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Summary Report

This report summarizes findings from the three qualitative components of the Evaluation of Chicago‘s Plan to End Homelessness conducted in the summer of 2009. These

Street Outreach
Our information related to outreach efforts comes primarily through the limited observations that we conducted. Individuals in focus groups did not mention street outreach as a source of access, which is not necessarily surprising since we assume that very few individuals who are served by street outreach are connected to the shelter system. However it should be noted that in one focus group it was discussed that more street outreach was needed to reach the unconnected. To summarize our findings from participant observations, we note that it was clear outreach workers were committed and caring. Nonetheless a shortcoming for the HOP (Homeless Outreach Program) teams as opposed to the outreach from the contracted agency was their lack of direct linkages to organizations that provide clinical or housing services. We also noted the nature of the HOP teams working with the sweeps team in addition to their outreach work had the hazard of weakening the trust relationships essential to the engagement process.

DFSS Service Centers
While the DFSS service centers are not a primary point of access into the shelter system, we observed through participant observations and received reports in focus groups that some individuals were referred to shelters from DFSS service centers. Problematic situations included long waits for service in the observed DFSS service centers, and the fact that most are only open from 9 to 5. Customers waiting for services were often frustrated and anxious, leading to a stressful service environment. It should be noted that youth in focus groups reported that DFSS service centers were much better at referring them to appropriate shelter than the 311 system.

2. <u>Negotiating within system, obtaining services:</u>

Our observations of obtaining services in the system are limited to the two DFSS service centers observed. However, the focus groups provided us with additional information, both specific to DFSS and about the programs that were serving them at the time of the focus groups. There are two salient themes that transcended the specifics of one particular service provider: the –siloing‖ or fragmentation of the service system and the lack of sufficient staff and resources for those staff to utilize in serving people.

DFSS
Observations and interviews with staff in DFSS service centers suggest a system that is under resourced in terms of staff and programs to which to refer clients. While workers were helpful, there was often a passive approach to service delivery. In general, case

centers involved workers who were able to quickly switch gear and respond to varying requests. But we wish to underscore that workers at both observed sites stressed that they simply need more resources, such as direct referrals to housing programs.

The focus group respondents reported very mixed experiences with DFSS service centers. Many people said that they did not have any contact with DFSS service centers. If they had, they talked about lack of resources and, often, the passivity of some DFSS workers. On the other hand, there were a few instances in which respondents reported of a particularly helpful worker. Respondents in emergency shelters also lauded the availability of the DFSS 10 S Kedzie Service Center as a warming center and place to hang out during the day. In addition, while still reporting some service encounters as problematic, family heads and youth in particular reported positive experiences with DFSS.

Other service providers

On the whole, focus groups reported positive experiences with the agencies from which they were receiving services. Yet, they felt that much mo

Report of Test Calls of the Chicago 311 City Services
Plan to End Homelessness

Introduction and Method

This report summarizes findings from a series of test calls to the Chicago 311 City Services (hereafter –311‖). The purpose of the research was to better understand whether and how individuals are referred to the homeless service system. Specifically, our goals were to learn:

1) How quickly and frequently the –clients‖ are referred to the homeless service system;
2) How frequently the clients are referred elsewhere or screened out; and
3) To what extent the 311 operators treat the clients respectfully.

To answer these questions, researchers conducted a series of 100 test calls of 311. The researchers posed as one of three types of clients: single individuals, family heads, and youth between 18 and 21 years old. The calls were placed at various times of day

caller was provided more detailed information[2]. Instructions in greater detail were provided more frequently during calls when the test caller was posing as a parent with children or a youth than when the caller was posing as single adult. More detailed information was provided during 21.2% (7 out of 33) of the calls in which the caller was pretending to be a family head. Similarly, during 17.6% (6 out of 34) of youth calls, the 311 operator provided more detailed information. More in depth information was given to test callers posing as a single adult in 9.1% (3 out of 33) of those cases.

Incorrect Referrals, Disconnected Calls, and Other Technical Difficulties

Three test calls were referred outside of the homeless system in Chicago. During one call in which the caller posed as a youth, the call was transferred to the National Runaway Center Hotline, while one call was transferred to the Homelessness Prevention Call Center (HPCC). In one case, the caller was instructed to look in the Yellow Pages phone book for a listing of social service agencies. Difficulties were experienced during the process to transfer from 311 to DFSS in two cases, as the call was transferred to an incorrect location.

