



ARCH: The Chicago Collaborative to End Long-Term Homelessness

Among the first hurdles any city or service provider must face in their attempt to serve long-term homeless people is funding. Who will pay for the necessary housing and services? The answer currently almost always requires a collaborative approach.

In 2003, the Chicago Continuum of Care responded to the federal NOFA for the Collaborative Initiative to Help End Chronic Homelessness. This NOFA, for the first time, combined funding from HHS, HUD, and the VA to create housing resources for single individuals who meet the federal definition of chronic homelessness. Chicago's successful application resulted in \$3.4 million dollars in federal money to create a harm reduction model of permanent supportive housing for 59 long-term homeless individuals in the city over a five-year period (2004-2009). This project is called ARCH (ACT Resources for the Chronically Homeless).

Who

The application process was coordinated by Corporation for Supportive Housing as the Co-Chair of the Chicago Continuum of Care's Chronic Homelessness Task Group. The Task Group created an ad hoc NOFA subcommittee to work on the application ([click here to see a timeline of the group's work](#)). Four different agencies were selected to apply for the federal funding sources in the NOFA.

- The Chicago Department of Human Services was the lead applicant for the NOFA and applied to HUD for the \$1,996,140 for 59 Shelter Plus Care subsidies for five years.
- The Illinois Division of Alcoholism and Substance Abuse applied for the HHS SAMHSA funding for the project which resulted in: \$700,000 for year one; \$490,000 for year two; and \$280,000 for year three. This funding will support most of the staff of the service team. Local and state government and philanthropy will provide additional funds as this grant decreases annually and will have to fully fund this section of the collaborative in years four and five.
- Heartland Health Outreach applied to HHS HRSA for \$900,000 for the project over three years to provide primary health and dental care to non-veteran tenants.
- The US Department of Veterans Affairs is receiving a total of \$648,000 for the project over three years to provide supportive services to the veterans participating in the project.

Vision

In order to address the needs identified by the Continuum of Care, ARCH focuses on the long-term homeless population on the south side of Chicago. The collaboration has a goal of housing 59 long-term homeless persons by January of 2005. Twenty percent of them are projected to be veterans. The collaboration is centered around a new entity, called ARCH, which is based on the Assertive Community Treatment (ACT) Team model.¹ The Chicago Continuum of Care's approach to this application was to have an inclusive and transparent process, a collaboration of nonprofit and government entities, a structure that emulates the Continuum structure, and one that addressed existing inequities in resource allocation.

Implementation

Each partner applied for a portion of the \$3.4 million needed for the project to succeed. (For a detailed look at the structure of the application process and what each grant will fund, [click here](#)). Taken together, this funding provides housing subsidies, supportive services, primary health and dental care and Veteran's services.

- *Service Approach.* This is a housing first strategy with wraparound services. The housing is based on a harm reduction model of housing where long-term homeless individuals do not have to be sober, clean, or in mental health treatment to enter or to maintain their housing.
- *Service Delivery.* Services are provided through the ACT Team. Staff includes a team leader, five case managers (dually trained in mental health and substance abuse), a VA case manager, a nurse, and a quarter-time psychiatrist. The service team does outreach, works with long-term homeless individuals to secure a unit using their Shelter Plus Care subsidy, provides supportive services to tenants in their housing, and works to connect the tenants to mainstream resources and services in the community in which they live. Additional medical services are provided by Heartland Health Outreach under the HRSA grant and by the VA for veterans. The service team uses the Shelter Plus Care vouchers to secure housing units and works to ensure that good relations are maintained between the landlord and the tenant.
- *Outreach.* The ACT Team performs outreach to long-term homeless people who are living outside or in shelters.
- *Housing.* Housing is provided in both scattered site and clustered unit configurations. The ACT team helps the tenant find a unit and arranges for the Shelter Plus Care subsidy to underwrite the cost of the unit. The YMCA and Catholic Charities provide clustered units at their buildings and scattered-site units are secured on the open market.

Accomplishments

- Interagency collaboration has established a new culture of cooperation, increased resources for tenants, and created a structure where partners support the project by filling in where needed.
- Interagency collaboration ensures that the program benefits from a variety of perspectives and organizational cultures so that no one agency or service system dominates the services and culture of the ACT team.
- The wide spectrum of providers involved (substance abuse, mental health, housing) ensures that tenant needs are met, no matter what type of assistance or treatment they may need and that there is no wrong door for entry.
- As of August 2004, 22 individuals have been placed in housing, one is awaiting placement, and 34 have been screened by the VA and engaged by the ACT Team.

Start-up Challenges

- Hiring experienced staff dedicated to this effort as originally proposed was difficult because the short-term funding commitment to the positions (three years) made them unattractive to seasoned staff who were leery of giving up the stability of their current positions.

- A few of the previously identified housing locations became unavailable and locating market units on the south side of Chicago was more difficult than anticipated. This was especially challenging because there was no funding in the grant to hire staff to locate housing (this task is done by the ACT team).
- The project is part of a national study requiring that all potential tenants be screened by the US Department of Veterans Affairs to gather data for the study. For some long-term homeless people, this level of participation, at such an early stage of engagement, is difficult, and for some, impossible.

Lessons Learned

- Consider creating MOUs with all team partner agencies before submitting an application. If this is not possible, at least outline very clearly the commitment and responsibility of all partner agencies. During the NOFA phase, organizations were eager to participate on the ACT team, but once the grant was funded, the details of their participation became more complicated.
- When working with many different agencies, differences in institutional cultures, policies, and procedures must be addressed. Creating the ARCH entity was complex; the ACT Team is comprised of staff from eight different organizations. Each organization has its own culture and policies and procedures. Subcontracts with consistent salaries and policies for all members of the team had to be negotiated with each organization. This was complicated and time-consuming and delayed the initial start-up.
- It is easier to integrate existing staff into a new project than to hire new staff just for the project. The staff hired for the ACT team required more training than originally anticipated and this also led to a delay in the initial start-up.
- The collaborative structure is beneficial, but a balance must be found between ensuring wide representation and having so many partners that managing the partnerships creates more work than the project itself. In future applications, we would reduce the number of organizations that have staff on the ACT Team. We chose to include eight organizations in our initial application because we were seeking to create an open and inclusive process at a time when many organizations were anxious about funding. In retrospect, the project would have been implemented more smoothly and quickly if we had reduced the number.
- While initially harder during the start-up phase, the Collaborative model of ARCH, because it includes both nonprofit and government agencies, has the capacity to lead to more significant system change.

¹ ACT is a service-delivery model that provides comprehensive, locally based treatment to people with serious and persistent mental illnesses. Unlike other community-based programs, ACT is not a linkage or brokerage case-management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multidisciplinary, round-the-clock staffing of a psychiatric unit, but within the comfort of their own home and community. For homeless clients, this can mean providing services on the streets or in shelters. To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation (definition from the National Alliance for the Mentally Ill, www.nami.org).