dramatically increase supportive housing for individuals impacted by homelessness with chronic health needs and a history of justice involvement." The program expanded the definition of chronic homelessness to get more people stably housed and to create new affordable housing units. The FHP worked directly with landlords to promote neighborhood relationships and provide landlords with guaranteed income by filling units with on-time rental payments. The program was modeled on a Los Angeles program that successfully housed 3,000 individuals and saw a reduction in emergency room visits, inpatient stays, and the use of mental health services. The FHP program also offered bridge housing while its clients were waiting to be housed. They partnered with two hotels and two other organizations via master leasing.

**Rapid Rehousing.** Another housing model used by La Casa Norte and Sarah's Circle interviewed was RRH. Above and Beyond shared that they believed that although RRH can reduce the number of people experiencing homelessness quickly, it is not addressing the root causes of homelessness. Rather RRH is a temporary subsidy for housing. They went on to share that there



are many challenges to RRH, including whether the appropriate people are being targeted to receive RRH. They questioned whether there are enough people appropriate for RRH slots available, emphasizing that many people need more time to address barriers. However, they believed that elements of RRH, such as taking the time to allow individuals to address barriers to housing should be incorporated into homeless services programs.

**Recovery Home.** Alexian Brother Bonaventure House ran two recovery homes (42 units) that housed and offered support to people recovering from addiction for two years. While in the program, residents work on remaining abstinent from substance use. After two years in the program, case managers work with clients to find other housing options, including referring clients to Y housing. The recovery program uses a tiered system that participants progress through. They used activity requirements to get people out of the house, such as work, school, volunteering, socializing, or attending events, and by the time their clients reach the exit tier, they spent more time outside of the house and made connections in the community. Some individuals choose not to move up tier levels because they did not feel ready for community living or did not trust their recovery. Additionally, the program had curfews and participants could request to leave overnight for visits. Above and Beyond is an outpatient program that provides case management services to individuals with SUDs and works with their clients to secure housing with other agencies.

**Transitional Housing.** La Casa Norte mentioned that they offer transitional living for male-identified youth aged 18 to 21 who are experiencing chronic homelessness and are referred through the Coordinated Entry System (CES). Their units were dormitory style with eight rooms, a kitchen, and two bathrooms on each floor. The residents were not charged for rent and rather had chores. The program also purchased food to stock the kitchen for the residents. This allowed youth to save money and prepare for self-sufficiency. The program had 10 youth empowerment specialists and a case manager that offered various services to youth to help them become more self-sufficient. The youth could live there for two years or until their 21st birthday, whichever comes first. During their time in the program, the youth were responsible for daily chores and went through various phases to prepare them for moving out. During the first three months in the program, youth are supported in obtaining vital documents, accessing government benefits, gaining employment, and connecting to needed services. In the next three months, youth are expected to have a form of income and staff assists them in creating a monthly budget to put up to 70 percent of their income into a savings account and use the rest on necessities.

**Case Management Services.** Housing organizations were asked about their approaches to case management services. Additionally, they were asked what services they offer, what partners they work with to offer additional services, and any challenges they faced in offering services.

**In-House Services.** Case management services varied by and within organizations. Some organizations offered one-off case management services to individuals without official intakes and provided regular touch-point services for clients on their caseloads. Above and Beyond shared that they meet with housed clients every 90 days and unhoused clients every 30 days.

Case management services included social skill development, life skills training, connection to services, SUD treatment, employment support, educational services, and goal setting. Goal setting was often centered around how to overcome barriers and get connected with housing options. Some organizations that provided either transitional or PSH mentioned that slowly lessening case management services as their clients become more independent was an important part of the process. Other organizations offered unique services to their clients, including spiritual care and occupational therapy to provide holistic care to their clients. One program mentioned that they train all staff in de-escalation, trauma-informed care, harm reduction, and MI.

The FHP program described the housing solution continuum they offer. They had various approaches to supporting the individuals they serve in maintaining their housing. They also had housing navigation services that assist clients in locating housing and provided advocacy services to tenants. Additionally, they had PSH with varying levels of case management support. They also offer short-term emergency financial assistance to prevent eviction.

**Partnerships to Offer Services.** Some organizations partnered with outside agencies for other services that they did not offer, such as legal services, medical care, dental care, mental health care, and optical care. Heartland Housing partnered with outside agencies to provide basic case management. However, many of the organizations mentioned that, when possible, they prefer to provide as many services on-site as possible to alleviate the burden of traveling and scheduling elsewhere for their clients. One organization shared that they were in the process of hiring staff for in-house mental health services.

Many housing organizations indicated that case managers across organizations are not connected. They felt it would be beneficial for housing case managers to connect to share resources and collaborate to serve housing-insecure populations better.

One organization shared that a major resource for them is using the Statewide Referral Network (SRN) which has been more successful in getting their clients housed than going through HUD and CES. They added that many of the housing referrals through the SRN already have subsidies attached to them. Additionally, with the SRN, the case manager is responsible for receiving email updates about their clients on housing waitlists, unlike most waitlists in which the client is responsible for keeping updated information. This can be a challenge for some housing-insecure populations who may not have reliable access to the internet nor have consistent contact information.

**Approaches to Working with Hesitant Clients.** Staff at the organizations that were interviewed shared their approaches to working with clients that may be hesitant to receive services. One organization said that at intake, they make all participants aware that it is a program, not just housing. They made engagement in services a mandatory condition of living there and participants received 30-day notices for non-compliance with services. Their participants were given a handbook at the beginning of the program that outlined the requirements to live there and participate in services. One organization shared that it is especially difficult to encourage residents to move into more appropriate housing that did not have a support system outside of their current housing program. Those residents felt supported by the program they were in and did not want to risk losing that.

**Funding.** The organizations that were interviewed shared that they received funding in a variety of ways, including:

- Public and private donations.
- Grants from:
  - o Health Resources and Service Administration (HRSA).
  - o Department of Housing and Urban Development (HUD) through the Continuum of Care.
  - o Housing Opportunities for People with AIDS (HOPWA).
  - o Illinois Department of Human Services (IDHS), Supportive Housing Program.
  - o Illinois Department of Public Health (IDPH).
  - o Chicago Department of Public Health (CDPH).
  - o Chicago Department of Family and Support Services (DFSS).

- o Chicago Department of Housing (DOH).
- Foundations, such as
  - o Ryan White.
- Hospital partnerships.
- Billing Medicaid/Medicare.

Many organizations discussed how funding was a major influence on determining which housing models they could implement and which populations they could serve. However, others shared that it is important to first decide who you want to serve and how you anticipate serving them, then find funding that aligns with your mission and goals.

## HOUSING CHALLENGES

Housing organizations shared that their biggest challenges included, housing eligibility limitations from HUD and CoC, screening residents to ensure the programs can meet their needs, and an overall lack of affordable housing options.

