

## **The Pathway to End Unsheltered Homelessness:**

### **Will County Continuum of Care's Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs**

#### ***Introduction***

Unsheltered homelessness is faced by many in the Will County Continuum of Care. These households are often invisible due to the lack of the capacity in our Homeless Response System. Unsheltered homelessness is a crisis. Our region has never seen unsheltered homelessness as extreme as it is now. The Will County Continuum of Care is committed to working in urgency because the severity of this crisis unresolved will result in the loss of lives.

The Will County Continuum of Care is dedicated to addressing homelessness among our communities most vulnerable members- those experiencing unsheltered homelessness- through Housing First and Progressive Engagement. The Will County Continuum of Care (CoC) is working to improve our Homeless Response System's infrastructure so that our system reaches those experiencing unsheltered homelessness efficiently and effectively. It will take dedicated outreach, housing, and services, to ensure that no one experiences unsheltered homelessness in our communities. Those who are in a housing crisis should have access to rapid housing solutions that meet their needs, especially those exasperated by their homeless crisis. Unsheltered homelessness demonstrates a lack of system capacity. This Special NOFO allows the CoC to dedicate resources to ending unsheltered homelessness.

The CoC HMIS documents between 31% and 37% of those served within our Homeless Response System have experienced unsheltered homelessness. In FY20, the CoC reported less than .005% of our crisis intervention engagements were through street outreach. In FY21, that increased 12 times, now accounting for 8% of crisis intervention engagements in our CoC. Our street outreach component has a 70% success rate of housing people who are unsheltered. Our CoC permanent housing projects intake 46% of households directly from an unsheltered situation, with an average 91% housing success rate. Our regional shelter capacity plummeted 52% because of the impacts of the pandemic, the CoC expects rates of unsheltered homelessness to continue to rise significantly.

The CoC has a history of aligning resources, developing and implementing successful strategies, and scaling them up to end homelessness. Our CoC was the 50th Community to End Veteran Homelessness, recognized by the United States Interagency Council on Homelessness, using many of the evidence-based practices identified in this plan. The Will County Continuum of Care makes a request for funding available through the Special NOFO to help us end unsheltered homelessness.

Working together, we can end homelessness.

#### ***Attachments include:***

- Leverage Commitments for Housing Subsidies that make up 62% of the CoC's proposed housing portfolio for this Special NOFO.

- Letter of Support and a MOU from our partner, the Housing Authority of Joliet, to expand permanent housing for households experiencing homelessness through Stability Vouchers.
- Leverage Commitment from a Health Care provider for the direct provision of health care services to households served by the projects awarded by the Special NOFO that expands our supportive services by 50% of these awards.
- Letter of Support from the Illinois Interagency Task force on Homelessness documenting its commitment to building capacity among providers via training opportunities. It also shares the overall objectives of Home Illinois, the inaugural State Plan to End Homelessness, which the CoC will leverage specifically to help the CoC respond appropriately to the needs of our underserved community members. This plan aligns \$564 million annually to help end homelessness in Illinois.
- Most importantly, a Letter of Support from our CoC's Leaders with Lived Experience of Homelessness, dedicated to ending unsheltered homelessness.

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The CoC's current strategy is to encourage landlord recruitment at the project level. The projects receive support from the CoC committees and workgroups. Providers are given direction on communication and marketing strategies from a Housing first perspective. Providers work with households to identify where they want to live and then, they identify the landlords and units. The CoC does not have an identified area where we cannot locate units and have been able to find units that meet the household's needs. Cohorts of providers (ex. all RRH providers or all PSH providers) meet at least monthly and landlord recruitment strategies is a standing agenda issue. This collaborative strategy has been successful until the pandemic. The CoC's communities are experiencing barriers to housing created by the landlords and the economic conditions resulting from the impact of the pandemic.

During the FY22 local competition for the CoC Program, the CoC set the expectation among providers that a landlord strategy will be implemented at a system level through criterion within our scoring. All providers made commitments to improve landlord engagement at a system level. The CoC's commitment is to support the intense challenges our providers are facing in engaging landlords. The most pressing challenge is that landlords have increased rents that exceed HUD FMR. The CoC has identified that misinformation about HUD programs, people who receive assistance from the HUD programs, and the new Illinois law that considers source of income (specifically HUD subsidizes) as a protected statutes has increased significantly. A shared engagement and communication strategy will help to alleviate these issues. The CoC is partnering with our providers and the Housing Authority of Joliet (PHA) to host a communitywide landlord conference in early 2023. The purpose is to correct misinformation and create a landlord pool for referrals.

