Reports from Qualitative Research components conducted summer 2009 for the Evaluation of Chicago's Plan to End Homelessness
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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 included: (1) test calls to 311; (2) participant observations and (3) focus groups with consumers. These analyses were undertaken in order to develop the types of insights that cannot be gleaned from quantitative analyses as well as to inform researchers of issues to explore further in the survey of individuals and families that were homeless that commenced in winter of 2009/10. Here we focus on summarizing the commonalties in the findings of the three components as they related to accessing and negotiating the homeless system.

In general, we found difficulties in the ease and efficiency of entering into the system. In addition, homeless respondents reported challenges in negotiating the system beyond immediate shelter and housing provision due to the issues related to siloing/service fragmentation and lack of resources within of the larger social service system.

Methodology
Before discussing these findings, it is important to note that the data presented here, in particular the participant observations, are from a limited number of observations. They provide a provisional perspective of the way in which the system operates.

Test of 311 System
100 test calls of the Chicago 311 City Services were conducted from mid-August to mid-September of 2009, testing the frequency and manner of referral to the homeless system. 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. Further, callers posed as calling from various areas of the city. A subset of Spanish-language calls was conducted.

On site observations and interviews
This component focused on sites of initial engagement and referral. Two trained qualitative researchers took part in two outreach ride-alongs, one conducted by DFSS and another by a contracted provider. We also engaged in participant observation at 2 DFSS Human Service Centers, 2 police stations and 1 hospital[1] 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. 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. Finally, interviews were completed with 10 individuals in these settings and a social worker in a

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[1] While we conducted interviews at two hospitals (one of which was Stroger Hospital), the social worker at the second, a hospital on the South Side, 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.

second hospital in which homeless observation was not feasible in order to more fully understand the engagement and referral process from their perspectives.

Focus Groups
We conducted fifteen focus groups in order to cover various aspects of the Chicago service system. Individual focus groups, different in composition, targeted either single adults or families, in various shelters and housing options.   Participants for each focus group were recruited from one of 15 different programs, each which also was the focus group site. The programs were selected to ensure geographic diversity and included overnight shelters, emergency response shelters, daytime support centers, interim housing programs, and permanent housing programs. While the unit of analysis for this study is the group and not the individuals in the group, it is useful to note that, 95 individuals took part. Of this total, 54 were single individuals, 21 were adult family members, and 20 were youth.

Findings

1. **Access to the system:**
All data sources pointed to problems accessing the system. Reports from focus group participants pointed to a wide range of ways of accessing the system. For those who used the 311 system, in most cases, a number of problems were reported. These included their experience in calling 311 as well as utilizing hospital and police stations.

Calling 311
There are a great many problems related to calling the Chicago 311 City Services. The 311 system is very passive and not very helpful. In the focus groups, adult participants, both individuals and family heads, reported that calls to 311 did not immediately yield helpful referrals. Instead, respondents reported being redirected to unspecified "nearest" police stations and hospitals. Youth felt that 311 workers did not differentiate their specific needs and only directed them into the adult shelter system.

 Our test callers to the 311 system reported similar experiences. They found that operators did not refer them to specific programs or even to DFSS Service Centers, where consumers could be linked to more targeted and appropriate services. Rather the de-facto 311 protocol they encountered was to tell individuals to go to unspecified police stations and/or hospital emergency rooms and to call back 311.

Accessing Services through Police and Hospitals
Participant observation activities and focus group accounts indicated that often police stations and hospitals do not have the knowledge of the service system or the resources to provide any personalized help or interaction. Rather the usual procedure is usually a phone to call for a pick-up from DFSS and a place to wait for pick-up. Finally, observations and reports from focus groups suggest that there are long waits for transportation to shelters from hospital or police sites.

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. **Negotiating within system, obtaining services:**

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 managers did not systematically ask about areas that were not brought by clients. It is likely that the failure to be more proactive reflected the reality that many of the staff have a limited tool kit to offer. Soliciting additional information from individuals might have meant the identification of further needs, which workers did not always have the resources to meet. Additionally, as noted above, in some settings a great many individuals were waiting for services. Longer interactions with clients would have delayed contact with clients who were waiting. This does not mean that workers in many instances did not make attempts to meet client needs as requested even when more time and effort was required. Indeed, many of the interactions we observed within the service

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 more was needed. Respondents talked about the need for individualized services and the need for case managers to be able to "triage" and recognize that all homeless individuals do not have the same needs. In addition, they pointed to the need for assistance in negotiating various systems.

Respondents in emergency shelters and interim housing, especially single adults, reported that these programs provided an emergency safety net but not much more. Many described a lack of highly skilled and professional case managers who could advise them and be of more assistance in connecting them to services, especially employment and affordable housing assistance. Notably, individuals, both youth and adults, in permanent programs were more likely to report skilled case management. However, even in those positive circumstances, respondents pointed to the needs for agency staff to have more advocacy skills and connections to social service and public assistance programs outside of the homeless system

Many respondents expressed feelings of being caught in the system and unable to move out. They blamed much of this on the larger social economic system and institutions outside of the homeless system. They also suggested that the homeless system does not have the resources and/or personnel to help them negotiate the problems of the socio economic system and or successfully advocate for them. Most described the social service and public assistance system as fragmented and many stated that that a clear overview of how to access assistance from various social service or public assistance agencies had not been presented to them by program staff. In fact, it seems to us that many staff might not have this overview. While these themes were raised in all groups, they were much less dominant in the youth groups where there seem to be many more reported linkages between homeless service providers and other social service providers and educators. In addition, although still difficult due to capacity issues, youth displayed more ease in accessing the services they needed. This might be due to their better ability to access information from a variety of sources including the Internet and to the helpful resources available directing them into services such as within the education system.