**Eligibility Limitations.** One organization stated that it is difficult to find housing that can serve their clients due to most funding coming from HUD and Continuum of Care (CoC). Both HUD and CoC have specific requirements for housing eligibility. Securing housing for those that are not defined as chronically homeless was a commonly mentioned challenge by housing organizations. The CES requires that those on the waitlist must be living on the streets or in another place not meant for human habitation or in a shelter. Those on the waitlist may not be living with friends or family, couch surfing, in a recovery home, or any other “more comfortable” setting. They shared that this requirement makes it very difficult to transition people who are in temporary living situations into more permanent and stable housing. Another indicated that there is an enormous need for housing that is funded by places outside of HUD so that other populations can be served.

A staff member at an interviewed housing organization shared that often the special populations that are considered the most vulnerable to homelessness are politically motivated and thus are likely to change over time. This makes it challenging for staff and clients to navigate what information should be included in housing applications to give clients a better chance of securing housing. Another added that policies have changed over time to get more specific to ending homelessness for people with super chronic homelessness and a disability. This led to funding that was linked to this specific population and caused housing organizations to have to limit or redefine who they serve. Additionally, trying to end homelessness and have measurable outcomes has resulted in only serving people who have very chronic homelessness. Many interviewed housing organizations wished that the definition that CES and HUD use for homelessness was expanded to include people who are doubled-up or in other situations that put them at risk for living on the streets.

**Screening Residents.** One organization mentioned that in the past they had challenges with meeting the needs of some of their residents. They did not have the staff nor the resources to appropriately assist some needs, specifically SUDs. Since they have implemented a screening process in which the case manager asks every prospective resident if they have mental health, trauma, or substance use issues to gauge if there are members on the team that can effectively serve them. If not, they share this information with the CES and inform them that they are not equipped to serve that individual. The organization was still able to serve people with histories of trauma, mental health concerns, or SUDs, but they were more thorough in their screening process to understand the severity and level of need for the prospective residents to ensure that their facility was a good fit.

**Structural Housing Limitations.** A structural problem that all organizations faced was that there is not enough affordable housing to serve those in need. Additionally, accessing needed resources for housing-insecure populations was a structural challenge mentioned by interviewed housing organizations. They shared that psychiatric and mental health care was especially difficult for housing-insecure populations to receive, especially for those receiving Medicaid. There were often long waitlists and then once they were in with a provider, there were often long times between appointments, which made it difficult to get medications on time. Additionally, the housing organizations shared that it is challenging to find providers, especially in the medical and mental health fields, that are non-judgemental towards and understanding of housing-insecure populations.

## WHERE DOES THE Y FIT IN?

All housing organizations that were interviewed were asked how the Y might fill gaps in services for housing-insecure populations. Many different approaches were recommended, including having a staff member that is certified in SOAR (SSI/SSDI Outreach, Access, and Recovery), providing digital literacy services, and tutoring for GED courses. Organizations also recommended various housing models that the Y could adopt, such as recovery home reentry housing, housing for people with criminal backgrounds, non-congregate shelter, bridge housing, transitional housing, and a combination of multiple models.

One organization shared that the first step in determining the future direction of Y housing should be to consider who Y housing should serve. Making an intentional decision about who Y housing should serve will lead to determining the housing model, service model, and funding structure.

**Recovery Home Reentry Housing.** One organization shared that people leaving recovery homes have difficulty finding housing because they cannot be on the CES for a waitlist while they are in the recovery home. This sometimes leads to clients deciding to stay in a shelter to maintain their waitlist on the CES rather than receive services at a recovery home. They suggested that the Y could offer the next stepping stone to this population on their path to securing permanent housing.

**Housing for People with Criminal Records.** A few organizations mentioned that people with criminal backgrounds are often the hardest to house, especially because many of these individuals also have co-occurring behavioral health disorders. They thought that the Y could be a good option for people with criminal backgrounds if the Y was willing to expand its eligibility criteria.

**Non-Congregate Shelter.** Another suggestion was transitioning Y housing into non-congregate shelters. The majority of the shelters in the Chicago area are congregated shelters, which is especially challenging during the ongoing COVID-19 pandemic. They suggested that the Y could potentially fill this gap in needed services. Another organization shared that there is a great need for bridge housing for people who are waiting to get into permanent housing.

**Transitional Housing with Increased Case Management.** Others suggested that the Y offer increased case management services available and support for residents to navigate and secure more permanent housing. One organization suggested that there be two-year limits on living in Y housing, with the caveat that residents are receiving thorough case management support to find permanent housing.

One interviewed housing organization stated that there are not many SRO housing facilities left in Chicago and that having a facility with just affordable housing and limited to no services attached may be what is needed. They described this type of model as entry-level housing. They added that many other SROs in the area accept tenant-based vouchers to help their residents afford rent and suggested that the Y may be able to leverage these as well.

**Multiple Models.** A few housing organizations mentioned that it is possible to have multiple housing models within the same building or across Y housing properties. Many of those interviewed had multiple housing models and programs within their organizations. One housing organization stated that deciding which housing model or models to implement goes back to who you want to serve, suggesting that if there are multiple populations with different housing needs that the Y is interested in serving, this may mean that the Y decides to have multiple models.

## DISCUSSION

Findings from the review of literature, case file review, residents, staff, and other housing organizations had both similarities and differences. Below some comparisons are discussed.

## SURVEY RESULTS AND ADMINISTRATIVE DATA PRIOR HOMELESSNESS

Nearly 14% of residents indicated that they were homeless prior to living at the Y; however, case managers' files indicated 30.9% of residents were homeless prior to living at the Y; indicating that the survey responses were skewed towards people who were not homeless just prior to moving into the Y.