In 7% (N=7) of the test call cases, challenges were experienced which prevented the test caller from reaching a 311 operator at his or her first attempt. Difficulties experienced included disconnected calls, automated messages indicating that the system was busy, or the noise of a fax machine on the line after dialing 311. In each of these cases, the test caller was able to reach a 311 operator after a second or third attempt (See Appendix for test caller comments documenting these cases).

Ratings of Interactions with 311 Operators

The test callers rated the respectfulness and helpfulness of the 311 operators using a 5-point scale, where 1 was –not at all‖ and 5 was –very.‖ Test callers indicated that overall, the 311 operators treated them respectfully. The median score provided was a 4 on the 5-point scale, and over one-third (35.7%) provided a score of 5 – indicating that the 311 operators were –very respectful‖ (Table 3). In terms of the helpfulness of the 311 operators, test callers provided a median score of 3 – the mid-point – on the 5-point scale. A score of 4 or 5 was provided in just under half (48%) of the test calls. This lower rating for the level of helpfulness is due to the fact that the test callers anticipated scenarios, which largely did not occur during the test calls.[3]

[2] Cases coded –more detailed‖ information include those in which the 311 operator confirmed that the caller did in fact know the location of a nearby DFSS office, hospital, and/or police department, as well as those in which the 311 operator provided the caller a street address for a DFSS office, hospital, and/or police department.

[3] In preparation for the test calling, DFSS staff briefed the researchers as to possible scenarios that test callers might experience. Based on this briefing test callers expected to be transferred to speak to a DFSS representative when calling during business hours, which only occurred in 2% of the test calls. Also, test callers were prepared to be offered a well-being check or a call back, or an offer for a pick-up if they presented themselves homeless with minor children.

Table 3. Ratings of 311 operators on a scale of 1-
(N=100)

	Median	Minimum	Maximum

Appendix: Select Test Caller Responses about Test Calls

Incorrect or Incomplete Referrals

- –Gave them my info. Said that since this is the first time I'm on my own and on the border of adult and teenager that they would transfer me to National Runaway

Report of Focus Group Interviews conducted for

Introduction

Our primary method for this part of the qualitative analyses is the focus group interview, a method used here to allow several groups of homeless people to meet and discuss their experiences. To a degree, the value of a service system depends on how services are delivered at the ground level – the locations where workers interact with respondents. Our focus groups enable us to examine these interactions. For this part of the study, we conceptualize high quality delivery as partly depending on the way in which the Chicago system workers help respondents **find the right agencies**. In particular, it depends on whether workers in the Chicago system ; the services to which these workers refer respondents; the other services the workers may provide; whether or not respondents actually are engaged in services; and the quality of

Groups were taped and notes were also taken. The tapes were transcribed and combined with the notes to provide a full picture of the session. Each session‘s transcription/notes

- Nevertheless, respondents virtually consistently reported a lack of linkages between programs. Further, respondent narratives concerning their entry into and experiences in the system tend to suggest that finding resources was a haphazard process.
    - A common theme in the focus groups was the need for the homeless system to identify and communicate to consumers the availability and location of resources.
-

- In general, although still reporting the service as problematic, more family heads than single individuals reported positive experiences with the 311 and with DFSS service centers.
- Several of the family heads reported that they needed childcare to allow them to look for employment.

    In one focus group the mothers felt the –coop‖ solution they were offered (families watching each other children) was not a viable option because of issues of trust, safety and lack of staff supervision.

    Another group raised the issue that families lost their ability to use subsidized daycare when they were laid off.

Youth:

- Youth provided reports on their experiences that were more positive than the reports provided by adults.
- However, the youth still perceived the 311 in a negative light, reporting that 311 workers tended to refer them to adult shelters.
- The youth respondents reported having good experiences with police and DFSS service centers, in that staff members helped them access the youth service system.
- In their narratives, the youth displayed greater awareness than did the adults of how to access the system.

    The difference between youth and adult responses may reflect the difference in the number of entry points: the youth system is smaller and thus perhaps easier to understand.

    Youth also report obtaining information from several sources:

    - Internet
    - School counselors
    - Day centers
- Once they are in the system, it appears that the youth are linked to many resources, such as education, job training, life skills, etc.
- Nevertheless, youth also report experiencing waits for access into the permanent (transitional) system, given the lack of beds/programs.