Report of Test Calls of the Chicago 311 City Services for Evaluation of Chicago's 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 (morning/afternoon/evening), and day of week (Monday/Wednesday/weekend). Further, callers posed as calling from various areas of the city (Southside/ Northside/Westside). A subset of Spanish-language calls was conducted (See Table 1).

Table 1. Test Call Demographic Characteristics (N=100)

	Frequency	Percentage
Type of Caller		
Single adult	33	33%
Family head	33	33%
Youth	34	34%
Area of City*		
Westside	34	35%
Northside	33	34%
Southside	31	32%
Sex of Caller		
Male	50	50%
Female	50	50%
Language Spoken		
English	92	92%
Spanish	8	8%

* Sample size for Area of City was 98 due to missing data. Percentages do not total 100% due to rounding.

All these activities took place within a 4-week period, from mid-August to mid-September of 2009. The test callers were undergraduate and graduate students with extensive experience with both qualitative and quantitative research methods. The principal investigators for the Evaluation of the Plan to End Homelessness oversaw all activities.

For each test call, the test caller filled out a form recording the following: whether or not the test caller was referred to the homeless system; where else the test caller was referred, the speed of the referral, and ratings, on five-point scales, of a series of items regarding whether worker behavior was helpful and respectful.

Results

Information Provided by 311 Operators

Test callers documented the information provided by the 311 operators during the series of test calls. Note that 311 operators could give more than one referral per call. All referrals that were mentioned were counted, even if they occurred in the same call. Most often, callers were instructed to go either to the nearest hospital emergency room or police station in order to get into a shelter. During 93% of the test calls, test callers were instructed to go to either of these locations (Table 2). Callers were told to go to a Department of Family and Support Services (DFSS) service centers during 12% of the test calls. The 311 operators provided either directions or the address of one or more DFSS service center in only 11% of all calls.

During the same 100 calls, callers were provided with information about the process of receiving shelter during just over half (55%) of the test calls. In these cases, the 311 operators provided greater detail about what would take place during the process of entering a shelter, explaining that once they got to the police station/emergency room/DFSS service center, they should call 311 and that they would be picked up and transported to a shelter.

Table 2. Information Provided by 311 Operators during Test Calls (N=100)

	Yes		No	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Told to go to a DFSS office	12	12%	87	87%
Given directions to or address of DFSS office	11	11%	89	89%
Given information about process of receiving shelter*	55	56%	44	44%
Told to go to a hospital emergency room	93	93%	7	7%
Told to go a police station	93	93%	7	7%
Transferred to speak to someone at DFSS*	2	2%	97	98%

* Sample sizes for "Transferred to speak to someone at DFSS" and "Given information about process of receiving shelter" were 99 due to missing data.

More Detailed Information

As indicated above, test callers were typically told to go to a hospital emergency room or police station in order to access the system, but in some cases (16%) the test

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]

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[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 1-5, where 1 was "not at all" and 5 was "very" (N=100)

	Median	Minimum	Maximum
Helpfulness of 311 Operator	3	1	5
Respectfulness of 311 Operator	4	1	5

Call Times

The wait time to speak to a 311 operator spanned a broad range, from an immediate pick-up by the operator to a wait time of over 7 minutes. The median was just under one minute (57 seconds). This broad range was also reflected in the total call times of the test calls, as they ranged from 14 seconds to over 9 minutes.

Test Call Wait Time and Call Times in Minutes and Seconds (N=100)

	Median	Minimum	Maximum
Wait Time to speak to a 311 Operator	00:57	00:01	07:16
Total Call Time	01:52	00:14	09:39

Information Provided by DFSS Representatives

311 operators transferred the test caller to speak to a representative at DFSS in two of the test calls. During one call, the DFSS representative reiterated the typical information provided by the 311 operators – to come to the DFSS office or to go to a hospital emergency room or police station, and in the second case, the DFSS representative provided the address and hours of the DFSS center and instructed the test caller to go to the center.

Ratings of Interactions with DFSS Representatives

Using the same 5-point scale, where 1 was "not at all" and 5 was "very," the test callers rated the respectfulness and helpfulness of the DFSS representatives. Rating the two calls which were transferred to DFSS, the test callers rated the level of respectfulness and helpfulness comparably, providing scores of 3 and 4 for both characteristics.

Discussion

To summarize, the callers found that on the whole while the 311 operators were responsive and respectful, the information given was minimal at best, and not uniform or consistent.

According to our discussions with DFSS representatives prior to conducting this series of test calls, we had expected a detailed, uniform, and situation-specific response. In addition, we anticipated that during business hours, callers would be transferred or referred to a DFSS Service Center for further assistance. Finally, we had been cautioned that during calls taking place outside of business hours there was the potential for the caller, especially if a youth or parent with a minor child, to be offered a well being check,

call-back and/or offer for a pick-up. For most of the calls, none of these expectations were met.