## RACE AND ETHNICITY

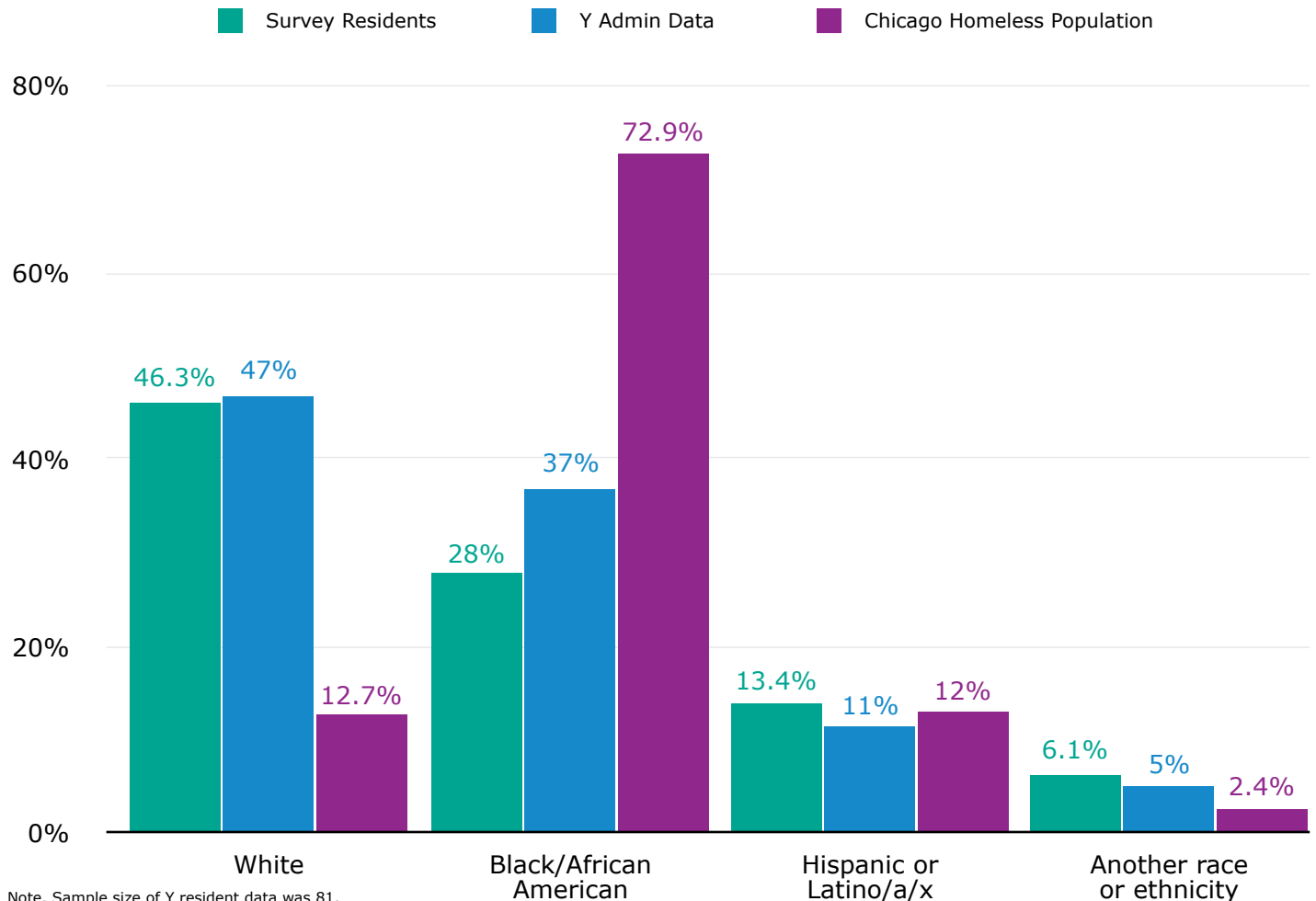
The race and ethnicity data captured in the survey is similar to the administrative data on race and ethnicity of Y housing residents. The largest difference was that the administrative data indicated that 37% of Y housing residents identified as Black/African American, while the survey data indicated that 28% of residents identified as Black/African American. Figure 7 below provides further information on the differences in race and ethnicity data between the survey and administrative data on residents.

## Y HOUSING RESIDENTS IN COMPARISON TO HOUSING-INSECURE POPULATION IN CHICAGO PEOPLE OF COLOR

Nearly half of the surveyed Y residents indicated that they identify as white, while the homeless population in Chicago is only 12.7% white. A little more than a quarter (28.0%) of surveyed Y residents identified as Black, however, nearly three-quarters (72.9%) of the homeless population in Chicago is Black according to the 2021 PIT count (Voorhees, 2021). Administrative Y data and the percentage of surveyed residents who identified as Hispanic or Latino/a/x is on par with the representation of the homeless population in Chicago who identify as Hispanic or Latino/a/x (Voorhees, 2021). Figure 8 below provides additional information on the differences between the race and ethnicity of surveyed Y residents and the population of homeless individuals in Chicago.

Figure 8

### Y Residents vs Chicago Homeless Population Race/Ethnicity



Note. Sample size of Y resident data was 81. Chicago homeless population race and ethnicity data were gathered from the 2021 PIT Count (Vorhees, 2021).

### LGBTQIA+

The Y does not currently collect data on sexual orientation or gender identity. In interviews with staff, it was mentioned that there was no formal process for determining if someone identifies as a man. This process was said to be subjective and usually, housing staff accepted an applicant if the individual visually presented as a man to them. One of the challenges that came up in interviews with housing staff was not having proper guidance from leadership on who the Y serves. This concern was specifically mentioned concerning a question posed to Y leadership about accepting some who identified as a transgender man. The LGBTQIA+ population is more likely to be housing insecure (Fraser et al., 2019), and due to a lack of data collection and guidance from leadership, the Y is potentially missing an opportunity to house this population.

## PEOPLE WITH CRIMINAL HISTORIES

The Y's application process is fairly strict in terms of accepting residents with criminal histories. Information that the YMCA considers in an individualized assessment for applicants that have criminal histories include:

- (i) the nature, severity, and recency of the conduct; (ii) the nature of the sentencing;
- (iii) the number of convictions; (iv) time since the most recent conviction;
- (v) applicant's age at the time of the most recent conviction; (vi) evidence of rehabilitation from the applicant; (vii) the applicant's tenant history; (viii) whether the conviction was related to the applicant's disability (if applicable), and whether a reasonable accommodation could be provided; and (ix) any other relevant factors.

This process not only has many subjective criteria, but it also restricts an overrepresented housing-insecure population from gaining access to housing at the Y.

## PEOPLE WITH BEHAVIORAL HEALTH DISORDERS

The findings had mixed results on whether Y housing serves people with behavioral health disorders. Although survey results revealed that only 9 residents (11.1%) had challenges with mental health, alcohol abuse, or drug abuse; interviews with residents indicated there were concerns about other residents with behavioral health issues. Additionally, in focus groups and interviews with residents, it was revealed that residents had a variety of mental health or SUD problems, including suicidality, child abuse, trauma, depression, schizophrenia, anxiety, previous alcoholism, and anger issues. The interview results seem to be more in line with the data on housing-insecure populations that estimates between 20% to 60% of people experiencing homelessness have a diagnosable SMI (SAMHSA's Trauma and Justice Strategic Initiative, 2014) and an estimated 76% have a current mental health disorder (Gutwinski et al., 2021). Some interviewed residents felt that some people should not be in Y housing because of SMIs or SUDs that impact their ability to live in a communal living environment without the necessary support. While others felt that there should be increased resources, referrals, or systems in place to assist residents with mental health, substance use, or other issues.

## SINGLE MEN

Both Y SRO housing facilities serve only people who identify as men, and some residents indicated in interviews that one of the reasons they choose to live in Y housing was due to the unavailability of affordable housing for single men elsewhere in the city. Housing single men fills a gap in needed services for housing-insecure populations as 70% of all people experiencing homelessness are men (National Alliance to End Homelessness, 2022).