The HMIS administrator is updating our Housing Inventory process so that it can more clearly indicate the need for referrals to our RRH and PSH programs, initiating earlier housing location processes and landlord engagement. Currently, The housing inventory process reviews utilization quarterly for data quality. This change in data review will require real time updates for

utilization rates of RRH and PSH. This capacity reporting will enable faster referrals and improve placement times (from referral to housing). This element will also be a data point used to understand project's performance and system impact.

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( P-3a)The CoC's strategy to regularly engage households experiencing unsheltered homelessness is led by the CoC's Consumer Leadership Committee. This monthly meeting brings together leaders with lived experience, providers of street outreach, partners in crisis interventions (fire department paramedics, substance use interventionists, healthcare providers), and community volunteers. This committee plans Project HELP (Homelessness Ends Lifting Peers) outreach activities in the community to engage the hardest to engage. Project HELP is led by leaders who have experienced unsheltered homelessness.

Our annual strategy starts with our Point in Time (PIT) unsheltered outreach. This sets a framework for the year, capturing data on locations and needs. Our CoC's goal of the PIT unsheltered outreach is to ensure people engaged are connected to the Coordinated Entry System (CES) assessment. We generate a by-name list from this exhaustive outreach. This list is part of our monthly Continuum Taskforce to End Homelessness (CTEH) case conferencing meeting. All veterans are immediately referred to the VA, who provides follow up and ongoing outreach until household is housed or asks to discontinue services. Households who are victims of experiences of domestic violence are referred to our victim service provider, who provides follow up and ongoing outreach until household is housed or asks to discontinue services. Youth are immediately referred to the youth provider, who provides follow up and ongoing outreach until household is housed or asks to discontinue services. Veterans, survivors of domestic violence, and Youth may choose not to receive services from these partners, and they will still be served by the CTEH team.

The CTEH team case conferencing reviews the monthly Coordinated Entry assessments and works to create housing plans with everyone on the list. Street outreach providers and community crisis partners add new engagements to the by name list of those who are unsheltered. Households who are unsheltered are also flagged by the CES. Households who are unsheltered are asked if they would like to utilize an emergency shelter, if an opening is available. The emergency shelter capacity has decreased by more than half in our CoC.

- 1- The Outreach Cohort is the primary group responsible for street outreach. This includes projects funded through ESG, PATH, the VA, Youth Dedicated Outreach (CCBYS), and Project HELP members.
- 2- There are currently staff dedicated to Street Outreach. They engage people daily. Each provider utilizes different hours but are advised by our leaders with lived experience. The ESG 1.15 FTE dedicated staff provide a minimum of 2 hours of direct outreach daily (7 days a week). Although they usually plan their hours between 12-4, they incorporate evening and morning hours into their week. They also respond to phone call requests and meet households where they are at and at the best time identified for the household. Our partners in the community crisis intervention roles provide referrals to the street outreach cohort for follow up and access to homeless response services.

- 3- The Coordinated Entry System is utilized to connect households to housing. The CES prioritizes chronic households, highest needs, and longest lengths of experiences of homelessness. CES assessments are conducted in street outreach engagements. Households experiencing unsheltered homelessness are engaged in conversation about their shelter needs and are provided a referral to ES or TH if they want it and if there are openings. The most common experience of those unsheltered is that a barrier existed that kept them from utilizing shelter. The CoC encourages the ES and TH programs to operate as low barrier, housing focused interventions. The shelter funded through ESG does this but has very limited capacity, reduced by the pandemic.
- 4- The CoC has adopted Housing first and Client -Choice Policies community-wide and has integrated trauma-informed approaches throughout our homeless response components. All Coordinated Entry Staff who enter in to, or receive referrals from, or participate in case conferencing must complete a required CoC training in cultural competency, best practices to serve those who are least likely to access our system, initially and annually. All providers are expected to provide appropriate services to anyone who they interact with. The projects' staff meet in different cohort meetings to build their capacity to serve people with high vulnerabilities. Trainings are hosted by the CoC's Education/Supportive Services Committee to build capacity.
- 5- Outreach is available throughout the CoC. Outreach teams serve as a CES entry point. Unsheltered Persons are prioritized in the same manner as any other person who accesses CES. They have higher vulnerabilities and longer lengths of time homeless and therefore are prioritized by the current prioritization. We also adopted a flexible housing infrastructure through the philosophies of progressive engagement and housing first. The projects are responsible for helping the households receive the interventions that best fit their defined needs. The CoC has Move Up and Move On housing pathways available to households.
- 6- The CoC does not have a current strategy to achieve this for Street Outreach projects. Our CoC does include the support and employment of leaders with lived experience in CoC Housing Programs. This is monitored through the annual local competition and scoring criterion is added to this element. Each provider is employing a leader with lived experience in these programs and has a leader with lived experience on their board.