- o In only 16 cases were individuals given detailed information such as addresses or directions to a nearby hospital, police station, or DFSS service center.
- o The only uniformity we found was the ubiquitous instruction to go to a police station or hospital emergency room.
- o In only just over half of the calls (56%) were individuals given information about the process for receiving shelter. This information was not uniform but ranged from telling callers to call 311 when they arrived at the police station or hospital to more detailed information as to what would happen after the second 311 call (i.e., pick-up routine and the transfer procedure to a shelter).
- o In only two calls was there a transfer to a DFSS service center. In one case, the caller was told to go to a police station or hospital; in the other case, the DFSS representative provided the address and hours of the DFSS center and instructed the caller to go to the center.
- o In no cases was there an offer for a callback, well-being check, or pick-up.

In conclusion, we found that the de-facto 311 protocol was to tell individuals to go to unspecified police stations and/or hospital emergency rooms and to call back 311.

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 Center hotline."
- "I asked to speak to someone in Spanish. The operator was bilingual. After the scenario script, she asked if I needed help with rent. I said "No, I need a place to stay, a shelter." Then she said, 'Hold on' and I heard the HPCC [Homelessness Prevention Call Center] message. I didn't know where I was being transferred. The operator just said 'hold on.' I thought she was going to stay on the line, but I just heard the HPCC message playing."
- "First asked in Spanish' 'you need policia? policia?' I said 'no,' then he brought an interpreter on. He told me to go to an ER/CPD and they would pick me up from there or look in the Yellow Pages under social services and look for a shelter and call them."
- "Where are you calling from?', 'The Northside', 'Ok, please hold, I'm going to connect you to the Department of Human Services (Did not connect to correct dept. wrong extension?)"
- "Asked me if I needed shelter for 1 night or more, I said more than 1. He said he was going to transfer me. The next person, after I explained my situation, gave me the phone number for DFSS, I asked him who I was talking to and he said Community Development."

Disconnected Calls, and Other Technical Difficulties:
- "First time I called I got disconnected after waiting a bit over a minute before I got a chance to talk to an operator."
- "Called at 10:25am and was picked up on a fax line."
- "First two times I called said all networks are busy now. She stayed on the line the 311 operator while I was being transferred."
- "First time I called got like fax noise or when connecting to internet then was disconnected. I was able to say I got evicted but did not say age or status or location."
- "Very quick and bold. But before I got through said network was busy. Also did not get to say the script didn't mention age, status, [or] situation."
- "First time I called it [automated message] said to try again later. Gave her a 4 in helpfulness because I was not transferred to DFSS, but other than that it was 5!"
- "First call was busy, 2nd call they pick up right away, didn't wait. After telling her I'm on Northside, with a kid, and was evicted operator asked if I'm in ER/CPD. I said no, she said to go to a CPD/ER and call 311 from there and they will come pick me up."

Report of Focus Group Interviews conducted for
Evaluation of Chicago's Plan to End Homelessness

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 **correctly identify the respondents' problems**; 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 the delivered services. Delivery also depends upon what might be described as ambiance, or the character of worker and client interactions.

Methodologically, we conducted fifteen focus groups in order to cover various aspects of the Chicago service system. Each focus group targeted clients who were at a single program in the shelter, interim housing, or permanent housing system. As the Appendix details, the selected programs are listed as serving single adults, families, or youth. They also cover the various shelter and housing options, and thus include overnight shelters, emergency response shelters, daytime support centers, interim housing programs, and permanent housing programs. While the unit of analysis for this study is the group and not the individuals in the group, it is useful to note the total number of individuals involved in this study. In sum, 95 individuals took part. Of this total, 54 were single individuals, 21 were adult family members, and 20 were youth.

We generally recruited clients using posters and fliers that were distributed at the programs. Volunteers who placed their name on a sign-up sheet became part of the focus groups. Our aim was to have groups of between six and eight clients. On occasion, the actual focus groups sometimes contained more than eight clients.

Two trained staff members conducted the focus group interviews. The principal investigators along with doctoral level graduate students generally ran them. The interviews were completed during June and July of 2009.

The interviews were organized around a focus group interview schedule. The schedule was designed not to ask clients about their own homelessness or personal life, but instead to invite the clients to act as informants on the service system. We feel that this approach not only flows from the research questions but also makes ideal use of the focus group method. The approach helps to generate ideas about the service system and to determine if there is a group-based consensus. Given our approach, the findings sometimes describe group rather than individual perceptions.

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 were then analyzed and coded.

Obviously, there are limitations to the information we have gathered from these focus groups. Although we were purposive in our selection of the sites, the individuals who participated in each session were volunteers, not members of a randomly selected sample. We thus do not claim that respondents represent all homeless people. We also must caution that various motivations and happenstance could have led to people with unique experiences or agendas to volunteer for the focus groups. In addition, the groups may under-represent individuals who were able to move quickly out of the system. Nevertheless, the findings about experience with the homeless service system tend to be consistent across the focus groups. Accordingly, it is possible that bias was minimal, especially with respect to findings concerning perceptions of the system as a whole, as opposed to findings about particular experiences of each respondent.