## OTHER HOUSING-INSECURE POPULATIONS

Y housing files indicated that only men over the age of 21 were accepted and the housing files did not capture information on previous foster care experience, making it unknown whether Y housing is serving this housing-insecure population. Only one surveyed resident indicated that a challenge of theirs was related to domestic violence, which is inconsistent with the data that indicates that survivors of domestic violence are overrepresented in the housing-insecure population (National Alliance to End Homelessness, n.d.); however, this is likely related to the Y housing only accepting people who identify as men, while the majority of survivors of domestic violence are women (85%) (National Alliance to End Homelessness, n.d.). Lastly, the survey nor administrative data from the Y captured information on residents' veteran status. Anecdotally, we know that some residents are veterans, however, the number of veterans served is unknown.



# COMPARISON OF RESIDENT PERSPECTIVES AND STAFF PERSPECTIVES

## DESCRIPTION OF RESIDENTS

Housing staff indicated they perceived residents as diverse in terms of age, ability, employment status, and many other factors, which is in line with information residents provided in surveys, interviews, and focus groups. Additionally, staff felt that the older population of residents had been living at the Y for a long time, felt comfortable there, and were unlikely to want to move out of Y housing. However, survey data indicated that over half of residents aged 60 and older (56.8%) would consider moving out of Y housing.

## PERCEIVED STRENGTHS

Residents and staff agreed that the neighborhoods of the Y housing facilities were accessible, safe, and close to public transportation; making it a pleasant place to live. Some residents and staff also agreed that the diversity of residents and their ability to interact well with each other created an inclusive environment. Staff identified that the greatest currently available resource to meet residents' needs was the ability to provide them with a unit to live in. Residents seemed to agree with this sentiment as they relayed immense gratitude in focus groups and interviews for simply having a place to live. Residents also expressed appreciation for the affordability of Y housing and the sense of independence that it brought them. Lastly, staff and residents agreed that having access to the fitness facilities at the Y was a benefit.

## PERCEIVED CHALLENGES

**Challenges Residents Face.** Residents indicated that their biggest challenges were affording rent, finding other housing, and accessing government benefits; while staff felt that residents struggled with addiction and recovery, isolation and lack of social support systems, lack of safety nets, lack of self-care, difficulty with room upkeep, little financial skills, and low income. A few of the identified challenges align between residents and staff, such as affording rent relating to a lack of safety nets, little financial skills, and low income. Otherwise, some of the other challenges identified by staff were not highly mentioned as challenges by residents. For instance, only 8.6% of surveyed residents indicated SUDs were a challenge they faced. Additionally, only 8.6% of surveyed residents indicated that loneliness or a lack of social support was a challenge. However, as was mentioned by a Y housing staff member, the survey may not have collected responses from residents with mental health or SUDs due to a fear of repercussions due to expectations to live independently (or needing a note from a doctor that proves the ability to live independently). Residents in focus groups and interviews shared that they faced challenges living in Y housing, such as people smoking in their rooms, maintenance work not getting done or maintenance staff being unavailable during non-business times, and fearing residents that are mentally unstable.

Staff identified what they believed residents' needs to be based on their challenges and indicated a few areas that align with resident-identified challenges, including rental assistance, access to physical and behavioral health treatments, and employment assistance. Additionally, case managers shared that a few services were offered to residents on their caseloads that align with resident-identified challenges, such as employment services and budgeting. However, housing staff indicated that a challenge they face in case management with residents was creating budgets and improving credit scores. This challenge may stem from residents not having enough money to effectively budget or be able to pay back debt, which is evident by nearly one-quarter of surveyed residents indicating that a major challenge of theirs was the ability to pay rent.

**Y Housing Challenges.** Staff and residents agreed that the buildings in which the housing facilities were located were old and in need of repairs and maintenance. Staff indicated that there were not enough common spaces available to residents. Residents went further than staff and indicated that they are unable to cook healthy food with just a microwave and would like access to a stove or oven in a common space or kitchenette in their room. Residents also felt the rooms were too small and most preferred to have rooms with private bathrooms. Another major concern that emerged in focus groups with residents was unsanitary conditions in the bathrooms and communal areas as well as concerns with bed bugs. The majority of staff challenges with Y housing were related to areas that may be unknown or not visible to residents, but still impacted residents, such as unorganized tracking systems, lack of communication between staff, little training or support for staff (especially related to resident behavioral health needs), inconsistent rental costs, difficulty handling resident complaints fairly, understaffing, and minimal funding for housing development. In stakeholder meetings, it was discussed that many of the challenges that staff face were not communicated to residents, which can cause frustration for residents as they feel that their concerns are not being listened to or addressed.

## RECOMMENDED CHANGES

Residents and staff hoped to see increased investments in Y housing. Both groups indicated wanting electric updates, elevator updates or additions, carpet replacement with tile, separate entrances for residents from membership, plumbing and bathroom improvements, and ideally, larger rooms with private bathrooms and kitchenettes. Residents also expressed wanting to have maintenance on call for emergencies 24/7 as well as housing staff available during non-business hours; however, only one staff member indicated they hoped the Y could support a 24-hour model with staff available around the clock. Some residents expressed wanting access to additional services such as assistance finding a better-paying job and resources available for residents with behavioral health challenges. This aligned with the staff's hopes to see residents' needs addressed through training staff on available community resources, better advertisement to residents of the availability of case management services, increased partnerships and communication with outside agencies, increased funding to support residents in paying rent and accessing necessities, and incentives to motivate residents to participate in events and services.

## SUPPORT TRANSITIONING FROM THE Y

Nearly two-thirds (63.3%) of surveyed residents indicated they would consider moving out of Y housing and 42% of surveyed residents indicated that they estimated they would move out of the Y in the next 2 years. Staff views on residents' willingness to move out of Y varied. A few staff felt that some residents complained about wanting to move out of the Y, but lacked the motivation to take action to move. Some staff also believed that many of the residents were comfortable at the Y and wanted to stay living there long-term.

Some of the services or supports that residents mentioned wanting or needing to move into a traditional rental unit included having a social worker to assist in accessing resources, obtaining furniture, benefits assistance, utility assistance (e.g., internet access, heat, water), employment assistance (i.e., support finding a higher-paying job), navigating the CES, and finding a roommate to split costs with. The staff members that provided input on supporting residents transitioning from the Y had a broader view than residents. Staff believed that it would be helpful to have a list of housing resources that they can refer residents to. One staff member felt a structure was needed to gauge if residents were ready to leave Y housing and sustain other housing successfully, which would require improvements to the intake forms and tracking metrics.