(P-3b) 1. The CoC's emergency shelter capacity significantly decreased because of the impacts of the evolving pandemic. The public health crisis has shifted the shelters' role to keeping people protected from the infectious diseases. Prior to the pandemic, the CoC had 2 seasonal rotating bed shelters that had a shared capacity of 30, one ESG funded 120 bed site-based emergency shelter, one 40 bed domestic violence shelter, and one mission that hosts 22 beds of shelter. Both seasonal shelters have closed permanently, causing two of our counties to have no local shelter. The 120 bed shelter reduced to 56 beds permanently. Overall, our emergency shelter capacity decreased by 52%. The shelters intake new households on a first come first serve basis. They also receive referrals from the outreach cohorts.

2. The CoC encourages low barrier practices within the shelters, including exit policies. The length of time people are in the shelters have increase significantly due to reductions in barriers from unnecessary exits (based on antiquated policies that restricted the number of days a

household could receive shelter in a year). The median length of time is 121 days (a 59% increase) and the average length of time is 410 days (a 71% increase). The CoC experienced an increase of 8% in successful exits from the crisis interventions to permanent housing as well. The public shelter staff provides trauma-informed housing focused services to all households in the shelter. The reduced capacity and infrequent openings of beds in a significant challenge faced by the Homeless Response System, resulting in rising unsheltered experiences.

3. The CoC was able to provide non-congregate emergency shelter between March 2020 to June 2020 with dedicated emergency relief resources. 126 people were connected to permanent housing in this time with community funding for Rapid Rehousing programs. Referrals of households who needed shelter were routed through the HMIS system by many partners. There was a weekly status meeting of the collaborative partners and housing plans were created with each household served. The CoC learned a lot from this experience. The most profound things learned were that when emergency shelter is provided in a way that makes people feel safe, supports their dignity, meets their basic need to access their communication resources any time (internet/telephone), and ensures their autonomy to make their choices about their time, housing placement is quick and has high rates of success.

(P-3C)1) a. The CoC practices Housing First and Progressive Engagement. Households access the Coordinated Entry System and complete an assessment for housing and services. Our goal is to house as many people as possible and as quickly as possible. The CoC increased its Rapid Rehousing (RRH) resources. This is the primary housing intervention for all households because its availability is more frequent. RRH providers can serve a variety of needs, including the most severe. The RRH providers' assessments with their clients allow them to make a referral for households to Move Up, Move On, or maintain housing with current supports. Move Up indicates that a household has self-identified through case management within the RRH program a need for more supportive services based on their severe needs. Households eligible for Permanent Supportive Housing (PSH) will be referred for a Move Up. Move On indicates that the household can maintain housing stability with ongoing, permanent rental subsidy. These households (participating in either RRH or PSH) are referred to a Housing Authority voucher. The RRH providers meet as a cohort monthly to case conference and work on referral needs as a group. Referrals are made utilizing Coordinated Entry. Chronic households are prioritized for any housing opening and can receive a direct referral to a PSH program, if available.

The CoC's philosophy is that households in crisis should not be burdened by the homeless response system. Utilizing a progressive engagement system model approach allows the system to work for the households. The CoC providers collaborate to ensure households receive the services that they request. Services are client-led. This philosophy allows the CoC to scale up Housing first and bring in cross system partners to expand housing opportunities.

1)b. During the FY22 CoC Competition and this Special NOFO, the CoC strengthen its commitment to increasing housing resources because housing is the solution to homelessness. Housing is the platform for services to be successful and for people to heal from the impact of homelessness. In the Special NOFO recommendation, the CoC selected programs from partners who had opportunities to leverage the CoC program and expand housing resources available to

end homelessness. The CoC selected three permanent housing projects for our project priority listing. Each partner has a unique pairing of housing resources.

Trinity RRH 4 is leveraging HOME-TBRA rental assistance for 11 units. Cornerstone PSH for 8 is leveraging PHA vouchers for 8 units. Riverwalk Homes 2 is leveraging HUD Housing Assistance Payment resources for all 12 PSH units. An award from the Special NOFO will create 19 new CoC units and 31 new units through housing subsidies (not ESG or CoC) increasing our housing inventory by 50 new permanent housing units.

