

Evaluation of the Homelessness Prevention Call Center

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Final Report
Evaluation of the Homelessness Prevention Call Center
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Executive Summary

This is a cumulative report of a 3-year collaborative evaluation of the Homelessness Prevention Call Center (“HPCC” or “Call Center”) between Loyola University Chicago’s Center for Urban Research and Learning (“CURL”) and Catholic Charities of the Archdiocese of Chicago (“Catholic Charities”). Information for this evaluation was gathered from the following data sources: 1) phone surveys with HPCC callers deemed eligible for financial assistance; 2) focus groups with HPCC Information & Referral (I&R) Specialists and interviews with HPCC administrative staff and stakeholders; 3) an online survey with referral agency staff; 4) secondary data from the Homelessness Management Information System (HMIS)/HPCC data; and 5) test calls to the HPCC via 311 City Services.

Introduction

In January 2003 the city of Chicago launched its historic “10-Year Plan to End Homelessness,” the first homelessness intervention strategy of its magnitude officially initiated by a major city in the U.S. Part and parcel of its strategy to eradicate homelessness, Chicago’s Plan to End Homelessness embraces innovative intervention models aimed to *prevent* homelessness.

One such homelessness prevention initiative is the HPCC, which is operated by Catholic Charities, and is the first homelessness prevention call center in the country. The HPCC represents a partnership between the Chicago Alliance to End Homelessness, Catholic Charities, Emergency Fund, and the City of Chicago. Launched in January 2007, HPCC directs individuals identified as being at risk for homelessness and who are deemed eligible for financial assistance to appropriate short-term funding agencies among a network of referral agencies.

As the first evaluation of a call center specifically devoted to homelessness prevention initiated by any major metropolitan area, this study provides systematic data necessary to strengthen the HPCC’s service provision and inform future homelessness prevention strategies. Moreover, this study is a way to provide the Call Center with necessary feedback for its stakeholders and funding agents and to inform future programmatic and strategic planning for the city of Chicago as it assesses its Plan to End Homelessness.

Select Findings

In general we found that the centralized referral system is effective and efficient. Individuals seem to easily access the system and HPCC staff members are well trained and efficient. Given the system’s limited funding resources, only a fraction (6%) are connected to funding, although we estimate close to 70% are given other referral information. With the release of additional funds in 2010 from the federal stimulus’ Homeless Prevention and Rapid Re-housing Program (HPRP) more demand has been met. The number of eligible callers who were told funding was available increased by 52% and the number of referred callers who were denied financial assistance decreased by 70%. In addition, the number of eligible callers whose bill had been paid at the time of the survey increased (from 9.1% pre-stimulus to 11.4% post-stimulus).

Access and Coordination Between Different Components of Homeless Prevention System

- We found that callers were basically able to access the centralized referral system within a small, but on the whole, fairly manageable wait time. While in a time of heavy call volume, such as Mondays, researchers testing the referral system found the combined wait time to the 311 City Services operator and the I&R Specialist could average 9 minutes, on the average the wait time was 5 minutes.
- The 311 operators seem to have done a fairly good job of screening calls to the HPCC, with only a 2.5 % error rate. In fact, HPCC staff in general found the 311 portal effective and efficient. However, HPCC management reported that while the addition of the automated system made access to the HPCC easier, it may have increased errant calls.
- I&R Specialists' assessments of caller eligibility were congruent with the referral agencies' assessments in just under 90% of the cases. It is possible that changes in eligibility assessment (10% of cases), was due to the inability of the callers to provide documentation to substantiate their initial claims. This was one of the reasons noted by the referral agencies.
- The majority of the referral agencies reported positive experiences with the HPCC. Close to two-thirds gave a high rating to the accuracy of HPCC specialists' referrals. However, even though the referral agencies rated this screening system highly, the majority also felt there was room for improvement in the areas of the pre-screening of clients and providing callers further explanation and accurate information.
- The agency contact call back procedure worked well for callers subsequent to their referral for financial assistance. Four out of five callers who were told funds were available were contacted by the referral agency staff within 2 days (for referrals with a two-day service level requirement). The remainder had not been contacted within a week of being referred. The referral agencies rated highly the contact information they received from HPCC operators, and they reported similar contact rates to those reported by surveyed callers.

Experience of Eligible Callers

- Among the callers who participated in a phone survey, all of whom were eligible for financial assistance, 30% were told funding was available.
- At the time of interview, usually about one week after their call to HPCC, a little less than half of the interviewed callers already had their bills paid by the referral agency, and just under 20 percent were waiting for bill payment. The remaining 30 percent were either in the intake process with the referral agency or had submitted documentation for their request.
- Most (84%) of those for whom funds were not available were referred to an alternative referral source, and nearly 4 out of 5 of those had connected with that referral agency within a week.
- Of those who reported not receiving any referral information, two-thirds reported finding an independent solution to meet their housing need and one-third said they would try calling back HPCC. However, this policy does not seem to daunt callers, and according to administrative data, 11% of all calls to HPCC are individuals asking if funds have become available.

Impact of Stimulus Funding

- As mentioned above, the infusion of funds and broadening of eligibility due to the Homeless Prevention and Rapid Re-housing Program (HPRP) increased both the number of callers who were deemed eligible and for whom funds were available.
- However, it took significantly longer for bills to be paid by the referral agency after the release of the HPRP funds. The number of callers whose application had been approved and were waiting for their bill to be paid at the time of the survey increased by 86% (from 13% pre-stimulus to 24% post-stimulus).
- It should be noted that I&R Specialists' pre-screening assessments were less likely to be changed after the implementation of HPRP with its infusion of additional funding and broadened eligibility requirements.

Recommendations

Collaborate with 311 City Services for Spanish Language Improvement

Although we found the use of 311 City Services to be fairly efficient, the protocol should be reviewed again to assess the impact of 311's automated feature. The automated feature was implemented subsequent to our testing of the 311 portion of the HPCC system. With the new automated feature, a caller can transfer himself or herself to the HPCC by pressing a number. One concern is that the automated feature is not announced in Spanish-language; this may be a barrier to serving Spanish-language callers. In general, any automated greetings used by 311 City Services should also be said in Spanish to better serve Spanish-speaking residents.

In addition, we recommend that 311 operators review the procedures for handling Spanish-language calls. Among the series of test calls, there was a higher rate of misdirected calls during Spanish calls compared to English calls. Spanish calls had the unique challenge of a delay in bringing interpreters on the line. Test caller comments indicate that, in some cases, 311 operators spoke English when asking probing questions, even after the caller had requested a Spanish speaker. All 311 operators should be knowledgeable in handling Spanish-speaking callers and follow a standard procedure.

Collaborate with 311 City Services to Appropriately Connect Callers

The HPCC and 311 City Services should review protocols and screening instruments on an annual basis to ensure that calls for the HPCC are being screened and appropriately connected. There needs to be discussion and clarification between HPCC and 311 City Services of protocol and procedures during homelessness prevention calls to assure that calls are being screened and appropriately connected. The protocols provided to the research team by HPCC staff included a number of screening questions used for various scripts, such as: "Is this due to a crisis or emergency situation?" or "Is this a one-time request for assistance?" The test callers reported that the 311 operators had not asked an anticipated screening question during several of the calls. The use of the screening questions would make the transfer from 311 to HPCC more efficient by increasing the number of callers who are appropriately connected and decreasing the number of ineligible callers taken by the HPCC.

A Direct Line to HPCC

During interviews with some HPCC administrative staff, it was mentioned that alternative access points for callers such as e-mail, text, and internet would be helpful. They also mentioned the use of “211” lines in other states and municipalities as a way of providing information on health and human services resources. HPCC and stakeholders should explore the possibilities of branching out in these areas, including collaboration on start-up funding. Additionally, a 211 line would provide direct access to the HPCC rather than through the City’s 311 number.

Minimize Barriers to Financial Assistance During the Pre-Screening with I&R Specialists

The following specific changes would benefit the centralized call center model and potentially increase the efficiency of referrals sent to agencies for funding requests.

- Although call length is a concern for processing as many calls as possible, callers receiving a referral for financial assistance should be informed in more expanded detail than they currently receive that they are only “potentially” eligible, and referral agencies will complete the final eligibility assessment.
 - Ensure callers’ understanding of the proof of documentation requirement before sending a financial assistance referral.
 - Emphasize to callers the funding limitations and restrictions and that the final funding decisions are made by the referral agency. For example, the referral agency may not be located in close proximity to the callers. Likewise, due to the number of times the caller had received financial assistance, the agency will decide if they are still able to qualify for the fund.
- Collect an e-mail address from the caller to improve referral agencies’ ability to reach callers.

Systems Integration Between HPCC and Referral Agencies

Currently, the flow of information about an individual caller flows in only one direction, from HPCC to the referral agencies. However, there is a need for the information from the referral agencies regarding the status and final outcome of individual callers to be accessible by the HPCC. Callers often re-contact the Call Center in regard to the status of their case. In addition, callers when calling for a new request at a later date can incorrectly answer questions regarding their previous applications and outcomes, limiting the ability of HPCC to make accurate preliminary assessments. Yet it would be a strain on the referral agencies to provide such individual level or timely feedback.

Also, HPCC is hampered in accurately accessing systems outcomes because it does not have timely and uniform access to referral outcomes at the referral agency level. Better systems integration and access to the same information by both the HPCC and referral agencies will further increase efficiency of the centralized system.