    Respondents in one focus group reported that, if they were facing issues of safety (related to gangs), they could get into the system faster.

- Specific services that respondents repeatedly reported as desirable were housing and employment services. Consistently across settings, many respondents also expressed a need for help in expunging criminal records.
- The respondents also reported the desire for easily identified and accessible linkages to needed services.
- Many respondents reported wanting a voice in governance, either in the system itself or in specific agencies.
- The respondents wanted the program that provided shelter and/or housing to be clean and safe.
    - They also talked about desiring a place for respite.
    - Respondents desired for themselves (or others) support groups and/or counseling around issues such as situational depression.
- The respondents wanted to have respectful staff that saw them as individuals.

Families:
Family respondents voiced very similar expectations to those expressed by the single adults who were homeless. In addition they spoke about a need for:
- Parenting support/education
- Child care that was available while respondents were seeking jobs
- Assistance for those who were –non-categorical‖ clients, i.e., who were not victims of domestic violence, and did not have problems with mental illness.

Youth:
Youth also echoed the expectation expressed by adults about linkages and resources. In addition, youth described a need for:
- Educational opportunities
- Help with their needs as they transition from childhood to adulthood.

4. What services do clients believe they obtain?

Focus group discussions focused on two distinct issues: what respondents obtained from the service system, and the problems within that system that made it hard for them to get what they thought they should be provided.

Single adults:
Respondents in emergency and interim shelters described a system that provides an emergency safety net but not as providing much more. Respondents in permanent housing were more satisfied. However in this group as among those with longer duration in emergency and interim housing, some described themselves as –stuck‖ and not being able to achieve full independence (i.e. market rate housing) because of inability to obtain full employment. This was related to their criminal records in most cases.

The problems that the single adults described included:
- The poor physical environment of many programs.
- The lack of information about resources.

- The lack of someone who could coordinate the system for them –sometimes they talked about this person as a case manager, but not always.
- The difficulty programs had in serving people who were not –categorical.‖
- Respondents perceived some groups of homeless people to be particularly disadvantaged. Mentioned groups included black men, ex offenders, those with substance abuse problems, and 5o

- Respondents talked about the inequity of the system in the way it provided opportunities for employment (within the system itself).
    - Several respondents expressed questions about how staff were chosen, and also wondered about agency rules that excluded respondents from applying for jobs within the agency.

Families:

- Families were also generally positive and again, reported the problems noted above as due to a lack of resources rather than a lack of effort.
- One problem identified by women in permanent housing was predatory building maintenance people. While the women generally reported that problems were promptly dealt with by the agency, they also observed that the problematic maintenance people often worked for landlords over which agencies had little control.

Youth:

- Reports by youth about worker behavior were generally positive.
- Some respondents reported negative encounters with workers, but usually these were workers who were employed by other systems, not workers employed by the programs where the respondents resided.

6. How do clients make decisions about what services to use?

In interpreting the responses related to this question, it is important to point out (and some respondents noted) that the implication of the question is that clients actually have options. Many respondents reported that they did not perceive having such options. Nonetheless, the question is worth considering, since the clients are consumers of sorts in the service system and at the very least decide whether to enter the system (

- (For two parent families), does not separate women and men and promotes family unity.
- Has staff members who treat clients in a personal and respectful manner.
- Provides individualized services.
- Helps with housing and employment.
- Provides child care.
- Is in a neighborhood and itself is safe for their children.

Youth:
Youth report that they look for programs and tend to use programs that are:

- Recommended by friends.
- Recommended by service providers or school counselors.
- Accessed on the Internet.
- Safe and clean.
- Geared toward extended stays.
- Known

feel that no clear overview of the system is presented to them. In fact, it seems to us that many staff members might not have knowledge of such an overview.

While these themes were raised in all groups, they were much less dominant in the groups comprised of youth. Those in youth focus groups believe that there are many linkages between services providers in the homeless system and other systems. In addition, although still reporting a lack of system capacity, youth report more ease in accessing the system than do adults. Youth may

mentioned a need for educational services and help with making the transition to adulthood.

Finally, respondents in some groups wanted to be involved in governance in the system. They particularly desired input into how programs are run and how the system is shaped.

What do clients believe they obtain in terms of services and what problems did they identify?