2. The CoC's CoC-PH programs all receive referrals directly from the CES based on vulnerability and length of time experiencing homelessness. Annual trainings are provided on cultural competency and housing first and monthly cohort meetings reinforce evidence-based practices. Projects place between 17%-76% of new households that have experienced unsheltered homelessness immediately prior to intake. The average intake rate is 46% of all new households in a CoC-PH programs. These programs also have an average of 91% successful program exits.

3. In our efforts to increase permanent housing units available, the CoC has worked in partnership with the Housing Authorities within our region to establish processes that allow the CoC to refer households experiencing homelessness for housing. This partnership allows the CoC to refer households to open Housing Choice Vouchers, Mainstream 811 Vouchers, Emergency Housing Vouchers, Family Unification Program, and HUD VASH. Additionally, when public housing units are accepting new households the CoC is informed and coordinates with its members and stakeholders so that people experiencing homelessness have support in applying for these opportunities. The CoC collaborates with our region's largest housing authority regularly, the Housing Authority of Joliet (HAJ), to plan for application and allocation of vouchers. The CoC contributes to the PHA application process to HUD, identifies CoC members to partner in service delivery, and develops processes for implementations with the HAJ. The CoC and HAJ advocates to our partners in the VA and Child Welfare to apply for opportunities unique to their systems.

The CoC practices progressive engagement as a system. This has enabled us to implement Move On and Move Up strategies, pairing CoC's housing programs and supportive services with PHA's housing. This practice helps ensure households experiencing homelessness receive the support services they identify they need to locate housing, work with landlords and connect with community resources for utilities. These are not services the PHAs can offer. The Move On partnership is very successful and helps the PHA's meet their lease up needs.

The CoC has been in a Move On partnership with the Housing Authority of Joliet since 2019. Approximately 300 new vouchers have been dedicated to households from the CoC's progressive engagement strategy.

4. This first Move On partnership was implemented in 2019. The CoC learned a lot from implementing a Move On partnership. The initial Move On program had only 7 vouchers and was restricted to PSH. We recognized that most of the households we served in our Homeless Response System needed access to permanent rental subsidies. The CoC expanded its referral partnership to serve more households. We prioritized households with disabilities. This allowed

us to move people from a crisis intervention (ES or SO) to rapid rehousing and then, connect to PHA opportunities. The housing location services, case management support to gather documents needed by the PHA, and connection to community-based services, helped households find success with programs that offered permanent subsidies. Also, the RRH agency ensured the households they served had an ongoing resource in them to navigate crises later in their housing stability journey (even though the CoC funding no longer was available for services, the agencies ensured that the housing stability services were available). This partnership is ongoing, expands to other systems of care (like child welfare and the VA), and is improved through regular communication (set by the formal partnership agreement).

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Data is important. Data informed strategies provides the direction of the CoC's work. The CoC strives to improve data collection to ensure local data's usability. The CoC recognizes quantitative and qualitative data collection methods are critical to ensuring the direction of our work is appropriately informed so that we can end homelessness.

The CoC has structured its data conversations in a way that our board, members, stakeholders, and community can understand system impact. The Homeless Response System must be effective, and the projects and partners work must contribute positively to the system's impact. The system is responsible for ending homelessness.

Data Elements used by the CoC include system performance measures, looked at as a system and at project levels. The CoC looks at system performance measures and shares the project's contributions to these metrics. We break the SysPM into these simple categories: Who Experiences Homelessness in Our Communities (measures 3 and 5), How They Experience Homelessness in Our System (measures 1 and 2), The Resources They Receive in Our Programs (measure 4), And Our Systems' Success (measure 7). We use Stella P to review the system map and the pathways for each subpopulation to analyze our system impact.

We also look at the vulnerability of the households who enter and exit our housing programs (via HMIS). We specifically look at their length of time homelessness, chronicity, and unsheltered experiences. Our CoC funded programs serve the most vulnerable households based on our prioritization to ensure our scarce resources are provided to those most in need. This information is provided to our boards, its committees, our members, and community. We use it to inform our strategies, gauge our success, and improve fidelity to evidence-based practices. Strategies are presented to the CoC Consumer Leadership Committee for feedback and which is integrated into the strategies' development and implementation.