- Stakeholders may want to explore a strategy for gathering these referral agency outcomes in the HMIS centralized system.

- In addition, the Call Center currently does not have the resources to conduct ongoing data analysis in order to access the system. As such, the stakeholders and the HPCC should explore options for staffing a research and dissemination position.

Expansion of Services to Non-eligible Callers

Although alternate resources are provided for non-eligible callers and callers who are eligible, but no funds available, HPCC staff reports that more is needed. An increasing number of callers are still clearly in need of assistance to prevent homelessness but do not meet the funding requirement of the HPCC system.

- An expansion of the scope of the services provided by HPCC should be considered.
- The key stakeholders need to develop a plan and identify resources for this expanded community response.

Recommendation to Funders: Consider Changing the “First-in, First-served” Access to Funding Model

As long as the funding strategy is first-in, first-served and fund eligibility is broad, it seems like a system in which the timing of a person’s call is more determinate of whether he or she will receive funding, rather than whether he or she may become homeless without the assistance. Eligible callers are matched to a referral agency for funding as long as funds are available.

- A rubric-of-need model of screening at HPCC, through which certain populations or characteristics are prioritized, might be considered.
- The centralized feature of the Call Center and use of Chicago’s HMIS system would allow prioritization based on any target strategies developed by fund providers.

**Evaluation of Catholic Charities
Homelessness Prevention Call Center**

**Summary Report
October 2011**

**Prepared by
Loyola University Chicago Center for Urban Research and Learning (CURL)**

This is a summary report of a 3-year collaborative evaluation of the Homelessness Prevention Call Center (HPCC) between Loyola University Chicago's Center for Urban Research and Learning (CURL) and Catholic Charities of the Archdiocese of Chicago. Information for this evaluation was gathered from five sources: (1) surveys with HPCC callers and referral agency staff; (2) interviews with HPCC administrative staff and stakeholders; (3) focus groups with I&R ("Information and Referral") Specialists whom operate the HPCC; (4) analysis of HPCC's administrative data; and (5) test calls to the HPCC via 311 City Services. These data were collected and analyzed to evaluate the effectiveness of the HPCC system and its centralized delivery model. We reviewed data collected by the HPCC and the CURL research team for the purposes of understanding the experiences of HPCC callers and evaluating the centralized system. Findings from individual reports completed for this project are also consolidated here. These reports include: the 311 City Services Report; the Referral Agency Report; the HPCC Caller Phone Survey Report; and the HPCC Administrative Data Report.

Introduction

In January 2003 the City of Chicago launched its historic "10 Year Plan to End Homelessness," the first homelessness intervention strategy of its magnitude officially initiated by a major city in the United States. Part and parcel of its strategy to eradicate homelessness, Chicago's Plan to End Homelessness aims to *prevent* homelessness within Chicago's city limits.

One such homelessness prevention initiative is the Homelessness Prevention Call Center ("HPCC" or "Call Center"), which is operated by Catholic Charities of the Archdiocese of Chicago (hereafter "Catholic Charities"). The HPCC represents a collaboration between the Chicago Alliance to End Homelessness, Catholic Charities, Emergency Fund, and the City of Chicago. Launched in January 2007, the Call Center directs individuals identified as being at risk for homelessness and who are deemed eligible for financial assistance to appropriate short-term funding agencies among the Call Center's network of referral agencies.

The Call Center is the first homelessness prevention call center in the country and is approaching its five-year anniversary. In an effort to determine best practices, i.e., identifying the strengths and weaknesses of the Call Center, Catholic Charities and the Loyola University Chicago Center for Urban Research and Learning ("CURL") formed a research partnership.

CURL conducted an extensive evaluation of the Call Center's daily operations and consumer experiences and outcomes. The CURL research team employed a mixed methodological approach to collect and analyze data in order to assist the HPCC in its endeavor to meet the increasing demands of Chicago city residents who are facing the imminent threat of homelessness. In February 2009, while the evaluation was underway, the Obama Administration passed the American Recovery and Reinvestment Act (ARRA). The ARRA included \$1.5 billion for Homelessness Prevention and Rapid Re-Housing Program (HPRP). The HPRP funds offer "mid-range assistance" and do not require that clients have the ability to pay their own expenses after assistance. The addition of the economic stimulus funds initiated several changes to the HPCC including an increased call volume, different screening protocol, and changes in requests for assistance. The stimulus funds prompted changes to the homelessness prevention system including an extension of the length of time for which callers can receive financial

assistance, an increase in the maximum amount of financial assistance individual callers are eligible to receive. Given these changes, the CURL research team re-designed the study to include a second survey wave with these callers to measure the impact of the stimulus on the HPCC service to callers.

Through an examination of HPCC callers' experiences, along with the Call Center's work flow, the CURL research team presents findings that provide a nuanced understanding of caller trends and recommendations to inform future planning. Understanding who callers are, the reasons they call, and the efficacy of social service provision are important data for funding agents, Call Center management, and the development of future homelessness prevention strategies.

As the first evaluation of a call center specifically devoted to homelessness prevention initiated by any major metropolitan area, this study provides systematic data necessary to strengthen the HPCC's service provision and inform future homelessness prevention strategies. Moreover, this study is a way to provide the Call Center with necessary feedback for its stakeholders and funding agents and to inform future programmatic and strategic planning for the city of Chicago as it assesses its Plan to End Homelessness.

Research Questions and Methodology

This evaluation was guided by three key research questions:

1. How do callers experience and move through the Call Center system?
2. How does the centralized Call Center system work?
3. How was the Call Center system impacted by the changed policies and increased availability of funds due to the HPRP funds?

To answer these research questions, the CURL research team utilized a mixed methodological approach, which included:

- Conducting 100 test calls to the HPCC via 311 City Services in order to document the experience of callers: These test calls consisted of various scenarios which were communicated to the 311 operator. The research team analyzed the calls to determine whether the call was appropriately or inappropriately transferred to the HPCC based on existing HPCC protocols.¹
- Conducting 357 phone surveys with a sample of HPCC callers who were deemed eligible for financial assistance: The trajectory of these callers was followed and analyzed as they moved through the system and were transferred to various referral agencies.² Among the 357 surveys, 105 surveys were conducted after referral agencies had received Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds to analyze its impact (see Table 1). The research team found the sample to be representative of the HPCC eligible caller population.³

¹ The full report on the test calls of the Chicago 311 City Service line can be found in the Appendix 1.

² The full report on the Caller Phone Survey is located in Appendix 2.

³ Surveys were conducted a minimum of 7 days after the call to the HPCC.

- Conducting focus groups with the HPCC Information & Referral (I&R) Specialists and interviews with key HPCC administrative staff and stakeholders: Researchers held two focus groups (in which a total of seven I&R Specialists participated) and conducted interviews with three HPCC administrators and three HPCC stakeholders.
- Analyzing secondary data⁴: This included data from the Homelessness Management Information System (HMIS)/HPCC data and additional administrative and referral agency data. The CURL research team analyzed HMIS data collected by the HPCC between January 19, 2010 and November 9, 2010.⁵
- Conducting an online survey with referral agency staff⁶: During the month of March 2010, 37 referral agency staff members conducted an online survey. The online survey consisted of questions related to the referral process between the HPCC and their agency and the outcomes of the HPCC callers referred.

Table 1. Recruitment Period and Number of Participants for both Waves of Caller Surveys

	Recruitment Period	Number of participants (N=357)
Wave 1 (Pre-Stimulus)	March 2009-September 2009	252
Wave 2 (Post-Stimulus)	May 2010-June 2010	105

Background of Homelessness Prevention Call Center Process

Accessing the Homelessness Prevention Call Center

Currently, the only way to access the HPCC is by calling the Chicago 311 City Services line. A person in need of short-term assistance must first call 311 and be screened by a 311 operator. Then, the 311 operators should transfer appropriate calls to the HPCC.

The 311 operators use criteria indicators to screen calls and refer them to the HPCC if callers state or indicate they are in need of “short-term help.” These criteria include ensuring the following: (1) the type of assistance requested by the caller can be provided by the HPCC, such as rent, mortgage, and utilities assistance; and (2) the caller had contacted the Community and Economic Development Association (CEDA) or the Home Ownership Preservation Initiative (HOPI) before the HPCC, if applicable.

An automated system was added to the 311 line in early 2010, which allows callers to bypass the 311 operator and be transferred directly to the HPCC for assistance. However, callers still have the option to wait and speak to a 311 operator.

⁴ The full report on the Administrative Data Analysis is located in Appendix 3

⁵ The available HMIS administrative data is limited; we only have administrative data for the second half of the evaluation period – January through November of 2010. Thus, we do not report population data to compare to the sample data. In reviewing administrative data for the year 2007, it appears that 2007 and 2010 data fairly similar on various data points including race, ethnicity, and gender. However, rental requests increased and mortgage requests decreased in 2010 in comparison to the year 2007.

⁶ The full report on the Referral Agency Survey can be found in the Appendix 4.