For the purposes of this report, analyses were guided by principal research questions. The over 450 pages of transcriptions of the focus group interviews were mined to look for themes concerning client experiences in the system. This report is organized as a summary of these themes as they related to each research question. The type of group and site distinguishes results. That is, the body of the paper summarizes the themes pertaining to each question as derived from our analysis by type of consumer (individual adult, family head, or youth). The end of the report further summarizes the themes

The themes generally follow the topics developed in the focus group interview. As noted below, these include the following: how do clients who use the various programs rate the Chicago homeless system, how do clients rate the services they, in particular, are using, what do clients expect from the system, what services do clients believe they obtain, how do clients rate the helpfulness and respectfulness of the service system, and how do clients make decisions about what services to use.

Findings:

How do clients who use the various programs rate the Chicago system ?

1) For serving homeless people in general:
  a) Does the system help them find the right agencies?
  b) Do the workers correctly identify the respondents' problems?
  c) Are client needs met?

Single adults:
  o   Universally, the single adult participants reported that their basic needs (shelter for the night, food) are being met by the system.

o 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.

o Not surprisingly, participations across focus groups almost uniformly reported that the system lacked certain resources, in particular, affordable housing and employment opportunities

o Ex-offenders reported having a difficult time finding employment. Their offender status seemed to be the major reason for their difficulties. In addition, they reported that their housing options were limited; services specializing in ex-offenders were almost always over-burdened.

o Some groups reported having a slightly easier time in the system. These include:

- Women
- Individuals with a mental illness, who saw themselves as having some options like Medicaid and nursing homes that are not open to others.

o Respondents generally reported experiencing many problems with the 311 system. Respondents noted that, upon calling, they were provided little information other than advice to go to a generally unnamed police station or hospital. Upon acting on the advice, they reported experiencing long, and in few cases unproductive waits and often-poor initial referrals.

- Some individuals reported problems with police stations and with hospitals. The problems with police stations were often associated with the attitude of an officer. In terms of hospitals, some consumer reported that they were unable to connect with the DFSS van from the hospital. They reported that hospital staff members often were unaware of a van system.

o   The respondents reported experiences with DFSS that were very mixed. Many people said that they did not have any interactions with DFSS. 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 office as a warming center and place to hang out during the day.

Families:
o On the whole, the focus interview results suggest that families may be able to access services more easily than single individuals. Even so, families reportedly suffer from the same lack of coordination and resources in the system. Many relevant respondents (family heads) felt that the system was more geared toward those who had "non-economic problems" (mental health, substance abuse, criminal records) and that it was less equipped to address their pressing employment assistance issues. (At the same time, many individuals in the one family focus group that had both men and women pointed out that their criminal backgrounds were a barrier to the ability of people to find employment and housing.)

- 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.

2) How do clients rate the services they are currently using?
a) does the system help them find the right agencies?
b) do the workers correctly identify the respondents' problems?
c) are the clients' needs met"

Single adults:
- As is often the case, respondents have positive things to say about the particular workers and agencies with whom they deal despite the negative way in which they characterize certain aspects of the system as a whole. Most single adult respondents thus reported being very satisfied with the ambiance and nature of the services in their current program. That is, most of their criticisms were directed toward the way the

larger social welfare system limited the availability of resources or acted in problematic ways.

- However, the single respondents still noted that, in their programs, they lacked some types of resources and referral connections, particularly concerning employment.

o Except for respondents in one focus group, most single individuals viewed case managers as helpful, although again, they often described the managers as over-extended due to the lack of resources provided by the larger social welfare system.

- The focus group that was more critical was primarily comprised, ironically, of women heads of family who were being housed in an Emergency Response Shelter that was originally identified as a site that served single adults. . The members of this group presented themselves as "unemployed homeless" and "not typical." They were very frustrated by the lack of employment services, lack of case management, programming that truncated time for job search, and the lack of child care.

Families:
o Family heads reported more positive experiences with linkages and case management than did single individuals.
o The family heads also reported they needed to be allowed longer stays in interim programs. The stays would allow them to use services fully. They also reported that they could ask for extensions.
o Again, the respondents identified the problems that concerned them as not stemming from the programs they used but from issues that were outside of the scope of programs – the lack of resources, affordable housing, and jobs.

Youth:
o All youth respondents were very positive about the programs they used.
o The youth respondents seemed to appreciate the strategies used by programs to motivate them to make personal changes.
o Many of the respondents were concerned about the current lack of available jobs.
o The youth were focused on education and felt they received support for education and training.
o Compared to adult respondents, youth described a more integrated system of linkages among the various programs that they were using.

3. What do clients expect from the system?

Single adults:
o Respondents were asked to explain the types of services that they wished to have available. The single adults reported a desire to have access to follow –up and support services after they leave a program.
o The respondents also consistently identified the need to have skilled and connected case managers.

- 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 single women without children (although some see the system as working better for women, but most often women with children).
- One group perceived the system as being geared TOWARD ex-offenders and those with substance abuse issues.

Families:
Families expressed many of the same themes as single adults but were generally more satisfied with the comprehensiveness of services. Some respondents—primarily those in emergency shelters – perceived services as limited and very basic.