### ***Street Outreach***

We currently monitor data quality of these projects based on HUD Data Standards and the CoC Data Quality Plan. We provide a monthly data collection report to HMIS providers and conduct a quarterly monitor of data quality for system impact. Data performance profiles will be created for this intervention with the lens of this components impact on unsheltered homelessness. The profile will be shared with the Pathway Team (this team represents the core of the outreach and engagement professionals and advocates in the CoC) and CoC Board. The Pathway team will

make recommendations to the CoC Board, who will assign the committees (or working group) who will develop and implement strategies to improve and expand street outreach. This will be presented to the CoC Consumer Leadership Committee (or its Unsheltered Working Group) to intentionally solicit input in the decision-making process. The data performance profiles will be reviewed quarterly.

Street outreach activities are currently connected to Coordinated Entry and HMIS. The HMIS administrator works regularly with the providers to ensure that their data is accurate and usable by consulting one on one and leading HMIS Local Admin Meetings monthly.

The CoC has identified partners who we consider core outreach providers. This includes service providers who most frequently engage households experiencing unsheltered homelessness. These partners are represented on our Pathway team and include health departments, fire departments, police social workers, hospitals, and legal services. They are helping develop strategies and implementation plans through this initiative with a shared goal of that when these systems engage with households in housing crises- connection to the Homeless Response System is simple and systematic. Any partner identified through these meetings or this team will be outreached by the CoC Executive Director and invited to participate in the initiative.

#### ***Low Barrier Shelter and Temporary Accommodations***

We currently monitor data quality of these projects based on HUD Data Standards and the CoC Data Quality Plan. We provide a monthly data collection report to HMIS providers and conduct a quarterly monitor of data quality for system impact. Data performance profiles will be created for this intervention with the lens of this components impact on unsheltered homelessness. The profile will be shared with the Pathway Team and CoC Board. The Pathway team will make recommendations to the CoC Board, who will assign the committees (or working group) who will develop and implement strategies to improve and expand Low Barrier Shelter and Temporary Accommodations. This will be presented to the CoC Consumer Leadership Committee (or its Unsheltered Working Group) to intentionally solicit input in the decision-making process. The data performance profiles will be reviewed quarterly.

This Special NOFO will not expand the financial resources for this intervention. The CoC is working to advocate for resources for the crisis housing in our community. The CoC will be reevaluating its ESG allocations (which were reduced by almost 30% because of census changes) to try to expand our capacity. The CoC expects that better referral processes will be established through the CoC's third objective within its initiative the Pathway to End Unsheltered Homelessness. The purpose of that initiative's objective is to ensure formal partnerships are effective for outreach and shelter providers and serve unsheltered with direct access to the crisis housing.

#### ***Permanent Housing***

We currently monitor data quality of these projects based on HUD Data Standards and the CoC Data Quality Plan. We provide a monthly data collection report to HMIS providers and conduct a

quarterly monitor of data quality for system impact. Data performance profiles will be created for this intervention with the lens of this components impact on unsheltered homelessness. The profile will be shared with the Pathway Team and CoC Board. The Pathway team will make recommendations to the CoC Board, who will assign the committees (or working group) who will develop and implement strategies to improve and expand Permanent Housing. This will be presented to the CoC Consumer Leadership Committee (or its Unsheltered Working Group) to intentionally solicit input in the decision-making process. The data performance profiles will be reviewed quarterly.

Housing performance will be reviewed monthly by the CoC lead with the projects awarded by this Special NOFO. The data will focus on each household experiencing unsheltered homelessness and identify length of time from engagement to housing. Foundational best practices will be implemented including housing first, trauma-informed practices, and client-led, client-centered supportive service delivery by each project. The group will document the efforts they are implementing. The CoC lead will identify resources to build capacity among this cohort. The cohort is piloting this work so that we can move it to scale and end unsheltered homelessness. Also, we want to scale up housing first with our community housing opportunities and this cohort's experience will help add to that big picture objective. The cohort will review housing first fidelity benchmarks monthly and utilize the HUD Housing First Assessment tool for this data recording and analysis.

This data collection, performance monitoring and evaluations, and improvements of implementing best practices will enable the CoC to improve and expand our ability to rapidly house households in permanent housing, specifically improving and expanding our ability to serve households with histories of unsheltered homelessness.

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The CoC decided to apply for the Special NOFO because our community is in crisis. Unsheltered homelessness has always been a priority for our response system, and we have responded urgently to unsheltered homelessness as the most vulnerable experiences in our communities. As many communities in the country can share, the pandemic destroyed our crisis response system-specifically our shelters. As the emergency relief resources begin to dissipate, our CoC expects to face extreme challenges. Unsheltered homelessness has increased in the last year. Community advocates believe unsheltered homelessness is at its most extreme level, with more people in more spaces with more needs. As a community we are committed to ending unsheltered homelessness.