I&R Specialists' Handling of Calls to the Call Center

Each call answered by an I&R Specialist at the HPCC is tracked with an outcome for reporting purposes. Objectives of the Call Center, in addition to providing fair and equitable access to limited homeless prevention funds, are efficient service for providers, information for advocacy efforts, and community-wide homeless prevention strategy and planning. Valid calls to the HPCC are assessed and screened for fund eligibility and referred to an available provider agency. At any given time in the city of Chicago, there could be one to six or more types of Homelessness Prevention funding programs available to assist people in need. Each program has a set of guidelines and requirements of eligibility. In general, there are four eligible homelessness prevention guidelines:

- **Crisis:** The caller must have had a crisis beyond their control that affected their income or prevents the payment of their housing expenses (e.g. job loss, benefit loss).
- **Self-sufficiency:** The caller must be able to pay their housing expenses after the financial assistance is provided.
- **Imminent Risk:** The caller must be at imminent risk of losing their housing (e.g. landlord gives a 5-day notice or utility company sends disconnection notice).
- **Need Beyond Resource:** The award must solve the problem (e.g. If someone is behind on their rent, the amount needed is within the funds' maximum award limit).

Utilization of Call Center Services

Once callers connect to the HPCC, I&R Specialists ask the caller a series of pre-screening questions (see flowchart of referral process in Appendix 5). At this point, about 7% calls are quickly found to be in error for reasons including residing in an area not served by HPCC or requesting assistance other than short term help (e.g. animal control) or are repeat callers (11%) asking if financial assistance is now available. The remaining 82% of the calls then proceed through the process. The pre-screening questions assist the Specialists in identifying the request type(s), determining whether the caller is eligible for funding and for which funding source(s). When a caller is deemed eligible for financial assistance and funding is available, the caller's name and contact information are referred to a referral agency that provides short-term financial assistance. The caller is told that a referral agency staff member will contact them. Callers deemed eligible, but no funding is available as well as callers deemed ineligible for financial assistance are provided with contact information for alternative resources since the caller would not be able to attain financial assistance.⁷

Transfer of Caller Information to Referral Agency

After a caller is pre-screened for eligibility by an I&R Specialist and deemed eligible for assistance, their name is transferred to a referral agency. The referral agency attempts to contact the caller within a predetermined maximum number of days.⁸ The referral agency staff works

⁷ Alternative resources including legal aid, domestic violence counseling, utility complaints, workforce development, senior services, disability services, public benefit screening, general support services, etc., since no financial assistance is available.

⁸ The typical number of days for "short-term assistance" is two days and for HPRP funds contact is made within seven days.

with the callers and processes their application for assistance, providing case management and making the final determination of eligibility, per the fund's guidelines and documented requirements.

Homelessness Prevention and Rapid Re-Housing Program (HPRP) – Impact on the HPCC

As mentioned above, the ARRA was passed in February of 2009 by the federal government. The ARRA includes \$1.5 billion for the HPRP. The HPRP funds are intended to assist individuals who imminently face homelessness. Emergency Fund, a primary funding agency of the HPCC was selected to administer the \$23 million in federal homelessness prevention funding, provided through the federal ARRA.

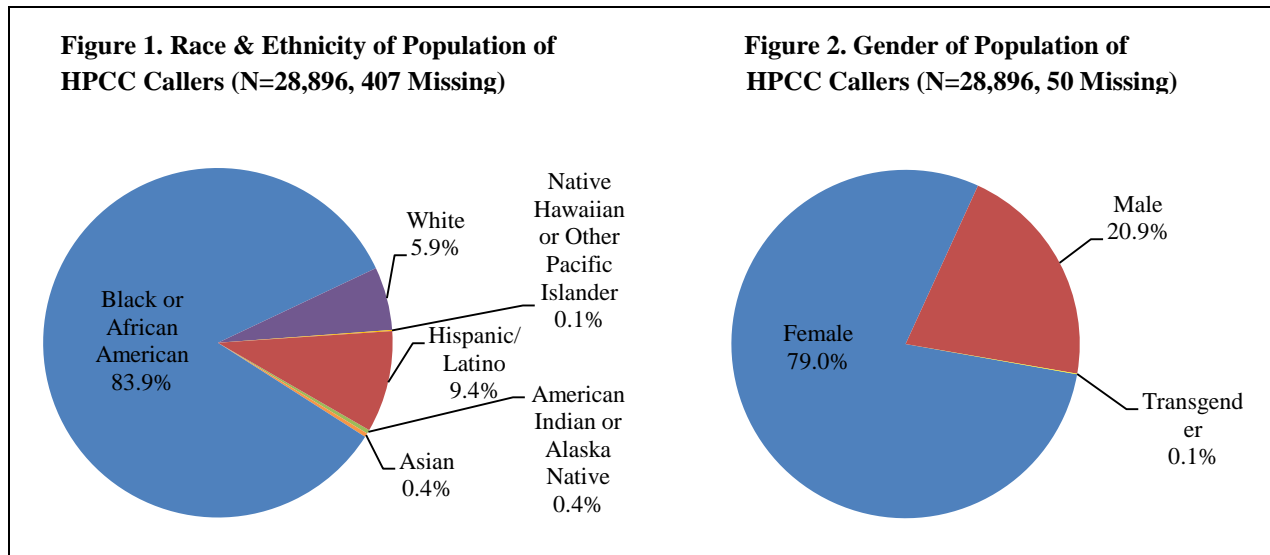
The addition of the economic stimulus funds initiated several modifications to the HPCC. These modifications included an increased call volume, different screening protocol, and changes in subsequent requests for assistance. In addition HPRP prompted changes to the homelessness prevention system including increasing the length of time for which callers can receive financial assistance, an increased maximum amount of money individual callers are eligible to receive. The stimulus funds also prompted changes in the procedures and operations of the HPCC. One significant change was an increased volume of callers to the HPCC fielded by I&R Specialists. In addition, the eligibility screening for HPRP funds now includes fewer questions by the Specialists to assess caller's eligibility. Further, referral staff now contacts a caller within seven days of their call to the HPCC, compared to those eligible for "short-term assistance," who are contacted within one or two days.

Findings – What We Learned About Callers' Experiences

Characteristics of Those Served by the System

Figures 1 and 2 present demographic data for the population, that is, all calls placed to the HPCC between January and November 2010. Figure 1 displays the racial and ethnic breakdown of the callers, documenting that the clear majority of callers were African-Americans, while Hispanics/Latinos comprised the second largest group of HPCC callers. Figure 2 displays the gender breakdown for the population of HPCC callers. Females represent the majority (over three-fourths) of callers to the HPCC.

Other demographic data such as primary language and veteran status were also collected. The clear majority of callers to the HPCC were English-language speakers primarily. Among the population of callers, 98.3% spoke English, 1.5% spoke Spanish, and 0.2% spoke another primary language. In addition, a small proportion of callers to the HPCC (3.3%) reported being veterans.



Moving Through the System

As mentioned above, callers access the HPCC by first calling the 311 City Services Line. This next section details findings from test calls of the 311 system and caller survey respondents' assessment of their experiences with the 311 system.

Wait Times to Speak to 311 Operator and HPCC I&R Specialists

- Test calls conducted by the CURL research team found the median wait time to speak to a 311 operator was 2.8 minutes.⁹
 - On Mondays, which had some of the longest wait times, the average wait time was 6.0 minutes.
- The total time the test caller waited was an average 5.1 minutes. The total wait time included the time it took for a test caller to speak with a 311 operator, the length of the call with the 311 operator and the wait time to connect to the I&R Specialist.
 - For Monday calls, the median time to connect to HPCC was 8.9 minutes.
- Over seventy percent (70.8%) of survey respondents rated their ease in connecting from the 311 City Services Line as “excellent” or “good.”
- HPCC staff reported during interviews and focus groups that telling people to “call 311” was a quick and efficient way of directing people to resources.
- Still, after the automated feature was added to the 311 system, which allows callers to self-transfer directly to the HPCC, the HPCC staff reported receiving a higher number of errant calls.

⁹ Test calls were conducted prior to the addition of the automated system to the 311 City Services line which allows callers to bypass the 311 operator and transfer directly to HPCC.

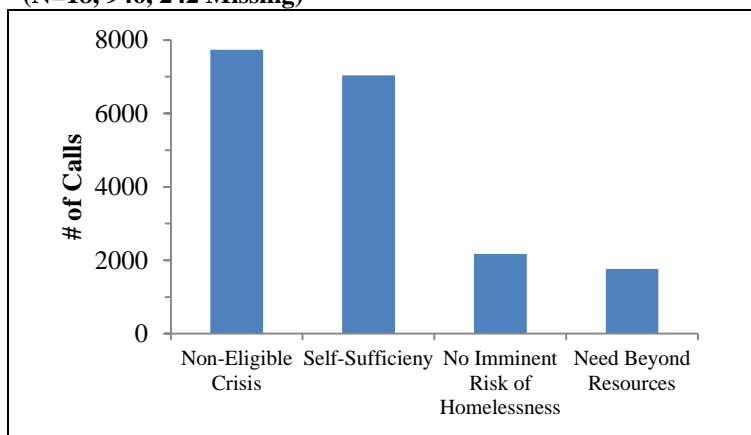
Outcomes of Call Requests

Of the valid call requests to HPCC only a small number of requests were eligible for existing financial assistance. The call assessments by the I&R Specialists demonstrate that 23,578 of call requests were valid call requests.¹¹ The majority (18,946) were found ineligible and 4,632 were eligible for financial assistance.

Figure 3 demonstrates the breakdown of ineligible calls.

Among the reasons for ineligibility, having a ‘non-eligible crisis’ was the most common reason (7,734). The second highest reason for ineligibility was for ‘self-sufficiency’ reasons (7,034); 2,172 had ‘no imminent risk of homelessness’ and 1,764 had a ‘need beyond resource.’ Among non-eligible calls, 10,887 were given/accepted information for other resources.