As noted in the findings above, respondents in emergency and interim shelters believe that the system provides minimal needed basic services but not much more. Respondents in permanent housing were more satisfied. However in this group as among those with longer duration in emergency and interim housing, some described themselves as –stuck‖ and not being able to achieve full independence (i.e. market rate housing) because of inability to obtain full employment. This was related to their criminal records in most cases. Heads of families expressed many of the same themes as single adults but were generally more satisfied with the comprehensiveness of the services, even if family heads who used emergency shelters often perceived services as limited and very basic. Youth, who believe that services are comprehensive and helpful for the most part, note that services are only available once they enter into transitional housing programs.

Single individuals describe the poor physical environment of many programs and the lack of information and coordination in the system. Families highlighted problems in moving out of the system and felt time goals were too short and often needed to be extended. Youth talked about fragmentation and instability.

Over-all, respondents identified the following groups as being disadvantaged in the system: black men, ex offenders, those with substance abuse problems, single women without children, couples with children, and transgender youth and older youth 21-24 (who are aging out of the youth service system). Often, each group thought of the other as advantaged or disadvantaged, although on the whole most thought women with children were the most advantaged.

How do clients rate the helpfulness and respectfulness of the service system?

There were few negative comments about the helpfulness of service providers. In general, respondents in all groups rated the system highly. When they saw problems, the respondents attribute these problems to a lack of resources, and not to intentionally unhelpful workers or agencies. Many focus groups commented that it took a degree of social and organizational skills to successfully negotiate the system. Those who were mentally ill or less socially adept could be over-looked or underserved. Respondents also perceived that the system was inequitable in its internal allocation of opportunities for employment. Women with children in permanent housing talked about predatory building maintenance people.

Appendix 1: Homeless Provider Agencies for Focus Groups (number of participants)

End Homelessness

Introduction and Method

This report summarizes findings from participant observation and interviews with personnel in the referral system for homeless individuals. The purpose of the research was to better understand the engagement and referral systems. Specifically, our goals were to:

- Examine the referral system and better understand the procedures, by which clients make their homelessness known, are routed to a worker or workers, and then provided transportation or referral to shelter or other essential services as appropriate;
- The speed with which the process occurs;
- The extent to which clients are screened out or referred elsewhere; and
- The ambiance of that system.

To answer these questions, we took part in two ride-alongs: one with personnel from the Homeless Outreach Program (HOP), run by the Department of Family and Support Services (DFSS), and one with personnel from a mobile outreach unit of a social service mental health agency contracted by the city. We also engaged in participant observation at 2 DFSS Service Centers, 2 police stations and 1 hospital[4] identified by key informants as sites heavily trafficked by homeless individuals. During the hours we were present, we systematically observed the interactions occurring between staff in these settings and homeless individuals who sought assistance, and documented interactions more fully in field notes. Finally, interviews were completed with 10 individuals in these settings and a social worker in a second hospital in which homeless observation was not feasible in order to more fully understand the engagement and referral process from their perspectives.

All these activities took place within a 10-week period, over the summer of 2009. The primary staff members who took part in observation and interview activities were doctoral students with extensive experience with qualitative methods and field observation. The principal investigators for the Evaluation of the Plan to End Homelessness oversaw all activities. Observations generally took place for 8-hour periods in each setting, from 9 to 5 when appropriate, as well as in the early morning, and late at night. A checklist of behaviors was utilized during observational activities and an interview protocol was developed for interviews with administrators as a way to systematize data collection.

[4] While we conducted interviews at two hospitals, the social worker at one advised that due to the manner in which homeless individuals are served in its emergency room it is impossible to observe or distinguish homeless individuals from other individuals seeking service. Therefore we did not conduct an observation at that site.

It is important to note that because of limited resources and time, only a small sample of sites were observed and ride-alongs completed. While we believe these were good examples, they are certainly not representative of the entire system. Conclusions should therefore be viewed as provisional. Along with the additional data we are collecting as part of the larger plan to evaluate Chicago's Plan to End Homelessness, we believe that the findings reported here can add depth to our understanding of the strengths and challenges facing the service system. This report summarizes the findings from observational activities and interviews alone.

Findings from Observations and Interviews at DFSS Service Centers

Observations took place at 2 DFSS service centers, one on the west side of the city and a second on the north side. In addition to spending time in the waiting area of each facility, we observed 4 caseworkers in their activities with clients and formally interviewed administrators in each of the service centers.