The CoC established our Pathway to End Unsheltered Initiative, which was approved by our leaders with lived experience on 10/13/22. The Pathway team represents the core of the outreach and engagement professionals and advocates and includes leaders with lived experiences, providers of street outreach, emergency shelter, rapid rehousing, and permanent supportive housing, and health departments, fire departments, police social workers, hospitals, and legal services. Federal partners, including the Community Action Agencies and Veteran's Affairs, local government partners, including 2 township offices and the county governments, and funding collaboratives also joined the Pathway Team.

This team reviewed unsheltered homelessness, its exasperation, barriers within the homeless response system, and strategies to end unsheltered homelessness. The Pathway Team recognizes that unsheltered homelessness is a crisis and that our region has never seen unsheltered homelessness as extreme as it is now. Together, the Pathway Team is committed to working in urgency because the severity of this crisis unresolved will result in the loss of lives.

### ***Severity of Needs Identified***

All households will receive client-led, client-centered services. As a system, capacity will continue to be built so that all providers can provide appropriate, evidence-based services to each household they interact with.

Each objective aims to improve service delivery to improve these severe needs: Mental illness, Substance Use, Survivors of Domestic Violence, Victimization, rural experiences, crisis resources that cause family separation, serving households with animals, severe physical health conditions and limitations such as loss of limbs, medical conditions resulting in shelter turn away, people who work and experience homelessness, and discharge planning specifically with social workers at the hospitals or criminal justice institutions.

### ***Objectives of the Pathway to End Unsheltered Homelessness Initiative***

1. Ensure meaningful and intentional input is integrated into the CoC's work from leadership with lived experience of homelessness, especially experiences of unsheltered homelessness.
2. Centralized point of access for all unsheltered households to receive assessment and referrals for the homeless crisis system.
3. Partnership with current shelters and providers able to provide non-congregate shelter to ensure immediate access to shelter for those households who choose it.
4. Working in partnership with crisis systems in the CoC communities, including fire departments, hospitals, health departments, and police departments, so that when these systems engage with people in housing crises- connection to the Homeless Response System is simple and systematic. This partnership should lessen the burden households experiencing a housing crisis in accessing critical resources and increase community partners' ability to access the Homeless Response System.
5. Increase the capacity of the housing interventions to provide housing to those experiencing unsheltered homelessness- specifically focusing on implementing trauma-informed responses through Housing first and Progressive Engagement strategies.
6. Leveraging resources to expand housing and services within the CoC. The CoC's communities' resources are becoming more scarce, due to economic reasons influenced by the pandemic and long existing employment challenges of the human services sector. The CoC will leverage its partnerships with the housing authorities, child welfare, veterans' affairs, victim service providers, education institutions, workforce, legal services, and health partners. This will build community capacity to respond to the crisis of homelessness- specifically improving the urgent response of serving those households experiencing unsheltered homelessness.

7. Data informed strategies will provide the direction of the CoC's work. The CoC strives to improve data collection to ensure local data's usability.
8. Collective Voice- Raising Awareness Together. The Pathway Team will lead awareness, education, and advocacy efforts to ensure the communities are informed about homelessness.

1. The Will County Continuum of Care (CoC) is dedicated to addressing homelessness among our communities most vulnerable members- those experiencing unsheltered homelessness. The CoC is working to develop an infrastructure that allows the system to reach those experiencing unsheltered homelessness more efficiently and effectively. It will take dedicated outreach, housing, and services, to ensure that no one experiences unsheltered homelessness in our communities.

The CoC will not wait on the Special NOFO to work towards ending unsheltered homelessness, however, the funding availability will be a game changer that saves lives. The CoC Consumer Leadership and Ranking Committees worked to identify the projects needed to build an infrastructure that supports unsheltered experiences of homelessness through a housing first philosophy.

First, the CoC wanted to ensure resources were available to compensate leaders with lived experience. They will lead planning and evaluation efforts for each project and contribute to comprehensive system planning. The CoC awarded \$5000 annually to each of the 4 projects to ensure this objective is met. Having the work led by leaders with lived experience, who are equitably compensated, will make our strategies well-informed and efficient. The leaders with lived experience will formally lead efforts with a cohort of support from agencies (including professional development) and under the direction of the CoC Unsheltered Working Group.

The entire initiative to end unsheltered homelessness' progress will be documented by the CoC lead with the reports from the Leaders with Lived Experience, CoC Unsheltered Working Group, the Pathways Team, the CoC Consumer Leadership Committee, CoC Ranking (Project Review) Committee, Continuum Taskforce to End Homelessness, providers funded in this Special NOFO, and HMIS data. It will be reported to the CoC Board quarterly and its membership annually.