Figure 3. Reasons Requests to HPCC Were Deemed Ineligible (N=18, 946, 242 Missing)^{10 12}



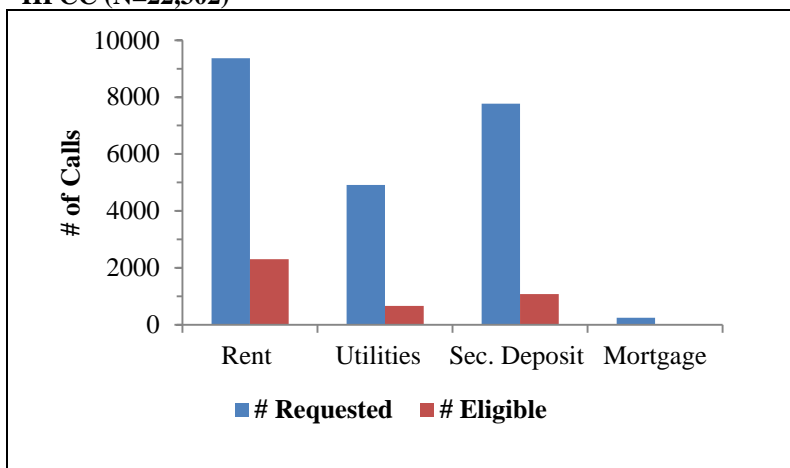
Eligible Calls

In this section we discuss the outcomes of the near 4,632 calls that were deemed eligible for financial assistance.

Varied Eligibility Rates by Type of Request

Figure 4 reports requests for assistance and eligibility rates for HPCC calls. The data indicate that the most typical requests among HPCC calls were for rental housing, with 9,361 requests for rent assistance and 7,771 for security deposits. Utilities were requested 4,918 times. Requests for mortgages were the least likely to be requested (n=252).

Figure 4. Request Type and Eligibility Status of Call Requests to the HPCC (N=22,302)^{12 13}



¹⁰ There may be more than one reason for ineligibility for each call.

¹¹ As described above, 18% of calls to HPCC were not “full assessments”. These calls are comprised of errant calls (7%) and repeat or follow-up callers inquiring about the availability of funding (11%).

¹² Source: HMIS database of HPCC callers between January 19, 2010 and November 9, 2010.

¹³ These categories are not mutually exclusive; callers could request multiple types of assistance.

In terms of eligibility, 2,304 call requests or 24.6% of the requests for rent were eligible. Furthermore, 1,077 or 13.9% of the requests for security deposit were eligible. A total of 663 (13.5%) of the requests made for utilities were eligible. Mortgages, which had the lowest request rate, had 28 or 11.1% of eligible call requests.

Table 2 displays the variation in types of call requests received among racial and ethnic groups. While there were slight differences, all race and ethnic groups were similar in that approximately two-thirds of requests were for rental assistance (rent and security deposits).

Table 2. Call Request Types by Race and Ethnic Group of Callers (N=28,110)^{14 15}

Requests by:	Rent	Security Deposit	Utilities	Mortgage	Other
Black/African American	8,498	7,337	6,309	225	973
White	738	366	434	23	76
Hispanic/Latino	1,022	584	814	43	68
Asian	41	19	22	3	3
American Indian/ Alaska Native/ Native American	26	16	19	0	1
Multi-racial / Other/ Hawaiian/ Pacific Islander	189	138	111	7	17

Experiences of Eligible Callers¹⁶

Utilizing the two waves of phone survey data collected from the sample of eligible callers, we now report caller results:

- 30.3% said they were told that they were eligible and funds were available, and that a referral agency staff person would call them.¹⁷ Funds were most likely to be available for rent requests (54%). Funding for gas, light, and security deposits was available for approximately 15% of requests.
- 69.7% said they were told that funds were not available.

¹⁴ Source: HMIS database of HPCC callers between January 19, 2010 and November 9, 2010.

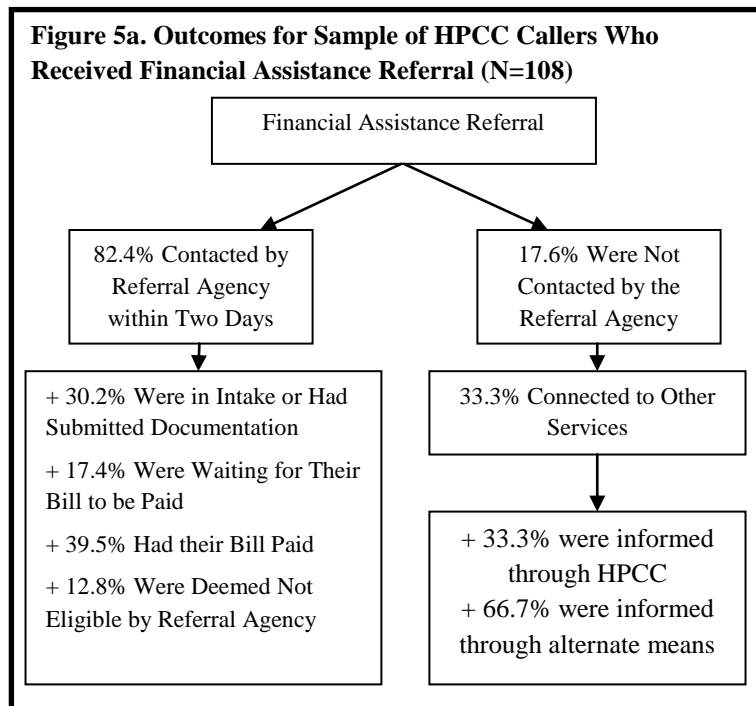
¹⁵ Individuals reported as the categories Black/African-American, White, Asian, American Indian/Alaska Native, Multi-racial/Other are all non-Hispanic/Latino.

¹⁶ Because the caller administrative data are limited, we now report the caller sample data to document caller outcomes.

¹⁷ Our sample reflects a broader time period (March – September 2009 and May – June 2010) than the administrative data and includes a larger proportion of eligible callers where funds were not available. As we will discuss later in this report, this is probably due to the inclusion of pre-stimulus callers in the sample group. There were more funds available once the stimulus money was released.

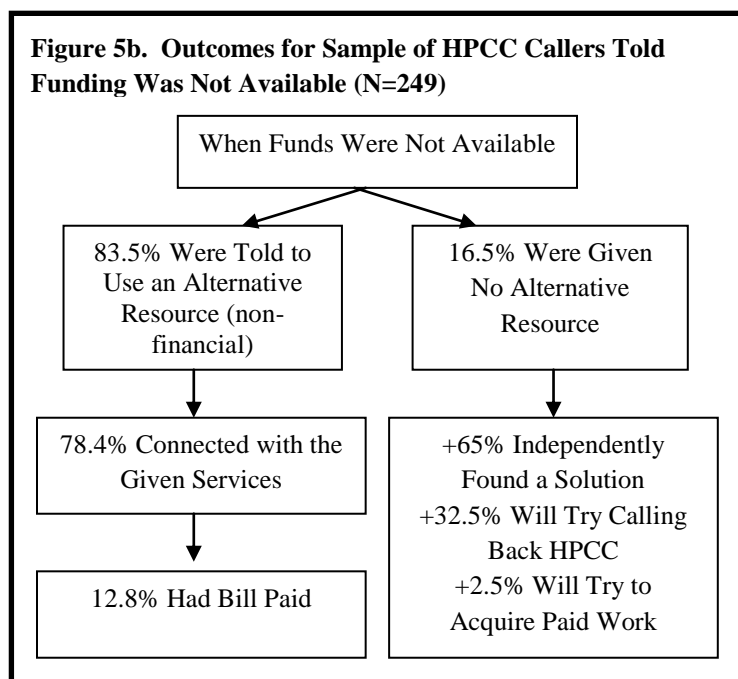
When Funding Was Available

As noted in Figure 5a, the overwhelming majority (82.4%) of the sample of phone survey respondents who were told they would be contacted by a referral agency reported that they had been contacted within an average of 2 days after their call. There were varied outcomes among these callers. The largest plurality (nearly 40%) stated that their bill had been paid, close to 20% (17.4%) were waiting for their bill to be paid, and about one-third were either in the intake/screening process or had submitted documentation. Just over 1 out of 10 callers was found to be ineligible by the referral agency. A large majority of these callers (82%) rated their experience with the referral agencies as “useful” or “very useful.”



When Funding Was Not Available

When funding was not available, the majority of callers (83.5%) were told by an I&R Specialist to go/call somewhere to obtain alternate resources since no financial assistance was available (see Figure 5b).¹⁸ Of particular note is that over three-fourths of these callers had pursued and connected with other sources in an effort to have their bill paid subsequent to their call to the HPCC. Of those who were given an alternate resource, nearly half (46.4%) rated their experience with the given agency as “useful” or “very useful.” In addition to those who received



¹⁸ The Call Center has arranged with specific community-based organizations and state offices to refer these callers to other resources. These resources consist of Department of Human Services offices, Department of Aging offices, Catholic Charities, Heartland Alliance, Trina Davila and others for legal aid, domestic violence services, senior services, and general support services.

an alternate resource referral, a total of 16.5% of callers reported receiving no alternate resource referral from HPCC. Among the 16.5% of callers, 65% said they were pursuing services through other social service agencies, through family and friends, or through payday loans. Furthermore, 32.5% were either told to or planned to keep calling back HPCC knowing that fund availability is sporadic. Lastly, 2.5% of clients were trying to obtain employment.