# COMPARISON OF Y HOUSING, LITERATURE, AND OTHER HOUSING ORGANIZATIONS

## EVIDENCE-BASED PRACTICES

**Housing First.** Housing first is an effective and long-term solution to ending chronic homelessness (National Alliance to End Homelessness, 2022). Evidence suggests that housing first models (paired with skilled and compassionate services) succeed in helping people remain stably housed and create a foundation for residents to better take advantage of services that support stability, employment, and recovery. Housing first operates under the belief that housing is essential and should be available to housing-insecure populations with no barriers to accessing shelter or services. The case file review revealed that the Y's intake process includes many barriers to accessing housing, including the screening process (rental, credit, criminal background, and warrant check); the requirement of proof of ability to live independently for any resident with a history of SUD, mental health issues, or homelessness; a \$30 non-refundable application fee; and income requirements of two times the rent. Therefore, the Y is not operating a housing-first model.

**Person-Centered Services.** Person-centered services support the unique needs and strengths of all clients. To offer person-centered services, clients' strengths and needs must first be addressed. According to information gained from the case file review, the Y's social service and case management intake forms do not include opportunities for case managers to assess or understand residents' strengths. Additionally, person-centered services tailor support based on the client's age, race, ethnicity, and history of trauma. Based on the case file review and due to a lack of case notes, it is unclear whether the Y individualizes support for residents.

**Staffing Ratios.** It is suggested that there should be one office staff and one maintenance staff per 100 housing units (National Apartment Association, 2020). Additionally, it is recommended that case managers offering supportive housing services should have between 10-20 clients on their caseload, and case managers offering services to clients that are stably housed should have between 20-50 clients on their caseload (Department of Housing and Urban Development, 2020). Y housing staff estimated that they had the equivalent of one full-time maintenance staff and one full-time housing manager per building with around 155 units each. Across Y housing locations, only 5% of residents are on case managers' caseloads, equating to about 15 residents out of 310 total residents; split between two case managers, that equates to around 8 residents per case manager. This suggests that housing and maintenance are understaffed given the number of units occupied in Y housing facilities and that case management may have the capacity to serve more residents.

**Integrating Property Management and Services.** It is recommended that housing organizations with property management and services follow three principles to integrate property management and support services effectively (Corporation for Supportive Housing, 2009). The three principles are:

- Property management support mission-driven housing with a shared commitment to the success of the community and residents.
- Clear roles and responsibilities exist for all housing stakeholders.
- Recognition of the overlap and tension between roles.

Y housing staff expressed that communication between staff was challenging, with a lack of collaboration between case managers and housing managers as well as misunderstandings about each others' roles. Given the reported lack of role clarity, the Y is not operating with evidence-based practices related to integrating property management and services.

**Applications and Intake Forms.** Evidence-based applications and intake forms are simple and do not ask for more information than necessary (National Network to End Domestic Violence, 2017). Evidence-based applications only require information that is used to determine if the applicant meets the minimum eligibility criteria and if the support the organization can provide is a good fit for the applicant. Furthermore, intake forms should only be completed after someone has already been accepted into the program and the intake process should be completed with the client as a discussion. According to the case file review, Y housing application forms include many irrelevant criteria from residents to determine their eligibility, including the resident’s disability status, goals and interests, family information, health information, substance use history, and screenings for mental health, ability to complete daily living activities, and violence exposure.

## CHALLENGES

**Eligibility Limitations.** Interviewed housing organizations indicated that they face challenges related to eligibility limitations for funding from HUD and CoC which have specific requirements for housing eligibility. Y housing staff expressed wanting more staff to support residents, increased funding to support residents in paying rent and accessing necessities, and a 24-hour model with staff available around the clock to meet resident needs. The Y will need to take into consideration the sources of funding that will support future goals given the limitations of some funding streams related to the population served.

**Screening Residents.** Housing organizations that were interviewed mentioned that they had challenges in the past in meeting the needs of some of their residents and had to improve their screening process to ensure their program can meet the needs of residents. Staff in Y housing expressed similar concerns in interviews and stakeholder meetings about not having support for residents that have behavioral health issues.

**Structural Housing Limitations.** All interviewed housing organizations indicated a challenge they faced was there was not enough affordable housing to serve those in need. Y housing staff also mentioned this challenge in response to supporting residents transitioning out of the Y. They felt that part of the problem was a systemic lack of affordable housing.

## STAFF GOALS FOR Y HOUSING AND RECOMMENDATIONS FROM OTHER ORGANIZATIONS

Interviewed housing organizations recommended many different approaches the Y could take in housing, including having a staff member that is certified in SOAR, providing digital literacy services, and tutoring for GED courses. Organizations also recommended various housing models that the Y could adopt, such as recovery home reentry housing, housing for people with criminal backgrounds, non-congregate shelter, bridge housing, transitional housing, and a combination of multiple models.

Y housing staff had similar goals in mind for the future of Y housing. They felt that all staff in a building with housing should be trained on mental health first aid and de-escalation techniques. Additionally, housing staff indicated needing training related to mental health, interpersonal skills development, and homelessness prevention. The logic model that was created in stakeholder meetings has the goal of Y housing as, “Improve overall socioeconomic mobility and community safety by helping individuals experiencing housing insecurity and other crises improve their well-being.” The needed activities to meet this goal include providing support services and resources to meet resident needs and goals, referring residents to services and resources, input from residents on decision-making, and engagement from residents in support services related to their needs

and goals. The intended outcomes of the goal are to increase resident access to resources that support basic needs, increase access to resources that support residents in achieving their goals, increase resident feelings of self-efficacy to set and meet goals, mitigate risk factors, and increase protective factors. The overall intended impact of the goal is for residents to meet their goals around safety, housing, economic well-being, health, social connection, career advancement, and education. To reach the goals of Y housing staff and those indicated in the logic model, the Y may consider implementing housing models recommended by the interviewed housing organizations, such as transitional housing with increased case management.

## RECOMMENDATIONS AND CONCLUSION

Through a review of literature, case file review, surveys, focus groups, and interviews with residents, Y housing staff, and other housing organizations, the overall strengths of Y housing and the areas for improvement were determined.

### STRENGTHS

The findings indicated that Y housing strengths include providing affordable housing with access to fitness facilities for single men in an accessible neighborhood. Additionally, it was found that Y housing supported and advanced the mission and vision of the Y.

#### ACCESS TO FITNESS FACILITIES

Staff and residents agreed that having access to the fitness facilities at the Y was a benefit. Access to gym space to meet the varied health needs of residents is a strength the Y should continue to leverage to meet residents' needs; however, some residents expressed that they did not use the workout facilities because the staff on the membership side of the Y treats residents like second-class citizens. Therefore, it is recommended that training on the importance and goal of Y housing, harm reduction, de-escalation, MI, and trauma-informed care is offered to all staff in Y centers with housing.

#### AFFORDABILITY

Staff and residents agreed that the most beneficial resource the Y has to meet residents' needs is the housing itself. Some residents shared the reason they chose to live in Y housing was due to a lack of affordable housing options for single men elsewhere in the city. The Y should continue to leverage the gap it fills by providing affordable housing.