The CoC recommends a SSO-Street Outreach project as its top prioritized project. This project will lead our engagement and outreach efforts. They will maintain the By Name list of those who are unsheltered and contribute it to the Continuum Task force to End Homelessness. This project is led by a clinic and provides health care services to people experiencing homelessness. This project is critical because a recognized severe and unmet need in our community is serving those with severe physical health conditions, often causing households to be unable to access shelter. Also, this project has the capacity to provide other wellness services like mental health, substance use, medication management and assistance, and care coordination for more severe issues that might require intense health care responses. The CoC recognizes that no health intervention is as successful without housing and will consistently be focused on housing first. This provider also leveraged 50% of the three new permanent housing projects recommended in this Special NOFO so that households will have direct access to the wellness services they need while housed.

2. The CoC is currently undergoing an initiative to improve the CoC Coordinated Entry System. Our primary objective is to ensure our system is efficient and effective. This work is led by the CoC's Plan to End Homelessness Committee. They will incorporate unsheltered homelessness into this initiative. This committee will research evidenced-based practices on improving the CES, specifically including serving those experiencing unsheltered homelessness. They will provide a recommendation to other planning committees for feedback. The CoC Consumer Leadership Committee will identify barriers that will need to be addressed by the CES plan. The Pathway team will also identify barriers. After the CES improvement plan is drafted, the CoC will initiate a 100-day challenge to learn from the new process and finalize the policy. Data collected will be reviewed and adjustments will be made. Once everything is final, the policy will be presented to the CoC Board. After its approval, the CoC will create a training schedule and members will receive training. The CES policy will establish an ongoing quality review process.

If awarded the Special NOFO, the CoC will review the CES with a lens to the successfulness of serving those experiencing unsheltered homelessness. The CoC will follow the same framework to improve the CES with these new resources. If the funding is issued, the CoC will bring additional experts to the table to ensure the CES processes reduce unsheltered homelessness.

Our community-wide commitment to Housing First ensures that the eligibility process is not a barrier to housing. The CoC recognizes that leveraged resources may have different needs for funders. The initial work in integrating these new resources will be to identify the least burdensome documentation and processes for eligibility. The partnership agreements with leveraged sources will identify the responsible parties for meeting the requirements. The households will receive support from CoC-funded services to ensure they are not burdened or overwhelmed by the system's processes.

3. The CoC recommends 3 new CoC-PH projects. The providers of these projects are high performers, utilize best practices, and have a history of serving those who are unsheltered. We are recommending one RRH project and two PSH projects. This creates 19 CoC funded housing units and 31 leveraged units, increasing our bed inventory by 50 new units. The diversity of housing in this portfolio allows us to effectively implement progressive engagement strategies. It is our intention for these units to be dedicated to households who have experienced unsheltered homelessness. These households will also have full access to the other housing options in the CoC-CES. The CoC's objective is to connect households to safe crisis interventions whenever possible but expects to house most households directly from unsheltered homelessness.

These 4 providers will work together as a cohort, guided by the Unsheltered Working Group and the Pathway team. They will start with a By Name List, prepared by the SSO-SO provider, maintained in HMIS, and work on housing plans for each household. They will meet at least biweekly in the development stage and maintain a regular meeting schedule during the implementation stage. The CoC lead will coordinate meetings of this group. This will mirror the Ending Veteran Homelessness initiative and infrastructure already established and successful in our CoC. This will be reported to the CoC Board quarterly and its membership annually.

4. The CoC believes that the most effective way to ensure households experiencing homelessness have access to housing and community resources is through a formal collaborative relationship of systems of care and their community partners. The first step we have taken is creating the Pathway to End Unsheltered Homelessness Initiative. This framework was created by bringing over 50 partners together to focus on unsheltered homelessness. Leaders with lived experience shared that one of their biggest struggles is identification. It is a consistent barrier to services. This group will meet regularly and establish these formal partnerships so that the burden of resolving issues, that are exacerbated by homelessness, is that of our Homeless Response System and its partners. Through these meetings, the CoC recognized that one immediate CoC resolution is to revise written standards at system level for connection to identification and processes for documenting program eligibility. These standards will reinforce and support two philosophies: the burden for documentation collection is that of the homeless response system and its partners (not the household in crisis) and documentation should not create barriers to housing and services.