Change in Housing Status

Callers were asked whether they were still residing in the same housing as when they called the Call Center. Among the entire sample of callers, 13.7% were residing in different housing from when they called the HPCC. Interestingly, those callers who were told funding was *not* available report a higher percentage of living in a different place compared to those who were told funding was available (14.4% compared to 12.3%). However, these differences were not large enough to be statistically significant.

Impact of Funds from the Homelessness Prevention and Rapid Re-Housing Program (HPRP)

Given the changes to the HPCC as a result of the release of Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds, the phone survey data collection plan was revised to conduct surveys with individuals calling after the infusion of the stimulus funds. This second wave of phone surveys was conducted in June and July of 2010 in order to assess the impact of the stimulus funds on the HPCC.¹⁹

This section compares the experiences of callers who moved through the HPCC system prior to the stimulus funds (Wave 1) and post stimulus funds (Wave 2). Wave 1 contained a sample of 252 callers and Wave 2 contained a sample of 105 callers (Table 1). Chi-square tests were conducted to document statistically significant changes from pre- to post-stimulus funds.

A Significant Increase in Callers Told Financial Services Were Available

Not surprisingly given the increased funding available through HPRP funds, a higher statistically significant amount of eligible survey callers were told financial services were available. Specifically, in the Wave 1 pre-stimulus group 26.2% were told financial services were available compared to 40.0% in the Wave 2 post-stimulus group.

Referral Agency Denied Financial Assistance to Fewer Callers

Of the pre-stimulus callers, 16.7% were deemed ineligible by the referral agency compared to 6.1% of the post-stimulus sample who were deemed ineligible. This was a sizable, albeit statistically non-significant decrease from pre- to post-stimulus. According to HPCC staff, this decrease may be attributed to the broadened eligibility criteria for HPRP funds, in comparison to the standard criteria for “short-term assistance.” As mentioned above, the economic stimulus funds offer “mid-range assistance,” which does not require clients to have the ability to pay their own expenses after they receive assistance. The initiation of the HPRP funds prompted changes including increasing the length of time for which callers can receive financial assistance and

¹⁹ The full report on the Caller Phone Survey can be found in Appendix 2.

increasing the amount of money callers can receive. Also, eligibility screening was streamlined to ensure faster processing of callers.

Longer Wait Times to Receive Financial Assistance

Although responsibility for processing applications and providing the financial assistance lies on the referral agency, it was noted through a comparison of the outcomes for those who were told funding was available pre- and post-stimulus that it took longer to have bills paid after the release of HPRP funds. Among the pre-stimulus callers, 13.2% reported they were waiting, compared to 24.2% of the post-stimulus callers who were told funding was available. This increase (albeit not statistically significant) post-stimulus might have been impacted by the release of HPRP funding and the effort to assist a high number of clients/callers through the HPRP program, which initially overloaded the referral agencies, thus prompting delays with the processing of payments.

Efficacy of Referral Process Between the HPCC and Referral Agencies

Moving on from the caller data, we now discuss how the referral process between the Call Center and referral agencies work, from the perspective of referral agency staff. Referral agency staff (n=37) via an online survey reported on their experiences with callers referred by the HPCC and the HPCC system. The main two issues discussed below include referral agency staff perspectives with regard to the efficacy of the HPCC screening system and the callback system for contacting callers referred by HPCC. In particular, we discuss the efficacy of the HPCC screening system and callback system, staff members' success in reaching referred clients, and how the HPCC system impacted their work.

Efficacy of HPCC Screening System

On the whole, the majority of referral agencies reported positive experiences with the referral system. For example, when asked to rate on a 5-point scale, where 1 is "never" and 5 is "always," their estimation of how often referral from the Call Center are pre-screened correctly for eligibility, 63.9% responded with a positive 4 or 5 rating. A quarter (25%) reported a neutral rating of three, and 11.1% demonstrated concern with a 1 or 2 rating. There were some expressed concerns about the efficacy of the process. When asked to rate the frequency that callers' pre-screened eligibility status was changed, more than half (55.6%) of referral agency staff reported deeming an HPCC referral ineligible in the six months prior to taking the survey. The most common reason staff reported for denying a caller's application was callers' inability to provide documentation to substantiate their request (85%). Further, over half (60%) indicated that callers' stories had changed which prompted their denial of callers' financial assistance request.

Efficacy of Callback System

The referral agencies reported that the contact information they received was very useful, reporting high levels of success in reaching referred clients. Staff reported they were able to contact a median of 87.5% of HPCC-referred clients. This finding is similar to the results of the

caller phone surveys, as 82.4% of eligible callers who were referred for a callback had made contact with the referral agency.

Referral Staff-Identified Benefits and Areas of Improvement

Referral agency staff discussed both benefits of and areas in need of improvement with the centralized HPCC system. These include:

- A majority of respondents reported “pre-screened referrals” and “quick response for anyone who calls for assistance – ‘call 311’” as the biggest improvements with the transition to the centralized HPCC call system.
 - *This concurs with the HPCC staff perception that pre-screening practices save referral agencies time. HPCC staff perceived that use of a centralized referral system accessing the agency through one phone number was helpful to referral agencies and eliminated the possibility of callers reaching a staff member’s voicemail or calling at an inopportune time.*
- Staff reported that the efficiency, transparency, and pre-screening practices of the referral process worked well.
- A majority of referral agency staff felt that the centralized system improved their ability to serve people seeking emergency funds.
- Although referral agencies rated the pre-screening practices positively, a majority felt that it was an area that still needed improvement.
- Referral agency staff also indicated that HPCC should further explain and provide accurate information to callers referred to an agency for financial assistance.

HPCC Staff and Stakeholder Interviews/Focus Groups – Further Examination of the Homelessness Prevention Call Center System

In addition to the quantitative component of the evaluation, qualitative data were collected through focus groups with I&R Specialists as well as interviews with HPCC administrative staff and HPCC stakeholders. These data were collected to further elucidate how the centralized call system works. The administrative and stakeholder interviews were conducted to provide insight about the HPCC system in Chicago as a whole, including the collaborative relationships between homeless prevention service providers, advocates and funding agencies.

Efficacy of Scripts and Protocols

During a focus group with I&R Specialists, participants reported that their use of scripts and protocols, and database spreadsheets during calls with HPCC callers was helpful, but reported that modifications to the pre-screening scripts could improve their efficiency. In addition, some I&R Specialists felt increased uniformity in HPCC’s distribution of information to I&R Specialists, more frequent updates of the information about city resources which Specialists share with callers, and a consolidation of spreadsheets would enable them to provide more accurate information to callers.

I&R Specialists also discussed perceived challenges for referral agency staff in reaching callers with irregular or limited telephone access. It was recommended that additional caller contact

information (e.g. e-mail addresses and contact information for a family member/friend) be obtained in order to contact those difficult-to-reach callers.

Collaboration Between Homelessness Prevention Service Providers, Advocates and Funding Agencies

Interview participants discussed the lack of information transferred from referral agencies to HPCC, which is a limitation to documenting outcomes of the client assistance process. There is no uniform use of Service Point²⁰ among referral agencies, staff explained, which is a limitation to data gathering and reporting outcomes. In addition, staff explained that many callers continue to follow-up with the Call Center about the status of their claim, yet HPCC staff do not have access to information documenting the caller's referral status, thus HPCC staff cannot advise the caller regarding next steps. The HPCC administrative staff identified the transfer of callers' information from HPCC to the referral agencies as a point in the system in need of improvement. Potential modifications should be explored, yet security of information and efficiency are critical to maintain, these staff explained. Also, changes to the transfer of information from the referral agency back to the HPCC as it relates to outcomes of referred callers were also suggested.

Discussing the distribution of homelessness prevention funds in the city of Chicago, administrative staff reported that the Call Center operates under the assumption that they are screening for all homelessness prevention funds under the coordination of Emergency Fund. However, staff explained that there are some agencies that distribute private funds, usually for their internal program participants, which are not distributed through the HPCC. Staff assert that a centralized system for the distribution of ALL homelessness prevention funding is necessary to maintain an efficient, community-wide response. A centralized system that is inclusive of all homelessness prevention funds will simplify the funding distribution, staff explained. Thus, staff recommended that the system of homelessness prevention funding be reviewed and standardized with a fully centralized distribution system. Concern was expressed that agencies may be using low-criteria funding sources when unused tighter-criteria funds available through the Call Center could have been used.

HPCC staff and stakeholders discussed the impact of the HPRP funds on the HPCC system. The HPRP funds have temporarily helped meet the needs of callers who were either found eligible, but no funds were available, or ineligible due to self-sufficiency, by easing the eligibility requirements and providing funds when typically funds were no longer available, participants reported. There is no easy solution to address the needs of these callers once the HPRP funds are expended. For many who received assistance via HPRP funds, their 18-months of assistance have ended. Also, HPRP funding will end in July of 2012. Many of these individuals obtained employment and other assistance through the program, yet given the current economy, many have not secured employment, staff explained.

The large proportion of callers deemed ineligible for assistance by the HPCC was also discussed. HPCC staff reported there is need for alternative resources for those deemed ineligible; however, funding for these resources has been cut. For example, programs providing assistance for financial planning, a home sharing program, and general case management are all defunct.

²⁰ Service Point is the HMIS software used by Chicago service providers.