Identified problems included:
- Services were not able to facilitate movement out of the system.
- The time limits in interim housing were not sufficient.
- Domestic violence victims were advantaged, having available services that were better linked and more comprehensive, and also having a superior referral network available to them.
- Respondents reported that there were more limited services for couples with children who were homeless than for homeless women with children.

Youth:
Youth saw the system as comprehensive and helpful for the most part, but they believed that services primarily are available after they leave the emergency shelter system and enter into permanent (transitional) housing programs.

Problems identified by youth included:
- Transgender youth are underserved.
- Older youth 21 -24 have a harder time in obtaining services than younger youth.
- There is fragmentation and instability in the system.

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

Single adults:
- Respondents rated the system generally as high. They saw the problems mentioned above as caused by a lack of resources, not worker behavior.
- Some individuals reported that they had issues with particular workers. Nevertheless, overall, workers were perceived as trying to do the best they could in a tough system.
- Some respondents expressed concern that individuals who are mentally ill or less socially adept might be over-looked or in some cases barred from programs because they are "difficult."

- 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 or not.

Single adults:
The single adults reported that they look for and tend to use programs:
- If the programs can help with employment.
- If the programs receive a positive review from other individuals.
- If the program is considered safe for them and their children.
- If it has good basic services.
- If it has linkages to services such as health providers.
- If it provides them use of phones and computers, etc.
- If it is clean and safe.
- If it is in a convenient location –to family, old neighborhood, transportation, etc.

Families:
Families, like individuals, look for clean, safe programs. Particular themes that resonated in family focus groups concerned whether the program:
- Can help with a multitude of problems.
- Has good reputation with others and from service providers.

- (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 for good quantity and quality of service.
- Useful in helping them move into independent adulthood.

General Summary

How do clients who use the various programs rate the Chicago system

The findings of this study suggest that respondents from interim and permanent housing were more positively disposed toward the programs at which they received services than were those who used shelters. The interim and permanent housing residents were particularly complimentary about the availability of case management services. Respondents, who resided in (the two) daytime support programs, also were positively disposed toward their programs. Nevertheless, a number of respondents who were served by interim housing reported that they were worried about the time limits. Many of those who attended the focus groups reported that they had been housed in interim housing for a long period of time (over 2 months). The adults in interim housing, in particular, report a lack of access to affordable housing and to employment opportunities.

Respondents generally report that it is difficult to enter the service system. Most also report that, once they manage to enter, the concrete services they are getting are satisfactory. Nonetheless there are problems:

- The respondents blame much of the lack of long-term options on the larger socio economic system and the institutions outside of the homeless system. Those with criminal records also feel that their criminal backgrounds are a particular obstacle.
- They also feel that the homeless system does not have the resources and/or personnel to help them negotiate the larger socio economic system or to successfully advocate for them.
- Most respondents describe the social welfare system as fragmented. They

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 have access to information and help that stems from a variety of sources, such as from schools.

<u>Difficulties with entry into the system</u> Adult respondents, both individuals and family heads, report that calls to 311 did not immediately yield helpful referrals. Instead, respondents report being redirected to unspecified "nearest" police stations and hospitals. Youth felt that 311 workers did not differentiate their specific needs and only directed them into the adult shelter system.

Experiences with the DFSS service centers were varied. Some respondents reported helpful encounters. Nevertheless, the general theme of respondents was that there were severe limits to resources and to the scope of services.

<u>What do clients expect from the system?</u>

Individuals report that their expectation is that they will be linked to needed services and will be presented with information that helps them negotiate the homeless and the larger services systems. They recognize that the services that they identified as most crucial--employment and housing services-- are not controlled by the homeless system. Nonetheless, most respondents believed that the homeless system should provide more individual advocacy in obtaining services and public benefits and focus more on employment and housing services.

Respondents discussed the importance of having a clean and safe space in the service system. They also perceived a need for support and follow up services, whether they went to market rate or subsidized housing options. Many respondents mentioned the need for help in expunging criminal records.

Respondents in a number of focus groups across all types of programs, particularly adult respondents, spoke about the need for mental health counseling (which they said was primarily needed not for themselves but for others) to deal with the trauma of homelessness and with situational depression. Many spoke of the difficulty and stress of homeless life and how it contributed to malaise, hopelessness and despair for some individuals. In addition, the event of finding oneself homeless can lead to post traumatic stress.

Some unique issues were raised in the family and youth groups. Heads of families spoke of the need for parental education and support. They also expressed a need for childcare, particularly when the respondents engaged in job search activities. Youth

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.

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

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.

<u>How do clients rate the helpfulness and respectfulness of the service system?</u>

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.

<u>How do clients make decisions about what services to use?</u>

Over-all, single adults favor programs that can help with employment; have a good reputation with other consumers; are safe; are conveniently located and have good basic services. Families look for similar qualities but also consider if programs can help them with multiple problems, whether members of two parent families will be separated, and if the neighborhood is safe. Teens listen to the recommendation of friends and learn about programs through the Internet and school counselors. They look for programs that are geared toward extended stays and that help them move into independent adulthood.

Conclusion:

In looking at the comments from the focus groups as a whole, it strikes us that adult respondents generally want services that let them start over. That is, they want help with expunging criminal records, new job skills, help finding housing, etc. It seems as if they thus want support and help in undoing poor or problematic choices (i.e. bad credit) or in addressing the problems they face because they are in economically marginalized situations. It is also apparent that many respondents, both adults and youth, desire employment and affordable housing options that cannot be addressed through the homeless service system by itself.