#### LOCATION

Residents and staff agreed that the neighborhoods of the Y housing facilities were accessible, safe, and close to public transportation; making it a pleasant place to live with relatively easy access to resources such as food, medical services, and employment opportunities. The Y should continue to operate housing in the Lake View and Irving Park neighborhoods and if the Y considers expanding housing, neighborhoods with similar resources and accessibility should be considered.

#### FURTHERING THE MISSION AND VISION

Y housing was revealed to further the mission and vision of the Y. The mission of the Y is: "The YMCA of Metro Chicago is committed to strengthening community by connecting all people to their purpose, potential, and each other." The vision of the Y is: "To be the leading social enterprise that helps human beings explore their value and share their discoveries with the world." Some residents and staff expressed that Y housing provided a place for residents to live and get a sense of community and belonging; while others hoped that with some changes, Y housing could be a place where residents can access their potential and explore their value.

# OPPORTUNITIES FOR IMPROVEMENT

The identified areas for improvement below include approaches to determine the future of Y housing, staffing, facility improvements, resident support and services, and case file changes.

## DETERMINING THE FUTURE OF Y HOUSING

An interviewed housing organization shared that the first step in determining the future direction of Y housing should be to consider who Y housing should serve. Making an intentional decision about who Y housing should serve will lead to determining the housing model, service model, and funding structure. It is recommended that Y housing stakeholders focus upcoming discussions on the intended target population and how to operationalize the goal identified in the logic model. It is recommended that this include efforts to better understand the intended population of individuals experiencing housing insecurity as well as best practices for serving housing-insecure populations.

## STAFFING

**Maintenance Staff.** Maintenance was identified as a major concern for both residents and staff. Based on staff reports of understaffing and competing demands, it is recommended that staffing levels be reexamined and full-time maintenance staff be dedicated to each housing location such that staff does not have to choose between the Y's membership center and housing maintenance concerns. It is difficult to determine the exact level of maintenance staffing due to a shared staffing model; however, it is clear that the Y's staffing ratios do not follow the best practice ratio of one full-time staffer for every 100 units. At Irving Park, it is estimated there is only one full-time equivalent maintenance staff for about 200 units. If a dedicated staffing model is not possible, a tracking system could allow leadership to better understand maintenance staffing levels and maintenance issues. Without a tracking system, the Y is not fully aware of the cost of Y housing which can cause conflict between housing and other departments.

**Housing Staff.** To be in line with best practices, it is recommended that there is at least one housing staff member for every 100 units in Y housing. Additional housing staff will alleviate the understaffing concern expressed by staff in interviews and allow staff to better meet the needs of residents.

**Case Management Staff.** HUD suggests that case managers offering supportive housing services should have between 10-20 clients on their caseload, and case managers offering services to clients that are stably housed should have between 20-50 clients on their caseload. Because case managers in Y housing serve some clients that are stably housed and some that are in crisis, it is recommended that caseloads for each case manager be determined by assessing each client's level of need and assigning between 10-50 residents per caseload, where a caseload of 10 would be reserved for a case manager providing high-touch services to residents in crisis and a caseload of 50 would be for residents who are stably housed.

## FACILITIES IMPROVEMENT

Due to consistent mention of deferred maintenance and building updates by residents and staff, it is recommended that the Y secure appropriate funding and make the following improvements to the housing facilities.

- Electrical upgrades.
- Common area upgrades, with kitchen space.
- Add elevator and laundry at Irving Park.



- Add separate entrances for residents.
- Create more privacy in bathrooms.
- Add ADA-compliant updates in bathrooms for people with mobility issues.
- Tile the floors and remove the carpet.
- Upgrade rooms that people have lived in for a long time.

## RESIDENT SUPPORT

**Rental Support.** Because one-quarter of residents reported struggling to afford rent and an estimated 24.7% of residents were rent-burdened, it is recommended that the Y pursue more consistent rental support funding, rather than devote staff time to addressing non-payment of rent via payment plan, budgeting assistance, and temporary rental assistance. Additionally, housing staff reported that a reason residents may not be able to transition out of Y housing is due to owing back rent. It is recommended that the Y pursue opportunities to assist residents in paying back rent.

**Training.** To better align with the evidence-based practice of person-centered services, it is recommended that all staff are trained in de-escalation, trauma-informed care, harm reduction, and MI. These practices will allow staff to better meet residents' individualized needs.

**Connecting Residents to External Resources.** To further utilize existing resources, it is recommended that Y housing create and maintain partnerships with community organizations to provide referrals and resources to residents to better meet their needs. A major resource mentioned by an interviewed housing organization was the Statewide Referral Network (SRN) which has helped them be more successful in getting their clients housed than going through HUD and the Coordinated Entry System (CES). They added that many of the housing referrals through the SRN already have subsidies attached to them. It is recommended that the Y explore the SRN and CES as an opportunity to recruit residents with housing subsidies to assist with paying rent and supporting housing-insecure populations.

**Increased Social Support.** Interviews with housing organizations and Y housing staff revealed that it is challenging to encourage residents to move into more appropriate housing when they did not have a support system outside of their current housing program. It is recommended that case management services incorporate efforts to get residents out of their units and connected to the community to build up their networks of social support and allow them to make gradual changes in their daily routines. It is recommended that the Y implements more resident gatherings and events that take residents out of Y housing to connect them to the community and social support. Additionally, it is recommended that housing staff are trained in building trust with residents (through the cultivation of acceptance and empathy of residents) to create better relationships between staff and residents that will encourage residents to listen and follow through with staff recommendations.

**Improved Communication.** Findings from residents revealed that residents were interested in reinstating a resident newsletter not only for better communication from the Y about Y housing but also to learn about events and resources. It is recommended that Y housing starts a resident newsletter as well as recurring resident town halls or meetings. Additionally, based on discussions in stakeholder meetings, it is recommended that the Y repair the public announcement system to functioning levels in the residential areas, improve communication about case management services, ensure residents know how to report issues and who they can ask for help, and inform residents about the upgrades being made and the ones the Y wants to make.



**Support Transitioning to Permanent Housing.** It is recommended that Y housing find opportunities to support residents in obtaining furniture, employment, and benefits that will help them reach their goals of transitioning into permanent housing. If resources allow, having a dedicated staff person responsible for housing location and partnerships with landlords and housing organizations might help residents transition into permanent housing. Y staff might also consider coordinating a program for residents to connect about the possibility of becoming roommates to meet their goal of transitioning to permanent housing. Given that residents expressed interest in obtaining furniture, benefits assistance, utility assistance, employment assistance, and assistance navigating the CES, it is recommended that these services be offered. Given that staff mentioned concerns about resident barriers to transitioning such as credit history and depression, services to support residents with these challenges are also highly recommended. One successful strategy mentioned by staff for motivating residents to pursue more appropriate housing was to have residents who have moved out come back to share their experiences. Whenever possible, whether related to transitions to permanent housing or not, it is recommended that the Y consider encouraging systems of peer-to-peer support such as this.