HPCC Data Utilization for Homeless Prevention Resources and Advocacy

All information collected from callers is stored electronically in the HMIS system. Staff explained that reports of aggregate Call Center data are produced and utilized by various stakeholders for purposes of furthering and promoting homelessness prevention efforts in the city. Statistical reports by location and service request type are provided and used to request more funding. The Chicago Alliance to End Homelessness has utilized reports of HPCC data for purposes of homelessness prevention advocacy and strategic planning, and the City of Chicago Department of Family and Support Services has also used data reports to request more funding from the U.S. Department of Housing and Urban Development. Further, Catholic Charities has circulated data to the media for purposes of raising awareness.

As mentioned earlier, HPCC records comprehensive caller information in the HMIS system, however, the lack of information from the referral agency regarding the status of referred caller's requests is a limitation on reporting the outcome, overall continuum of care, and resources.

Conclusion

In general we found that the centralized referral system is effective and efficient. Individuals seem to easily access the system and HPCC staff are well trained and efficient. Given the system's limited funding resources, only a fraction (6%) are connected to funding, although we estimate close to 70% are given other referral information. With the release of additional funds in 2010 from the federal stimulus's Homeless Prevention and Rapid Re-housing Program (HPRP) more demand has been met. The number of eligible callers who were told funding was available increased by 52% and the number of referred callers who were denied financial assistance decreased by 70%.

Access and Coordination Between Different Components of Homeless Prevention System:

- We found that callers were basically able to access the centralized referral system within a small but on the whole fairly manageable wait time. While in a time of heavy call volume, such as Mondays, researchers testing the referral system found the combined wait time to the 311 operator and the I&R Specialist could average 9 minutes, on the average, the wait time was 5 minutes. Reflecting these findings, just over seventy percent (70.8) of the survey respondents rated their initial connection to the system as "excellent" or "good."
- The 311 operators seem to have done a fairly good job of screening calls to the HPCC, with only a 2.5 % error rate. In fact, HPCC staff in general found the 311 portal effective and efficient. However, HPCC management reported that while the addition of the automated system made access to the HPCC easier, it may have increased errant calls.
- I & R Specialists' assessments of caller eligibility were congruent with the referral agencies' assessments in just under 90% of the cases. It is possible that changes in eligibility assessment (10% of cases), was due to the inability of the callers to provide documentation to substantiate their initial claims. This was one of the reasons noted by the referral agencies.

- The majority of the referral agencies reported positive experiences with the HPCC. Close to two-thirds gave a high rating to the accuracy of HPCC specialists' referrals. However, even though the referral agencies rated this screening system highly, the majority also felt there was room for improvement in the areas of the pre-screening of clients and providing callers further explanation and accurate information.
- The agency contact call back procedure worked well for callers subsequent to their referral for financial assistance. Four out of five callers who were told funds were available were contacted by the referral agency staff within 2 days (for referrals with a two-day service level requirement). The remainder had not been contacted within a week of being referred. The referral agencies rated highly the contact information they received from HPCC operators, and they reported similar contact rates to those reported by surveyed callers.
- Among those callers deemed ineligible for financial assistance, greater than half of the call requests were given/accepted information about other resources (10,887 out of 18,946 call requests).

Experience of Eligible Callers

- Among the callers who participated in a phone survey, all of whom were eligible for financial assistance, 30% were told funding was available.
- At the time of interview, usually about one week after their call to HPCC, a little less than half of the interviewed callers already had their bills paid by the referral agency, and just under 20 percent were waiting for bill payment. The remaining 30 percent were either in the intake process with the referral agency or had submitted documentation for their request.
- Most (84%) of those for whom funds were not available were referred to an alternative referral source, and nearly 4 out of 5 of those had connected with that referral agency within a week.
- Of those who reported not receiving any referral information, two-thirds reported finding an independent solution to meet their housing needs and one-third said they would try calling back HPCC. However, this policy does not seem to daunt callers, and according to administrative data, 11% of all calls to HPCC are individuals asking if funds have become available.

Impact of Stimulus Funding

- As mentioned above, the infusion of funds and broadening of eligibility due to the Homeless Prevention and Rapid Re-housing Program (HPRP) increased both the number of callers who were deemed eligible and for whom funds were available.
- However, it took significantly longer for bills to be paid by the referral agency after the release of the HPRP funds. The number of callers whose application had been approved and

waiting for their bill to be paid at the time of the survey increased by 86% (from 13% pre-stimulus to 24% post-stimulus).

- It should be noted that I&R Specialists' pre-screening assessments were less likely to be changed after the implementation of HPRP with its infusion of additional funding and broadened eligibility requirements.

Recommendations

Collaborate with 311 City Services for Spanish Language Improvement

Although we found the use of 311 City Services to be fairly efficient, the protocol should be reviewed again to assess the impact of 311's automated feature. The automated feature was implemented subsequent to our testing of the 311 portion of the HPCC system. With the new automated feature, a caller can transfer himself or herself to the HPCC by pressing a number. One concern is that the automated feature is not announced in Spanish-language; this may be a barrier to serving Spanish-language callers. In general, any automated greetings used by 311 City Services should also be said in Spanish to better serve Spanish-speaking residents.

In addition, we recommend that 311 operators review the procedures for handling Spanish-language calls. Among the series of test calls, there was a higher rate of misdirected calls during Spanish calls compared to English calls. Spanish calls had the unique challenge of a delay in bringing interpreters on the line. Test caller comments indicate that, in some cases, 311 operators spoke English when asking probing questions, even after the caller had requested a Spanish speaker. All 311 operators should be knowledgeable in handling Spanish-speaking callers and follow a standard procedure.

Collaborate with 311 City Services to Appropriately Connect Callers

The HPCC and 311 City Services should review protocols and screening instruments on an annual basis to ensure that calls for the HPCC are being screened and appropriately connected. There needs to be discussion and clarification between HPCC and 311 City Services of protocol and procedures during homelessness prevention calls to assure that calls are being screened and appropriately connected. The protocols provided to the research team by HPCC staff included a number of screening questions used for various scripts, such as: "Is this due to a crisis or emergency situation?" or "Is this a one-time request for assistance?" The test callers reported that the 311 operators had not asked an anticipated screening question during several of the calls. The use of the screening questions would make the transfer from 311 to HPCC more efficient by increasing the number of callers who are appropriately connected and decreasing the number of ineligible callers taken by the HPCC.

A Direct Line to HPCC

During interviews with some HPCC administrative staff, it was mentioned that alternative access points for callers such as e-mail, text, and internet would be helpful. They also mentioned the use of "211" lines in other states and municipalities as a way of providing information on health

and human services resources was suggested. HPCC and stakeholders should explore the possibilities of branching out in these areas, including collaboration on start-up funding. Additionally, a 211 line would provide direct access to the HPCC rather than through the City's 311 number.

Minimize Barriers to Financial Assistance During the Pre-Screening with I&R Specialists

The following specific changes would benefit the centralized call center model and potentially increase the efficiency of referrals sent to agencies for funding requests.

- Although call length is a concern for processing as many calls as possible, callers receiving a referral for financial assistance should be informed in more expanded detail than they currently receive that they are only “potentially” eligible, and referral agencies will complete the final eligibility assessment.
 - Ensure callers’ understanding of the proof of documentation requirement before sending a financial assistance referral.
 - Emphasize to callers the funding limitations and restrictions and that the final funding decisions are made by the referral agency. For example, the referral agency may not be located in close proximity to the callers. Likewise, due to the number of times the caller had received financial assistance, the agency will decide if they are still able to qualify for the fund.
- Collect an e-mail address from the caller to improve referral agencies’ ability to reach callers.

Systems Integration Between HPCC and Referral Agencies

Currently, the flow of information about an individual caller flows in only one direction, from HPCC to the referral agencies. However, there is a need for the information from the referral agencies regarding the status and final outcome of individual callers to be accessible by the HPCC. Callers often re-contact the Call Center in regard to the status of their case. In addition, callers when calling for a new request at a later date can incorrectly answer questions regarding their previous applications and outcomes, limiting the ability of HPCC to make accurate preliminary assessments. Yet it would be a strain on the referral agencies to provide such individual level or timely feedback.

Also, HPCC is hampered in accurately accessing systems outcomes because it does not have timely and uniform access to referral outcomes at the referral agency level. Better systems integration and access to the same information by both the HPCC and referral agencies will further increase efficiency of the centralized system.

- Stakeholders may want to explore a strategy for gathering these referral agency outcomes in the HMIS centralized system.
- In addition, the Call Center currently does not have the resources to conduct ongoing data analysis in order to access the system. As such, the stakeholders and the HPCC should explore options for staffing a research and dissemination position.

Expansion of Services to Non-eligible Callers

Although alternate resources are provided for non-eligible callers and callers who are eligible, but no funds available, HPCC staff reports that more is needed. An increasing number of callers are still clearly in need of assistance to prevent homelessness but do not meet the funding requirement of the HPCC system.

- An expansion of the scope of the services provided by HPCC should be considered.
- The key stakeholders need to develop a plan and identify resources for this expanded community response.

Recommendation to Funders: Consider Changing the “First-in, First-served” Access to Funding Model

As long as the funding strategy is first-in, first-served and fund eligibility is broad, it seems like a system in which the timing of a person’s call is more determinate of whether he or she will receive funding, rather than whether he or she may become homeless without the assistance. Eligible callers are matched to a referral agency for funding as long as funds are available.

- A rubric-of-need model of screening at HPCC, through which certain populations or characteristics are prioritized, might be considered.
- The centralized feature of the Call Center and use of Chicago’s HMIS system would allow prioritization based on any target strategies developed by fund providers.