Many respondents also hope to find case managers who are highly skilled and professional, and thus who are of assistance in dealing with the larger system. Respondents frequently report that many case managers do not meet these criteria. To be sure, single adults, youth, and family heads who are in permanent programs tend to report access to skilled case management workers. However, even these respondents hoped that agency staff might improve advocacy skills and skills in developing linkages outside of the homeless system.

One question that was not clearly answered in the focus groups, but which we hope will be further illuminated by our surveys of consumers and interviews with community providers, is how people move from one type of program to another within the system. Although we asked about this issue in the focus group, we were unable to distinguish clear paths. Respondents instead were likely to express frustration with the lack of clear linkages.

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

	Single		Family	Youth	
	Men	**Women**		**Family**	**Non-Family**
Overnight shelters	FG1 (7)	FG2 (2)	No FG Here	No FG Here	
	FG3- People with mental illness (10)				
Emergency Response Shelters	FG4 (6)		FG10 (7)	No FG Here	
	NO FG Here	FG6--this group was primarily women with children (5)			
Daytime Support Centers	FG5 (6)	FG7 (6)	No FG Here	No FG Here	
Interim	FG8 (7)		FG11 (5)	FG12 (7)	
Permanent	FG9 (10)		FG13(4)	FG14 (8)	FG15 (5)

Location Color Key
South Side
North Side
West Side
Loop/Central

Report of Participant Observations/Interviews for Evaluation of Chicago's Plan to 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:

- o 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;
- o The speed with which the process occurs;
- o The extent to which clients are screened out or referred elsewhere; and
- o 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.

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[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 tool kits. During the observational period, some individuals who were approached were hostile toward the team, seeing them as city workers. Others were indifferent and some actively sought help. Overall, during the observational period, 6 people requested assistance from the team with a specific need. The remaining contacts involved team members "checking in" with individuals they knew or reaching out to ask people who appeared to be homeless if they needed help. This may be typical. According to one of the HOP team members, on average, the HOP team will see about 10-20 homeless individuals per day. This worker estimates that about 8-9 people out of 100 accept services from HOP.

During the observational period, requests that were made included requests for transportation assistance in the form of bus passes or a van ride, requests for housing

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 are asked to leave the area and Streets and Sanitation discards their belongings and/or furniture such as beds or sofas if they are left behind. During the observed sweep on Wacker Drive, one couple that the HOP team knew were roused from their makeshift shelter and asked to leave. The couple became angry. The HOP team responded respectfully and tried to defuse some of the tension in the situation.

This was the only "sweep" in which police and Streets and Sanitation were present. Other interactions, as noted, were respectful and low key. Workers approached individuals and asked if they needed or wanted assistance. If individuals reached out to the team, they tried to meet requests through referral. In one instance, an individual asked for a bus pass and was given one along with a ride to the nearest El station. Another individual asked for a bus pass and was offered a ride when the workers told him they did not have any more passes. Other requests, for help with identification cards, job leads and so on, were responded to in the form of information and referral. Engagements were brief and workers generally did not probe into an individual's situation in depth or attempt to engage him or her in lengthy conversation. Workers provided what was requested, but usually did not offer more than what was asked for. This was especially true when a contact was new. Workers tended to be more directing when they had some history with an individual and knew more about his or her situation.

Findings from Ride-Along/Outreach Session with contracted agency

This agency is a long-established mental health service provider in Chicago and the surrounding suburbs. The agency has been providing outreach services to homeless mentally ill individuals for many years. At present it offers multiple kinds of outreach

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 7 a.m. to 3 p.m., and sees at least 5 homeless people per day on her shift, although this may vary day to day. There is a social worker available in the ER from 7 a.m. to 11 p.m. daily. If people need a social worker after 11 p.m., Stroger staff or the individual needing services will leave a message in the ER social worker voice mailbox. It is only within the past few years that the ER has cut back and no longer has a social worker available over night.

        According to city policy, Stroger's ER is also a site where individuals can go and be linked to services. The 311-City Services tells individuals to go to police stations or hospitals if they have nowhere to go. As noted above, DFSS Emergency Services vans are supposed to be available to meet people there and take them to shelters.

        Although this may be the city policy, it appears, from observations in the ER and the interview with the ER social worker that there is no longer a proactive attempt made to link all individuals to services. According to the ER social worker, the number of homeless individuals coming to the hospital has been so high that the hospital put a service in place so that homeless individuals would no longer "clog" the system. In the old system, people would come in and sign up to see the doctor, even if they didn't have a medical issue, so that they could sit at the hospital and get services. However, this would tie up medical care. To address this problem, the ER set up a phone system for people in need of homeless services. There is a phone at a desk up front in the ER, across from the waiting room. The phone has numbers for various transportation services programmed into it. People dial the code for the service they need (such as transportation, detox, shelter) in order to connect to the corresponding agency (such as Pace, RTA/CTA, DFSS). This way, people don't have to see a doctor or contact the social worker to access services. For instance, people can contact DFSS using the phone and receive a service request number for pick-up. They then can sit at the hospital while they are waiting for the DFSS van to arrive. If people are seeking services (beyond what they can access via the phone) they will see a social worker.