## CASE FILE IMPROVEMENTS

**Housing Intake.** The process the Y utilized at the time of the case file review to determine if a prospective tenant was appropriate for housing at the Y was subjective. Implementing a process that is as objective as possible with criteria that can be relayed to the prospective tenant will be more useful. This way staff and prospective tenants will know which criteria are disqualifying for residency at the Y.

**Case Management Forms.** It is recommended that all case management forms be reviewed and revised as deemed appropriate. The case file review indicated that there was a significant amount of duplication in terms of the information being collected, most notably on the Blended Interview Form and the Service Assessment, but also on the intake assessment.

The Service Plan was also noticeably deficit-focused and does not prompt residents to build upon their strengths in achieving their goals. It is recommended that the service plan include person-centered approaches, such as trauma-informed care, MI, and harm reduction (Chicago Continuum of Care, 2020).

Revisions to the Money Management Worksheet are also recommended. The order of the categories on the money management form should be revised so that essential needs are discussed first. As it stands, the first two categories listed are "rent", "giving" and "savings." "Giving" and "savings" are only possible if basic needs such as "food, household items, toiletries, clothing, medical expenses, laundry" are met first. Therefore, it is recommended that residents be walked through documenting the expenses that relate to their basic needs first before the form prompts them to determine what, if any, disposable income remains for saving, giving, and non-essentials.

It is also recommended that the Mainstream Benefits Screening form be revised such that the case manager walks through the process of determining eligibility or potential eligibility for benefits on behalf of the participant in cases where the benefit is not currently being received. The form should also have space for notes on follow-up regarding benefits applications that the resident has submitted. If possible, it is recommended that a Y staff member goes through the process of [SOAR \(SSI/SSDI Outreach, Access, and Recovery\)](#) certification to learn the intricacies of assisting residents in applying for SSI/SSDI benefits specifically. It is recommended that learnings from SOAR certification be applied when revising the benefits screening form. Moreover, a regular cadence for benefits screenings should be established for individuals on the caseload given that benefits and eligibility change and that some residents experience barriers to securing and maintaining benefits for which they are eligible.

**Recruitment and Referral to Case Management.** It is recommended that the pathways that result in resident engagement in case management services be explored and codified. Based on interviews, we know that at least some residents were interested in receiving services, but had not yet engaged in case management services. Others said they did not know case management staff. Recruitment of new residents onto the case management caseload was relatively rare in the past two years. As of October 2022, case managers had ten and seven residents on their caseloads at Irving Park and Lake View respectively. Additionally, caseloads fell by six and 11 respectively during the past two years. At Lake View, no new residents had enrolled in case management services in the past two years (since the fall of 2020) while 11 residents had exited during that time. At Irving Park, seven residents enrolled in case management during that time frame, while 13 exited. It is recommended that new systems for referral be established and implemented to increase the number of residents receiving case management services.

It is highly recommended that a question about service interest be incorporated into and documented as a part of the orientation process facilitated by the case manager on the day of move-in for each resident. After that, it is recommended that each resident be reminded of and asked about interest in case management services regularly.

In addition, the process for a housing manager to refer an existing resident to a case manager (which may occur due to things like non-compliance with lease requirements) did not appear to be consistently documented within housing or case files. Codifying the process that a housing manager should use to refer a resident to a case manager is also recommended. Referrals from housing managers may be needed if a resident seeks help or if a need is identified by the housing manager. For example, a resident who is behind on rent or who is living in a unit with sanitary issues may benefit from outreach from a case manager.

**Service Delivery Documentation.** From the review of case files, it was evident that the process for documenting interactions with residents was limited. Given that there were no case notes in case management files and services were not tracked unless there was an accompanying form, such as an assessment, a referral, a money management worksheet, or a service plan, it was difficult to gauge the nature of interactions with the residents and the nature of the resident's engagement with services.

While HMIS was used to document the participant's status at intake and exit from case management services and an internal electronic tracking system was used to track move-in, move-out, rental payments, and subsidies, the vast majority of documentation about housing residents and the services provided to them was on paper, making the process of collecting and analyzing data about activities and most outcomes unfeasibly burdensome. More holistic use of HMIS for tracking participant barriers, program activities, case notes, goals and goal statuses, and income and benefit status changes is highly recommended.

While it is likely that different residents will continue to engage with Y staff with different levels of intensity, it is recommended that all residents have records in HMIS, even those that are not officially on a caseload. This way, at the very least, services provided to those residents can be tracked. In HMIS, residents on a caseload may need to be enrolled under a different program than those not on a caseload.

## ADDITIONAL IMPROVEMENTS

Additional recommendations for improvements collected from stakeholder meetings will be documented [here](#).

## ABOUT THE AUTHORS

**Melanie Stathis** is the Director of Mission-Driven Analytics on the Research and Evaluation team at the YMCA of Metropolitan Chicago. She leads program evaluation and continuous improvement efforts association-wide, guiding data-driven decision-making for a large variety of program types including housing, violence prevention, digital equity, youth development, and health equity. She supports the development of overall evaluation strategies as well as the use of data systems and tools in order to help programs maximize their impact with limited resources while meeting community needs equitably. She has over a decade of experience in data-driven continuous improvement and grant management in social services. She first discovered her passion for empowering the underserved when she was a teen, inspired by her experiences volunteering internationally and domestically, and by her mother's example. Her interest in intercultural dialogue and the complexities of poverty led her to get her bachelor's degree at the Georgetown School of Foreign Service and then her master's degree in policy economics from the University of Illinois Champaign-Urbana. Prior to applying her data analytics skills in social services, she provided direct services to homeless and low-income participants focusing on financial literacy, life skills, and employment. Alongside Jacquelyn Gilbreath, MSW, she led the community assessment and community-driven change management process for Y housing aimed at supporting improved quality of life for residents.

**Jacquelyn (Jackie) Gilbreath** is an Impact Analyst at the YMCA of Metropolitan Chicago. Jackie applies a value- and action-oriented approach to her work on the Research and Evaluation team. Prior to joining the Y, Jackie did research analysis for nearly three years in the criminal legal system with two organizations, the Illinois Criminal Justice Information Authority and the National Center for State Court. In these roles, she supported the research teams in examining criminal legal system topics and outcomes in Illinois and across the country. Jackie also completed professional internships while completing her master's degree from Washington University in St. Louis in social work and bachelor's degree from Marquette University in sociology and social welfare and justice. With over two years of experience working with clients impacted by the criminal legal system, poverty, violence, and other unjust systems, and familial experiences with the criminal legal system and homelessness, she brings a unique perspective to her work. Her professional values are social justice, the worth of all people, and integrity. These values underline her prioritization of collaboration with communities directly impacted by systemic issues to develop solutions with an emphasis on valuing their lived experiences.