Appendix 1 - Preliminary Report of Test Calls to the 311 City Services Line

**Evaluation of Catholic Charities
Homelessness Prevention Call Center**

**Preliminary Report of Test Calls to the 311 City Services Line
November 2009**

**Prepared by
Loyola University Chicago Center for Urban Research and Learning (CURL)**

Introduction and Methodology

This report summarizes findings from a series of test calls to the Chicago 311-City Services line and the Homeless Prevention Call Center (“HPCC” or “Call Center”). The purpose of the research was to better understand whether and how individuals with requests for homelessness prevention are linked to the service system. Specifically, our goals were to learn:

- 1) how quickly and frequently the callers are connected to the HPCC;
- 2) how frequently the callers are referred elsewhere or screened out; and
- 3) the system to connect with individuals who call during non-business hours (i.e night, weekend, holidays).

To answer these questions, researchers from the Center for Urban Research and Learning at Loyola University Chicago conducted a series of 100 test calls of the 311-City Services line and the HPCC.

A research team consisting of 12 test callers - 6 male and 6 female - carried out the test calls. In an effort to conceal Loyola’s participation, all calls were made from researchers’ cellular phones or home phones. The series of 100 test calls was conducted for one month, from June 26, 2009 through July 20, 2009. The test calls were placed on various days of the week and various times of the day, in order to document the experience of different callers. Calls were also distributed by age and language (a subset of Spanish calls) (see distribution of test calls below).

Distribution of Test Calls:

- 66% of calls were conducted Monday – Friday,
- 34% of calls were conducted on the weekends,
- 52% of the calls were conducted in the AM hours,
- 48% of the calls were conducted in the PM hours,
- 50% of the calls were conducted by test callers with an older-sounding voice,
- 50% of the calls were conducted by test callers with a younger-sounding voice,
- 80% of the calls were conducted in English,
- 20% of the calls were conducted in Spanish,
- 50% of calls were conducted by males and 50% were conducted by females.

HPCC staff provided the research team with scenarios to utilize during the series of test calls. The scenarios had been used previously by HPCC for internal purposes. Based on these provided scenarios, the research team anticipated a portion of requests would elicit a connection by the 311 operator to an HPCC Information and Referral Specialist (I&R Specialist), a portion to the Client Service Request (CSR) System¹, and some would elicit an instruction to contact specific agencies (e.g., Community and Economic Development Association of Cook County, Inc. (CEDA) or the Home Ownership Preservation Initiative (HOPI)). Although there were 13 different scenarios used, some of the variations in the scripts were minor and were identified as using “vague” or “specific” language. During these scenarios, a caller may have asked for help in paying their rent in a “vague” way, such as “I need help paying my rent, what should I do?”

¹ With the CSR system, 311 City Services provides HPCC an electronic report containing a caller’s name, contact information and type of request.

or, in a “specific” way, such as “Can I get short-term help to pay my rent?” Table 1a lists the scenarios used along with the frequency in which each was used.

Table 1a. List of Scenarios Used During Test Calls (N=100)

Request Type	Frequency
Rent Total	10
a. vague	(5)
b. specific	(5)
Mortgage Total	10
a. vague	(5)
b. specific	(5)
Gas/Electric (Total)	10
a. vague	(5)
b. specific	(5)
Security Deposit	11
HPCC	9
Eviction Threat (Has Not Been to Court, Needs Help with Rent)	10
Catholic Charities	10
“HPCC Not Taking Applications”	10
“HPCC Wouldn’t Help Me”	10
“I Need Short-term Help”	10

For each test call, the test caller completed a form recording the following: the exact time at which the call was made, the length of time before a 311 operator picked up the call, the time at which the call was transferred to the HPCC, and the time at the end of the test call. Researchers also reported any comments made to them by the 311 operator, whether the call was transferred to an I&R Specialist or CSR system, and any comments about the call.

Findings

311 Wait Time

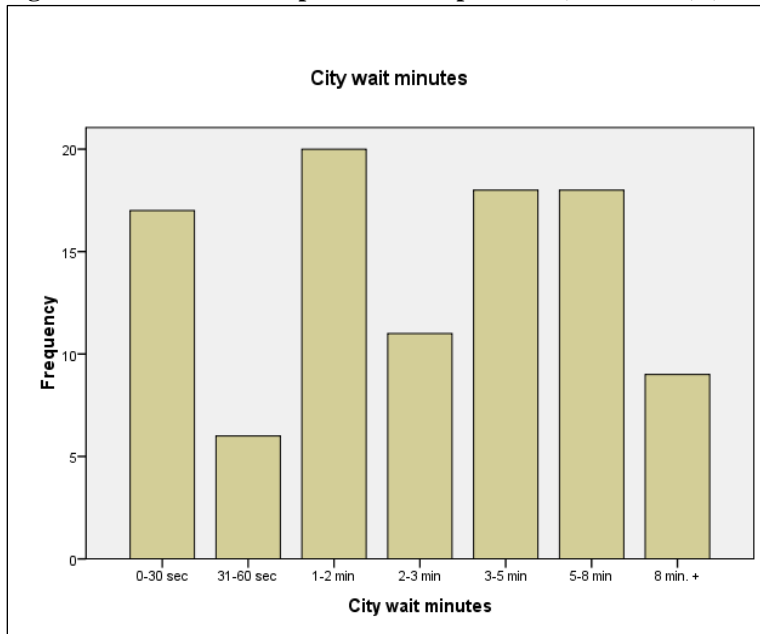
Among the sample of test calls to the 311 City Services line, the median wait time to speak to a 311 operator was 2.8 minutes (Table 1b). Variations of the median wait time were found on particular days

Table 1b. Wait Time to Speak to 311 Operators (in Minutes) (N=99)

	Cases	Median	Minimum	Maximum
Total Cases	99	2.8	0.0	10.0
Mondays	30	6.0	1.3	10.0
Wednesdays	26	1.7	.2	8.1
Weekends	33	.5	0.0	4.4
M-F, HPCC Open	66	4.2	.2	10.0
M-F, HPCC Closed	5	1.3	.2	3.2

and hours. Table 1b demonstrates changes in the 311 wait times based on different days and on/off HPCC call center hours. Mondays had the overall highest median wait time at 6 minutes and the hours of 8:30am to 4:30pm during the week – the Call Center’s hours of operation – also have a high wait time of 4.2 minutes. The lowest median wait time was on the weekends with a .5 minute, or 30-second median wait time. The maximum wait time, which was found on Mondays during HPCC’s business hours, was found to be 10 minutes.

Figure 1a. Wait Time to Speak to 311 Operators (in Minutes) (N=99)



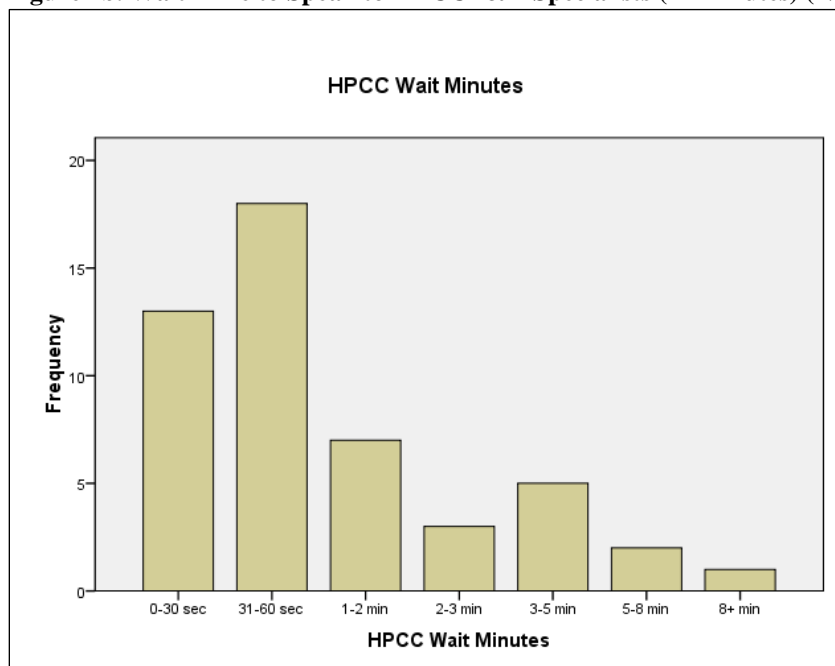
HPCC Wait Time

Forty-eight cases of test calls were transferred from the 311 operators to the HPCC, the median wait time to speak to an HPCC I&R Specialist was .7 minutes, or 42 seconds. Table 1c demonstrates variations in the HPCC wait times based on day, time of day, and language. Mondays had the overall highest median wait time - .9 minutes. The lowest median wait time found was for Spanish callers - .4 minutes, or 24 seconds. The maximum wait time occurred on Mondays -10.2 minutes. Figure 1b demonstrates the majority of calls experienced less than a one minute HPCC wait time.