During the FY2022 CoC Competition, the CoC recognized the need for a dedicated CoC-CES lead and allocated resources to this project. The CoC-CES coordinator will create strategies to lessen barriers to housing and services, improve communitywide housing navigation services, and increase CES assessment and referral to services for households experiencing homelessness (including health care and other supportive services).

Finally, the CoC has partnered with the Will-Grundy Medical Clinic to ensure that households experiencing homelessness will have a direct connection to health services, including mental health services to individuals and families experiencing homelessness, specifically unsheltered homelessness. These services include, but are not limited to: Medical Case Management, Care Coordination, Health care Entitlement Navigation, Psychiatric Medical Treatment, Medication Support, Medication Management and Counselling. This will leverage more than \$300,000 in services annually.

(P-6)

The CoC Consumer Leadership Committee is a formal committee established by the CoC Governance Charter. The CoC Board receives recommendations directly from its committees. Committees shape policy and decisions in the CoC. This committee is an open, inclusive committee led by leaders with lived experience. The chair of this committee maintains a seat on the CoC board. This committee's vision is to connect the hardest to house to the homeless response system. They lead many initiatives to gain consumer input, raise awareness, and ensure outreach is effective. Most of the leaders with lived experience on this committee have experienced unsheltered homelessness. This committee hosted the working group to end unsheltered homelessness for this Special NOFO.

1. Outreach was conducted by the street outreach cohort and the committee chair to engage those with lived experiences to join the work group sessions. There is a social media page for people experiencing homelessness in the CoC. Invites to join the meetings were posted on the social media page.

2. The meetings took place 7/14/22, 8/11/22, 9/8/22 and 10/13/22. During these meetings, leaders with lived experience provided input and feedback on the homeless response system and the increase of unsheltered homelessness. They identify barriers and needs. This input was crafted into the CoC's Pathway to End Unsheltered Homelessness framework. The framework was presented to the working group on 10/13/22 for input and edits. The final version was approved by the working group.

3. The Will County CoC's Initiative to Support Leaders with Lived Experience was approved in the Special NOFO project selection and review. The CoC believes that leaders with lived experience play an important role in our work. It is equitable to ensure that resources are available to provide compensation for their contributions in planning, implementation, and evaluation to the projects awarded under the Special NOFO. Each awardee has been allocated \$5000 to contribute to the CoC's work to support leaders of lived experience. The goals of this initiative include: each project helps identify at least one leader with lived experience to serve on the Ending Unsheltered Homelessness working group, projects will work as a part of a cohort to ensure that working group participants are provided support so that they can participate in overall program management, coordination, monitoring, and evaluation, projects provide compensation to their work group members and projects may provide their work group members formal trainings.

During the FY22 local competition, the CoC established scoring criterion to support the expectation that agency's help leaders with lived experience in their meaningful and intentional participation in decision-making. We also provided bonus points for projects that employed people with lived experience. All projects have a person with lived experience employed. This criterion will gain further prominence in future competitions.

(P-7)

1. The CoC reviews its LSA data in Stella P. We utilize the pathways report to identify overrepresented populations in the CoC. We also collect input from the CoC Consumer Leadership committee and other members of the CoC. The CoC providers, both funded and non-funded, meet regularly in different work group settings. In these meetings, providers identified the severe needs and underserved.

2. The most underserved population in our community are Black/African American members. Although, they are overrepresented in the homeless response system (60% of the population experiencing homelessness and 10% of the overall population in the CoC's three counties), Black/African American households are served at the same rate they are experiencing homelessness through the CoC's housing interventions.

3. The CoC strategy to ensure our Homeless Response System is inclusive and equitable begins by training our members. The CoC policy expresses that all partners participating in the Coordinated Entry process should have the ability to serve anyone who is referred to, outreached by, or interacted with them. The CoC provides annual training on cultural competency. Also, through the committees, work groups, and task forces, the providers recognize and reinforce their responsibility to the households experiencing homelessness to meet them where they are and

provide client-led, client centered services. Through these regular collaborative meetings providers are held accountable to those we serve.

Outreach is informed by the CoC's Consumer Leadership Committee or its working groups. This committee focuses on unsheltered responses. Outreach providers are in the field at least 2 hours a day every day. They use trauma-informed approaches, de-escalation, and housing focused case management with every engagement. Housing interventions are provided via the CES. The data of the CES is also reviewed by the CoC to ensure inclusivity and equitability.

Additionally, The CoC will leverage resources established through Home Illinois, the inaugural State Plan to End Homelessness (2022), to help the CoC improve its response to the needs of our underserved community members.