Estimates from officials in the DFSS service centers suggest that a majority of the clients they are seeing are homeless. In one office, the estimate was that 75% of all individuals waiting for service are homeless. There is an ebb and flow during the month, but numbers tend to be lower at the end and first few days of the month, when checks arrive. In both settings, it is not until individuals specifically meet with case managers that their housing status officially becomes known. However, in both settings, there is some attempt to divide clients according to need and there are procedures in place for individuals to obtain assistance, particularly when they do not have a set appointment.

In the west side location, individuals who are seeking rental assistance are identified early in the intake process and given forms to complete. All individuals who come for service are eventually given a number and further service is provided through this number system. In the North side office, the intake worker gives those in the waiting area paperwork to complete. This appears to be a general assessment form to gather name, address, demographic information, and the presenting issue. The intake worker also asks the client for his or her ID and Social Security card. If a client has these items, the intake worker makes a photocopy and gives this to the client so that he or she can give it to his or her caseworker. In some instances, the intake workers tell the caseworkers about the nature of clients' requests so that caseworkers sometimes know what to expect before sitting down with a client. If someone already has an appointment, he or she doesn't have to fill out the standard paperwork. The intake worker gives the person a smaller sheet to complete, which we assume asks for name, address, and phone number. Both DFSS Service Centers close at 5 p.m. but the west side center also houses an Emergency Services site that is open 24 hours.

In the first office the administrator believes that about 80% of all contacts between clients and caseworkers involve one-time requests for help. Requests in these instances may include shelter placement, referral to health services, bus cards, or referral to detoxification services (detox). The administrator in the other office noted similar

requests as common. In addition, at both sites, rental assistance and requests for emergency food were cited as frequent and increasing. Among the individuals whose interactions with case workers were observed, requests included shelter or housing (2 individuals), homeless verification letters in order to obtain other services (2 individuals), rental assistance (2 individuals) and a starter kit for a client in interim housing.

Wait times for service seem to vary. For some individuals, wait times may be as long as 5 hours, but for others, it may be as short as 20 or 30 minutes. On average, administrators at both sites report that clients wait between 2 and 3 hours to see a case manager/caseworker. This can sometimes prove problematic. While there are clear, ordered procedures that the office staff follows, there is a high level of disorder that arises, as people grow bored and frustrated with waiting. There is uncertainty about when one will be called. This makes routine tasks, such as using the bathroom, more challenging and adds stress to the service environment. At the west side office, although there were materials and an area where children could wait and find activities to keep them more engaged, the day of the observation, this area was closed. Thus, much of the disorder observed that day was associated with children who were bored and restless during the long wait. Additionally, it appears that staff members leave for lunch at the same time, increasing the waiting period.

Many interactions that were observed with case managers were brief, no more than 20 to 30 minutes, although a few were as long as one hour or more. Most clients were treated respectfully and efforts were made to address and respond to client requests, but interactions were observed to be very task focused. In general, case managers did not systematically ask about areas that were not brought up by clients. For individuals who had been in the office previously, there was a computerized information system that was utilized. This seemed to be useful to the case managers in tracking the trajectory of previous resources offered, and identifying issues that might make it difficult to secure additional help. For example, one individual came in to request a letter which would identify him as homeless and in the course of the interaction, the case manager was able to use the information from the computer log to ask about other referrals she had made for him, why he was still at the same site, and to determine that he did not have an identification card. This problem, in turn, would be addressed in a future meeting that was set up while he was there.

Of the 7 individuals that we observed, 5 had their immediate service needs addressed, although they may have had additional needs that required ongoing help that were not always discussed. Two did not. Of those who did not, one needed to return with more documents to be able to meet program requirements (rental assistance program). One was a single man with a child who had been asked to leave his previous shelter because of a fight with staff at the program. Other shelters that might have served him as a man with a child had no vacancies.