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 individuals a day, but when it is very cold, she may see 5 or 6. She estimated that the social work department, which is comprised of five social workers, spends about 10% of its time addressing the needs of homeless individuals on any given day and that about 20% of the work of the department is focused on serving the homeless.

When asked how she connected to homeless clients, the social worker reported that clients contact the social work department directly when they come into the hospital or they may get involved at discharge if a nurse tells someone in the department that an individual does not have a place to go. Someone from the social work department will medically evaluate the person to see if he or she qualifies for the shelters. If the patient meets the criteria, the social workers contact DHS (DFSS) and let them know they have someone who needs shelter. If the person does not meet the criteria, a social worker will look for a nursing home placement or a half way house for substance abuse users. Social work staff also screen for psychiatric problems and if needed will place an individual in an appropriate setting.

According to the social worker, homeless individuals who come to the attention of the social work department are looking for a place to go. She noted that some have already picked out a certain shelter and ask if she can help them get to it. They also ask for help obtaining medication. Additionally, the social work staff will provide clothing, which has been donated by other patients and community members, to individuals who need it. Some people are also looking for shelters where "they don't have to come out." By this, we assume she means places where individuals can stay long term. She reported, there was a facility on the west side that would let people stay up to 6 months, but "I don't have a big say so. I just refer to DHS." In order to get people into more long term settings, she would have to do more. Yet, it seems that she is fairly proactive in many instances. For example, when asked what she did to link people to programs she responded, "I call directly. I don't want to send someone to a place that's not there anymore… I like to have names, and then I type a referral letter. They need to know something about the client. I address it to the person I talk to." She also added that the hospital will provide transportation. She remarked, "I've done cabs, bus fares. I let places know how they (patients) are getting there. If they're referred to a nursing home they go in an ambulance."

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 approximately 2:00 p.m. until 10:00 p.m., interviews were conducted with police officers in both settings. One of the sites, a station on the south side, had moved from a less visible location about 11 years ago and is now highly visible. The second station is located on the west side, a few blocks from the expressway.

According to the officers who were interviewed, the numbers of homeless people who come to their stations vary. The police officer from the west side station noted that typically there are 2 to 3 homeless people per shift at this location, but again, it differs depending on weather, with greater contact taking place in the winter. On the night we observed at the station on the south side, 3 people were waiting for the DFSS Emergency Services van. The previous evening, the officer reported that only 1 homeless person came in the whole night. During the observation period on the west side, we saw one family that was near homeless seeking help. Since procedures were somewhat different at the two stations, we first report on the south side station and then discuss findings from the west side location.

South side Station. Reportedly, when a homeless person comes into the police station, the police will have the person contact DFSS. The officer we spoke with reported that they are supposed to do this if they want to stay in the station. However, sometimes people just want a place to sleep and they will go and lie down in the bathroom. If it's busy, the officers won't even know they're in there until a "citizen" uses the bathroom and tells the officers someone's sleeping in there. At that point, the officers will call DFSS or tell people to get out. The police will also take someone to detox if they are intoxicated. After calling, individuals can wait for the van at the station.

Although individuals are required to call DFSS, the officer who was interviewed noted that people often hope that the van won't show up because they don't want to leave the neighborhood where the station is located. The officer noted, "People are connected to this area (79th Street) and don't want to be moved to another part of the city." Depending on when the DFSS Emergency Services van arrives, individuals will be taken to different shelter settings. Those who arrive at night, particularly late night and early morning (after midnight), are likely to be transported to Pacific Garden Mission, which is "a little way away," and Gospel League. Individuals who arrive at the police station before 8.p.m. are more likely to get a spot at "a nicer shelter."

Sometimes it takes a long time for the DFSS Emergency Services van to pick people up from the police station, and wait times are especially long in the winter. The officer we spoke to believed that the Emergency Services workers tend to come more quickly for families. But sometimes, the officer noted, the vans don't come at all. It depends on the number of teams that are working and vans that are out on any given night. Further, the DFSS Emergency Services van responds to emergencies, such as fires

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 be a "regular" at the police station. She used the bathroom to wash up, asked for and received some food from the officers on duty and was even able to use the phone for personal calls. Indeed, we were told that when she's away from the station, she will call to ask if she's missed any calls. The officers knew a lot about her personal history and family situation. They seem to have grown to expect her presence and know how to respond to her. For instance, there were 2 times when she became somewhat disruptive and agitated during the observational period and the officers knew what to do to calm her down. There appears to be tolerance of a wide variety of behaviors. The only infraction is aggression. The officer we spoke with noted that that people who have caused problems in the past (such as battering a police officer) can't come to the station any more. One man who caused a fight with another man who was at the station waiting for the Emergency Services van "had to go."

We also note that the majority of people we observed entering the police station the night we were there did not ask for any services and had no interaction with any of the officers. Throughout the night, people entered the station, walked directly to the bathroom, and seemingly used the bathroom to wash up. When they were done, people left without exchanging a word and sometimes even a glance with an officer.