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# APPENDIX A

## INTERVIEWED HOUSING ORGANIZATION INFORMATION

Above and Beyond stated that they are an outpatient substance use treatment service free to all individuals with no waitlists or appointments. Their housing program was for a subset of the population they serve who are homeless or at risk of homelessness. Above and Beyond had relationships with other housing providers to provide housing for this subset of their clients. Above and Beyond provided its own case management services that support clients in securing and maintaining housing.

Alexian Brothers Bonaventure House indicated that it was an Illinois State licensed recovery home for individuals who are homeless or at risk of homelessness with chronic disease, mental health, or addiction/SUD that are looking to maintain recovery from active addiction. Bonaventure House residents maintained a safe sobriety-based living facility with the help of one-on-one and group services and peer and recovery support provided by licensed Certified Alcohol and Drug Counselors (CADCs). Their preferred target population was individuals living with HIV.

AFC Center for Housing and Healthcare informed us that their mission is to honor every person's right to a home and health care, by bridging the housing and healthcare systems, to improve the lives of Chicagoans experiencing homelessness. They partner with healthcare entities to data match people with frequent use (3+ uses in a year) of hospitals or frequent stays in jails (3+ times per year) and those entered into the Homeless Management Information System (HMIS). Those who are part of the data match are eligible for their program.

Heartland Housing relayed that they develop and operate high-quality, affordable housing to meet community needs. They worked with 10 third-party social service partners across 13 housing properties and also had third-party property management.

La Casa Norte offered a continuum of housing resources and opportunities for youth and families at risk of experiencing homelessness and living in 55 Chicago zip codes. They also offered PSH, RRH, and TH.

Sarah's Circle provided services to individuals who identify as female and are 18 years of age or older. Their programs utilized the housing first model, have no barriers to entry, and used a trauma-informed approach.

# APPENDIX B

## RECOMMENDATIONS

### Strategy:

1. Determine who Y housing will serve to help identify appropriate housing model(s) and aligned funding streams.

### Staffing:

2. Dedicate at least one full-time maintenance staff to each housing location.
3. Have at least one property management staff member for every 100 units in Y housing.
4. Clarify staff roles and responsibilities.

### Facilities:

5. Secure appropriate funding to make improvements to housing facilities.
  - a. Add rails and seating in showers for individuals with mobility issues.
  - b. Add food prep space and appliances (a system for maintaining common space would be needed).
  - c. Take advantage of tax benefits for upgrades (including energy efficiency upgrades).
  - d. Add elevator and laundry at Irving Park.
  - e. Add separate entrances for residents.
  - f. Create more privacy in bathrooms.
  - g. Tile the floors and remove the carpet.
  - h. Upgrade rooms that people have lived in for a long time.
  - i. Update heating, air conditioning, and electrical.
  - j. Add private mailboxes for residents.
  - k. Improve internet connectivity/WiFi coverage.

### Resident Recruitment and Screening:

6. Implement an objective housing intake process that aligns with the goal of serving housing-insecure populations.
7. Examine the screening procedures as well as procedures related to lease violation responses (by a stakeholder group composed of leadership, housing staff, and residents).
8. If needed, utilize the SRN or the CES to recruit residents.

### Resident Services:

9. Increase the number of residents that engage with case management services.
10. Improve building security.
11. Pursue and secure consistent rental and basic needs funding for residents, including those that owe back rent.
12. Consider funding sources outside of HUD so that non-chronically homeless housing insecure populations can be served.
13. Implement programming to connect residents to the community and additional social support.
14. Implement initiatives aimed at building trust between staff and residents.

15. Improve communication with residents.
  - a. Consider starting a resident newsletter and hosting recurring resident town halls.
16. Train all staff in Y centers with housing in de-escalation, trauma-informed care, harm reduction, and motivational interviewing.
17. Dedicate staff time to understanding local housing resources, establishing relationships with landlords as well as providing housing location, furniture, and moving assistance to residents transitioning to more appropriate housing.
18. Create a program for residents to connect about the possibility of becoming roommates to meet their goal of transitioning to permanent housing.
19. Create and maintain partnerships with community organizations and housing organizations that support residents in meeting their goals, specifically those with expertise in behavioral health.
20. Find opportunities to support residents in obtaining employment and benefits.
21. Train at least one staff member on SOAR (SSI/SSDI Outreach, Access, and Recovery) and use learnings to inform resident benefit screening.
22. Improve mail service.

### **Tracking Systems:**

23. Review and revise case management forms and procedures to remove duplication and collect relevant information in line with best practices.
  - a. Incorporate a question about service interest as a part of the orientation process and ask each resident at regular intervals about interest in case management services.
  - b. Codify the process for housing management resident referrals to case management.
  - c. Include person-centered approaches in the service plan.
  - d. Reorganize the Money Management Worksheet to first document the expenses that relate to basic needs.
  - e. Establish a regular cadence for benefits screenings for individuals on the caseload.
  - f. Revise the Mainstream Benefits Screening form to have the case manager determine eligibility for benefits on behalf of the resident.
  - g. Add space to the Mainstream Benefits Screening form for notes on follow-up regarding submitted benefits applications.
  - h. Create records for all residents in HMIS and track all interactions and service deliveries with residents, including case notes.

# APPENDIX C

## IMPACT ON DIVERSITY, EQUITY, INCLUSION, AND ACCESS

### HOUSING COMMUNITY ASSESSMENT IMPACT ON DEIA

The housing community assessment included participatory research methods in which residents of Y housing were representatives at stakeholder meetings, and completed surveys, interviews, and focus groups. Additionally, Y housing staff were interviewed and included in stakeholder meetings. These activities informed the community assessment and the recommendations in this report. The inclusion of residents, staff, and housing organizations provided access to all stakeholders to give input. Diversity was achieved by having a range of perspectives from residents, staff, community housing organizations, and relevant research, and equity was achieved by emphasizing the voices of those that are most impacted by Y housing, the residents.

This housing community assessment also advances anti-racist practices by calling attention to the difference in the residents that the Y served in comparison to the housing-insecure population. Nearly three-fourths of people facing homelessness in Chicago are Black (Voorhees, 2021), while only around one-quarter of Y residents identified as Black. It is recommended that Y housing policies change to open space for and better serve Chicagoans facing housing insecurity through new recruitment strategies and approaches that better align with the intended goal of serving individuals struggling with housing insecurity and other crises. Changes to policies, such as the process for accepting or denying residents, may lead to the Y housing serving more overrepresented housing-insecure populations. It is also recommended that Y housing staff create and maintain community partnerships to not only have avenues to recruit overrepresented housing-insecure populations but to also have resources to leverage residents' strengths and mitigate challenges once housed at the Y.

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