Findings from the HOP Van Ride Along

According to the caseworker on the team, the primary activity of HOP teams is homeless outreach, meaning they go to areas where homeless individuals are known to congregate, build relationships and try to convince those individuals to enroll in social services. The HOP in the course of their interactions with clients engage in counseling/ case management activities, address safety issues and attempt to move people off the streets to shelter and housing as it is available. Normally, there are 4 HOP van teams that go out in groups of two. Although the team did not engage in these activities during the observational period, they also informed us that the HOP teams sometimes respond to calls placed to 311 by aldermen and the general public. For instance, if homeless people are congregating in a certain area, an alderman or city official (often including the mayor) will call 311 to report it. A HOP team must respond to all 311 calls by going out to the reported site and seeing if the homeless individuals will accept services. The team also accompanies the sheriff's office on evictions so that they can offer shelter and referrals to other services. The sheriff's office is supposed to notify HOP of all evictions. Finally, the team goes out to –vacates,‖ or buildings that are being emptied due to code violations. We rode along with an outreach team from 5:30 a.m. until noon on a Thursday morning. During that time, we observed two general types of outreach activities. The first was a –sweep‖ (two of these were observed). The second was outreach at predetermined –hot spots‖ listed on the day's schedule (4 such outreach efforts were observed). In total, we went to 6 different sites. There were no scheduled client pickups for the day we observed.

Similar to the situation in the DFSS service centers, it is not always clear who is homeless. This may become evident only when the service encounter begins. In total, the HOP team interacted with 13 people, 9 of whom were probably homeless. Based on the outreach observed, few individuals explicitly sought services from the HOP team. Rather, team members reached out in a sensitive and non-confrontational manner to individuals who they believed were in need of services and provided them with information about appropriate programs based on their perceptions of the individuals' needs or specific requests. They also try to provide assistance with specific requests, such as obtaining necessary documents for identification cards, transportation and linkage to additional assessment services. These include referrals to assessment by mental health service providers. In these endeavors they appear to be limited by the resources in their

referrals, help obtaining identification, referrals for substance abuse treatment, job leads and training, help with criminal records, and referrals for medical care. The HOP team offered transportation to two men and provided transportation to one of them. There was no indication, however, that either man was waiting for the HOP van.

According to one of the HOP team members, one of the main services HOP provides is assistance obtaining identification cards. According to the worker, everyone needs ID. Some shelters require clients to have identification in order to stay there. Even the recycling centers require people to have an ID before they will pay them for the materials they turn in. Obtaining identification cards, especially when someone has none to begin with, is a challenging process. Furthermore, the worker noted, homeless individuals at times will rob one another. Subsequently, an individual may obtain an ID and need help 6-8 weeks later to acquire a new one because it was stolen.

Most of the observed interactions between HOP team workers and individuals were brief. Workers knew some of the individuals, presumably having visited sites and established relationship with them over time. Interactions were polite and respectful. The one time tension arose was during a sweep on lower Wacker Drive. During the Wacker Drive sweep, two police officers and a garbage collection truck went out with the HOP team. According to the HOP workers, police are there in case the individuals being –swept‖ become angry or aggressive. If individuals refuse services, they a Þ ȳ ⌧

services in a variety of ways. Researchers observed –street outreach,‖ a homeless services outreach initiative. The –street outreach team‖ consists of 8 LCSW (or LCSW ready) social workers who specialize in working with clients with dual diagnosis (substance abuse and mental health). Workers respond to referrals from homeless persons, agencies and sheltered individuals as well as engaging in traditional street outreach in which they initiate interactions. Workers do mental health examinations and rule out emergency hospitalization.

When asked about the nature of the work, the outreach supervisor described it as, –A little random at times, people disappear. This work is more about engagement… slowly putting the profiles together.‖ Members of the outreach team travel in groups of two to areas of the city designated as –hot spots.‖ Workers offer housing, substance abuse treatment, mental health services, legal assistance for SSI benefits (direct connection to SSI attorneys), and medical services and referral. Service provision occurs on three levels, immediate, case management and long term casework.

Currently, there are workers staffed out of a south side shelter providing mental health services to their residents if they wish to use them. In addition outreach workers have a presence on the CTA though the CTA project, which supports outreach through a worker who rides the trains at night to link homeless people with services. In addition, the agency provides food, winter gear (hats, scarves, gloves, coats) and transportation to clinic appointments. There is also a multiple assessment team of mental health providers, medical residents, and nurses who can assess individuals, as needed once they connect with services.

On a typical day, outreach workers drive to hot spots, park and walk the areas looking for homeless individuals. Outreach workers attempt to engage in relationships with the –street homeless‖ they encounter, offering direct referrals to housing, substance abuse and mental health services, medical services (working with residents from local hospitals and training programs to facilitate medical appointments –on the street‖), and other social services per client need. In a given day, outreach workers typically interact with 10-12 homeless individuals, addressing requests for housing referrals, SSI and other benefits counseling/acquisition, medical referrals, substance abuse treatment, transportation and workforce development, among others.