West side Station. According to the officer we interviewed, people come to the west side station looking for a place to stay. There is a shelter close by (Franciscan) and residents who report on the poor behavior of other residents have actually called the police there. Some individuals have been banned from the shelter and they may come to the station looking for another place. The officer we spoke with noted that the police would call 311 and sometimes provide rides to shelters and services if they are not busy. At this station, the restroom is supposed to be locked, but people do come in to use it. In addition, in contrast to the south side station, there is no seating and the overnight shift "typically clears them (homeless people who are congregating) out." This officer noted, "We are not set up to accommodate people for long periods of time." Nonetheless, the officer reported that there were some individuals who came to the station on a regular basis.

Similar to much of what was observed in the station on the south side, individuals who came to the station did not have much interaction with police officers. There are no chairs in the station so interactions between clients are considerably brief. In the one interaction that was observed, between an officer and a family that had been locked out by their landlord and was seeking help to get back in, the level of help provided was low and the officer was not very respectful. Although the family was bordering on homelessness, the police officer did not offer to call DFSS or to connect them with the homelessness prevention call center or other homeless social services.

Discussion

Before discussing these finding further, and drawing some preliminary conclusions and recommendations, it is important to again note that the data presented

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 homeless individuals as confrontational. The homeless individuals' defensive reaction to the sweep made it difficult for the HOP team to connect the individuals to services, which they had been successful in doing in the past.

Staff have to meet very fluid service needs

It seems that needs may be somewhat fluid, given the chaotic circumstances in the lives of many homeless individuals. Individuals may come in to a service center or encounter an outreach worker with one need, and at the next encounter, or perhaps even in the same one, new, sometimes more urgent needs will become evident. The system of service needs to be able to respond to this fluidity and to some extent it does. Many of the interactions we observed within the service centers and outreach sessions involved workers who were able to quickly switch gear and respond to varying requests.

Staff interactions with clients are usually not proactive

At the same time, although interactions were generally respectful and flexible, few of the staff members we observed were strongly proactive in their interactions with clients. That is, few offered more than what was requested, even if requests were politely met. One clear exception to this was the outreach worker from the contracted agency. This individual was more assertive in his efforts to engage clients. However, he also had more to offer immediately in the form of resources (cash, meal vouchers, housing applications, etc.) as well as the potential resources of this program. In some instances, he may have also had more background history about the individuals he was reaching out to. Similarly, the social worker from the south side private hospital seemed to be more engaged and proactive in securing services, but she may have had fewer homeless clients to work with or more staff to handle requests than the social worker in the ER at Stroger Hospital.

In the other settings we observed, attempts to solicit additional information about a client's situation or to probe further into the cause of difficulties in order to address ongoing issues were limited. In some instances, workers had ongoing relationships with clients and the need to probe further may have been unnecessary, but in other instances, clients were unknown to workers and often few attempts were made to learn more about their situation. Of particular note is the instance of the family that was locked out of their home and was not offered at least some assistance in the form of linkage to services by police. Police are not social service workers, but to not notice that a family being locked out by a landlord is in need of social or homeless services is striking.

It is likely that the failure to be more proactive reflects the reality of what many staff have to offer. Soliciting additional information from individuals may mean that further needs, which workers do not always have the resources to meet, will be identified. Additionally, as noted, in some settings many individuals were waiting for services. Longer interactions with clients would have delayed contact with clients who were waiting. Further, most workers did make attempts to meet client needs as requested. When this required more time and effort, it was offered. For example, as noted, one interaction with a DFSS worker in a Service Center involved a man who had been asked to leave the shelter where he was staying with his child. This individual saw the worker late in the day and yet she worked, through closing, to try to help him find a place to stay that night until she could help him further in the morning. Union requirements about overtime and the need for the security guard to close the center forced the interaction to end.

System access is often lengthy and cumbersome

We also observed that in each setting, whether service centers, HOP vans, police stations or hospital environments, there was a system in place for people to get services. However, in most of these settings, this system involved long waits for some individuals. At the service centers and ER, the way in which people were called was not always clear and individuals who needed to leave the waiting area momentarily, to do tasks such as go to the bathroom or to get food, as was the case in one setting where a Salvation Army truck came to bring food, had to worry that they might lose their place in the service line. Staff always tried to find people again if they were not present when their names were called, and other individuals waiting for service seemed willing to let a staff member know if someone had stepped out momentarily, but individuals still risked longer waits if they had to leave to address another urgent need while waiting.

Additionally, we observed that individuals at the service centers sometimes spent time waiting for services and then, when they met with the caseworker, they discovered they were missing a vital piece of information and needed to return. This was particularly true for individuals applying for rental assistance. While it is possible that our observations were unique and this occurrence is not frequent, it does raise the question of whether clients seeking services that require specific forms of documentation could be told what they need upon entry so that they are not waiting only to discover they need to get more information, return and wait again. To be fair, forms were distributed to

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 utilizing medical services and "jamming" the system. But from what we observed, the homeless individuals at Stroger were not always sure what to do to get help, and so they frequently ended up waiting longer than necessary. Thus, the system, while making things easier/more manageable for the hospital, has not necessarily made things easier or more manageable for the homeless who go there. Understandably, this is not Stroger's role, but supposedly, city policy is to tell homeless individuals to go to hospitals for service. Since Stroger in particular seems to be a site where homeless individuals go for help, something as simple as putting a DFSS worker in the ER setting to help the Stroger social worker and direct homeless individuals to shelter and service might vastly improve the existing system.