During the observation period, the outreach worker interacted with 8 individuals. These interactions ranged in time from 5 to 20 minutes. Overall, interactions were highly respectful and sensitive to the needs of the individuals involved. The outreach worker was persistent but not aggressive in trying to engage individuals, many of whom seemed to be severely mentally ill at the time of the encounter. The worker offered individuals food vouchers for meals at McDonalds as a way to engage them. He was also able to offer small sums of cash through an existing petty cash account as well as offering to begin applications for housing assistance.

The outreach process, while having an ad hoc, spontaneous element to it, was done systematically. The rapport building process was methodical. Each of the interactions

that we observed was either a continuation of old interactions between the worker and the client, a fully informed follow up on the efforts of another worker (complete with a knowledge of the name of the client, name of the previous worker, and nature of their interaction), or a new interaction designed to lay the ground work for future interactions (handing out of gift cards, brief introductions of workers and services, etc.).

Findings from the Hospital Observation/Interviews

Because Stroger Hospital is the one hospital in Chicago that provides care to all individuals whether they can pay, it has been a site where homeless individuals can get medical care. Because of this, we spent a day observing interactions in the Emergency Room (ER) and also conducted an interview with one of the ER social workers. The ER social worker reported that the hospital sees high numbers of homeless individuals. The numbers are higher in the winter than in the summer because of the cold. Her own estimate is that she sees more than 100 homeless individuals per month. She works from

The phone is located by the sheet where individuals sign in to see the social worker. A permanent sign is posted on the wall to the right of the waiting area. It basically states that the waiting area is for patients only and that if people are homeless, they should use the beige phone to call DFSS for a ride to a shelter. Non-patients are only allowed to sit in the waiting area if they are waiting for the DFSS Emergency Services van. The sign makes clear that Stroger is a hospital, not a homelessness service center. During the day we observed, no one used the phone although at least some of the individuals who were in the ER were homeless. There was also no one available to explain how the system worked, but signs linking numbers and services were clearly posted by the phone.

If an individual needs to see the social worker, he or she signs in and then waits for her to come out and call his or her name. The social worker that took part in the interview noted that she does not usually sit at the counter where people sign in. As she explained, if she sits out there, people bombard her. She manages her time by staying in her office, where she can get her work done, and checking the sign-in sheet and calling the next name when she‘s available to meet with someone.

Wait times for the social worker seem to vary widely. If she is in back making the rounds with patients who are in-patient in the Trauma Observation unit, then people have to wait. Since there is only one social worker on the unit, if she is meeting with other people in need of homeless services, then people also have to wait. Depending on her other obligations, it takes more or less time for her to check the sign-in sheet and call the names listed on it. During our observations, we found that the length of interactions between individuals and the social worker varied and not all individuals observed were homeless. Interactions were respectful. Similar to what was observed in other settings, interactions were often focused specifically on what the client was immediately requesting and attempts to probe further, to discern greater needs, were limited.

It is important to note that providing homeless services is not the social worker‘s main job responsibility. In this hospital setting, she is there to do discharge planning and tend to the other needs of patients. The hospital has tried to adapt to homeless individuals‘ service requests by installing the phone system so that people can more or less connect themselves to services. The social worker spoke very candidly in her interview about how she must distance herself from patients in order to guard against burn out. If she devotes most of her day to working with homeless individuals, she has less time to develop discharge plans for the patients for whom she is responsible.

The ER social worker reported she and the other social workers assist in linking people with other services. They don‘t turn people away, even though the hospital is not designed to be a homeless service provider. She provides lists of affordable housing (the list includes places like the YMCA and SRO hotels) to individuals, but people have to have some type of income to access the places on this list. She also permits people to use the phone in her office to make calls. This can help them link to shelters and housing options. The social worker stressed that transportation is a big need. She noted that people need to get from point A to B. If they had transportation, they would access more

services. If they don‘t have transportation, they give up trying. There‘s also –a great need for case management.‖ She mentioned that some community agencies are payees, yet –patients end up here, and we discover that their rent hasn‘t been paid and their lights have been cut off. This shouldn‘t be happening if someone is the payee for that patient.‖ The social work department has a small petty cash account they can use at times, but the amount available is extremely limited.

Although we did not observe at the second hospital, a private hospital in the Englewood community on the south side of Chicago, we did conduct an interview with a social worker at this hospital. In contrast to Stroger, the social worker at this hospital seems to be more directly involved in providing referral assistance to the homeless individuals who use the facility. However, she may see fewer homeless clients than the social worker at Stroger. She noted that she typically sees two or three homeless

Findings from the Police Station Observations

We took part in observations at two different police stations, In addition to observing on two different weeknights, in one instance from midnight until early morning and in the other from

that make people homeless, and these emergencies take precedence over coming to the police station.

Discussion with a worker from the Emergency Services transportation team that took place when the worker came to pick up homeless individuals from this police station during the time we were observing revealed that different activities take place during different shifts. The midnight to 8 a.m. shift generally responds to shelter requests and fires. The 8 a.m. to 4 p.m. shift delivers food boxes to people. They have few shelter requests. The 4 p.m. to midnight shift responds to crisis referrals, such as well-being checks on seniors, fires, and shelter requests. As the worker noted, –This shift does a little bit of everything.‖ Emergency services never shut down, even on furlough days.

This worker also reported that the number of people the vans pick up each night varies depending on the weather (there are more calls in the winter). One night, the worker‘s team had 40 requests for pick-ups, and they picked up 25 people. If things are slow, the team will do sweeps of certain areas. This worker also noted that as part of emergency services, the team is just placing people for that night. Emergency services doesn‘t do case management. They are strictly about emergency placement.

We were told by the police at this station that the DFSS van only comes to the station once during the 10 p.m.-6 a.m. shift, so if someone shows up after the van has made its stop, he or she appears to sleep at the station. Indeed, after the DFSS Emergency Services van arrived and picked up one man, two men arrived at the station at different times. Both entered without interacting with anyone and slept in the lobby for several hours. The officers recognize that people need a safe place to sleep. When they can‘t have DFSS transport people to shelter, the police really have no option other than to allow them to sleep at the station. If the police force them to leave, they run the risk of someone being harmed on the streets during the night.

There is no specific procedure for individuals who are homeless to follow in terms of requesting help and there isn‘t anyone designated at the station to work with homeless individuals. Whoever is at the front desk works with them. As reported by the officer who was interviewed, people just walk through the door and ask for shelter. Then, they call Human Services (DFSS). –Most people know what they‘re supposed to do. Sometimes, you do see people who are homeless for the first time and don‘t know the drill. The police might have picked them up and brought them to the station. Some people, you see over and over.‖

During the period of observation, one of the individuals who regularly utilized the police station as a point from which to get transportation was present. We spoke with this individual, who explained that he works daily as a handyman but doesn‘t make enough money to afford a place to stay. He comes to the police station every night and calls DFSS. On the nights that DFSS comes, he goes with them. Otherwise, he sleeps at the station. The man reported that he has a drinking problem. This is part of the reason why he doesn‘t have money to pay for somewhere to stay. He also said that he was not interested in help for his drinking problem and that he doesn‘t want to stop.

We also observed a woman who exhibited signs of severe mental illness. She appeared to

here are from a limited number of observations, in a small number of settings. They provide a provisional perspective of the way in which the engagement and referral system operates. We hope this view will be filled in and contextualized further when combined with data from other sources, including calls to the 311 and focus group data.

Most interactions are positive

The information provided here indicates that there are both strengths and problems in the engagement and referral system we observed. On the positive side, most interactions between clients and those helping them in all settings were respectful. With few exceptions, interactions consistently showed care and concern on the part of those offering assistance, whether DFSS caseworkers, police or hospital social workers. In those instances where workers may have been more brusque or less helpful, it seemed, in most instances, the worker had a history with an individual and the brusqueness reflected his or her frustration that the individual had not followed through on previously requested directions.

One problem we observed was that the rapport that the HOP team built during its outreach and engagement work was seemingly compromised by the HOP team participation in the sweep. By its very nature, the sweep was experienced by the

applicants for rental assistance, but it is not clear whether the forms made fully clear what was needed to apply.

In a few instances, system access breaks down

Evident as well in our limited observations were places where the system as a whole breaks down or is disconnected. For example, DFSS transportation only came one time during the overnight shift at the police station. If individuals missed the one opportunity for transportation during this period, they had to spend the night in the station. Similarly, because Stroger is not equipped to provide homeless services, staff introduced a system in the ER which helped to ease the number of homeless people