Table 1c. Wait Time to Speak to HPCC I&R Specialists (in Minutes) (N=48)

	Cases	Median	Minimum	Maximum
Total Cases	48	0.7	0.1	10.2
Mondays	20	0.9	0.3	10.2
Wednesdays	19	0.7	0.1	5.5
Weekends	-	-	-	-
M-F, HPCC Open	47	.7	0.1	10.2
M-F, HPCC Closed	-	-	-	-
Spanish Callers	6	0.4	0.1	5.5
English Callers	42	0.7	0.1	10.2

Figure 1b. Wait Time to Speak to HPCC I&R Specialists (in Minutes) (N=48)



Total Call Time

The evaluation team calculated the total call time of each test call which included the wait time to speak to a 311 operator, time spent with 311 operators on the line and the wait time to speak to the I&R Specialist/access CSR System. Table 1d demonstrates variations in the total call times based on different days, on/off HPCC Call

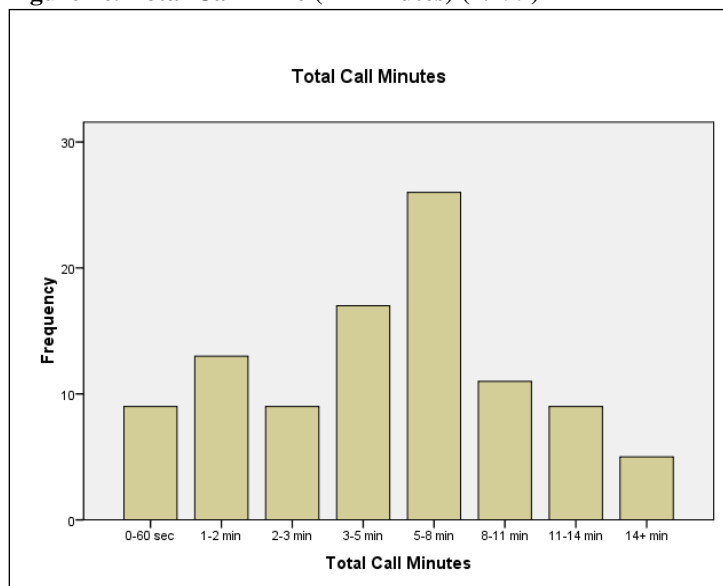
Table 1d. Total Call Time (in Minutes) (N=99)

	Cases	Median	Minimum	Maximum
Total Cases	99	5.1	0.3	18
Mondays	29	8.9	3.5	18
Wednesdays	26	4.3	1	14.1
Weekends	34	2.1	0.3	8
M-F, HPCC Open	81	5.5	0.3	18
M-F, HPCC Closed	18	3.6	0.7	9
Spanish Callers	20	5.4	0.7	14.1
English Callers	79	5.0	0.3	18
Female Callers	49	4.0	0.3	14.6
Male Callers	50	5.7	0.3	18
Younger Voice	50	4.6	0.3	14.6
Older Voice	49	5.5	0.3	18

Center hours, and language. Among the series of test calls, the median total call time was 5.1 minutes. In addition, Figure 1c shows the highest frequency of callers had a total call time between 5 and 8 minutes. Mondays had the overall highest median call time at 8.9 minutes.² The lowest median total call time was on weekends at 2.9 minutes. The maximum call time, which was found on Mondays and throughout the week when the HPCC is open, was 18 minutes.

² The longer total call time on Mondays is largely due to the longer wait time to speak to a 311 operator, and to a lesser degree, the wait time to speak to a Call Center I&R Specialist.

Figure 1c. Total Call Time (in Minutes) (N=99)



Outcomes of All Calls

Among the 100 test calls, 56% of the calls were appropriately transferred, 10% were transferred to the wrong source, or misdirected, 5% were disconnected/error occurred and 29% were told to “call back.” The following sections explain each of these subsets of calls by reporting when the test calls occurred and their frequency.

Appropriately Connected Calls

Based on the scenarios provided by the HPCC, the evaluation team anticipated some requests would elicit a connection by the 311 operator to an I&R Specialist, some to the CSR system, and some test calls callers would be instructed to contact specific agencies (e.g., CEDA, HOPI). Table 1e illustrates the distribution of 56 cases, which were identified as “appropriately connected.” The appropriately connected calls varied depending on the day and time. As shown in Table 1e there was 1 instance in which a call went to the CSR system during HPCC hours of operation, however, this call took place on the Monday after a three-day holiday weekend.

Table 1e. Calls Appropriately Connected by 311 Operators (N=56)

	Cases	HPCC Operator	CSR System	CEDA/HOPI
Total Cases	56	87.5% (N=49)	7% (N=4)	5.4% (N=3)
Weekends	3	-	100% (N=3)	-
M-F, HPCC Open	53	92.4% (N=49)	1.9% (N=1)	5.7% (N=3)
M-F, HPCC Closed	-	-	-	-

Misdirected Calls

Based on the scenarios given and the time of the test call, a call was deemed “misdirected” if the 311 operator did not connect the caller to an HPCC I&R Specialist, the CSR system, or CEDA and HOPI agencies, as anticipated. Some calls were transferred to the Department of Family & Support Services (DFSS)³ and those cases were deemed misdirected calls because the request provided was for homelessness *prevention* services, rather than shelter placement. The following is a selection of comments from a misdirected test call: *“When I asked if they help people who will be evicted, the 311 operator gave me the number to Tenants’ Rights. Then when I asked if they could help me with my rent payment, she [311 operator] said that I needed to call 311 back tomorrow between 8:30-4:30 for short term help.”*

Table 1f illustrates the distribution of 44 cases, which were identified as misdirected. The misdirected calls varied depending on the day and time. As shown in Table 1f, among the total cases that were misdirected, 65.9% were told to call back.

Table 1f. Misdirected Calls by 311 Operators (N=44)

	Cases	DFSS, DHS, HPCC	Disconnected	Error	Told to Call Back
Total Cases	44	22.7% (N=10)	6.8% (N=3)	4.5% (N=2)	65.9% (N=29)
Weekends	31	9.6% (N=3)	6.4% (N=2)	3.2% (N=1)	80.6% (N=25)
M-F, HPCC Open	8	87.5% (N=7)	12.5% (N=1)	-	-
M-F, HPCC Closed	5	-	-	25% (N=1)	75% (N=4)

HPCC Non-Business Hour Outcomes

Thirty-nine calls were conducted during HPCC non-business hours.⁴ Of these, 79.5% were told by 311 operators to call back during HPCC’s hours of operation, 10.3% were router through the CSR system and the same percentage of callers encountered an error or was misdirected (Table 1g). Again, Figure 1d demonstrates the majority of callers being told to call back when they called during HPCC non-business hours.

Table 1g. Outcomes of Calls Conducted During HPCC Non-Business Hours (N=39)

	Cases	“Told to call back”	CSR System	Misdirected/Error
General	39	79.5% (N=31)	10.3% (N=4)	10.3% (N=4)

Outcomes of All Calls Based On Scenario

As demonstrated above, over half of the test calls were appropriately transferred, yet a subset was transferred to the wrong source, disconnected or a different type of error occurred. In

³ In some cases, the 311 operator referred to DFSS as DHS (Department of Human Services).

⁴ HPCC’s hours of operation are Monday through Friday, 8:30am to 4:30pm.

addition, many of the calls made during HPCC non-business hours were told to “call back.” Table 1h illustrates the outcomes of all of the test calls and distributes them among the previously mentioned categories based on their given scenarios. Among the 100 test calls, 56% of the calls were appropriately transferred, 29% were told to “call back,” 10% were transferred or directed to the wrong source, and 5% were disconnected/error occurred. Calls having the least appropriate transfers were utility requests where the caller had not previously contacted CEDA. These calls were appropriately transferred or directed 20% of the time. The calls with the highest proportion of appropriate transfer rates were those requesting assistance with rent, with an 80% rate.

Figure 1d. Outcomes of Calls Conducted During HPCC Non-Business Hours (N=39)

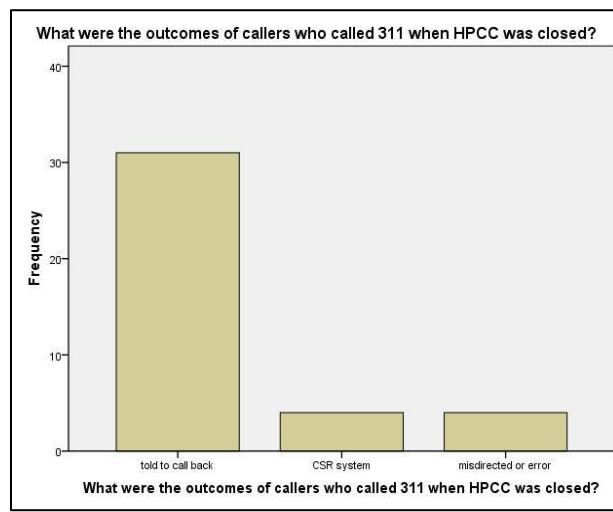


Table 1h. Outcomes of All Test Calls (N=100)

Scenarios	Cases	Appropriate Transfer to HPCC, CSR, CEDA, HOPI	Transferred to Wrong Source (DFSS, DHS, HPCC)	Disconnected or Error	Told to Call Back
Total Cases	100	56% (N=56)	10% (N=10)	5% (N=5)	29% (N=29)
Rent (Vague)	5	80% (N=4)	-	-	20% (N=1)
Rent (Specific)	5	80% (N=4)	-	-	20% (N=1)
Mortgage – Caller Did Not Go to HOPI	5	40% (N=2)	60% (N=3)	-	-
Mortgage - Caller Already Went to HOPI	5	60% (N=3)	-	40% (N=2)	-
Gas/electric – Caller Did Not Go to CEDA	5	20% (N=1)	80% (N=4)	-	-
Gas/electric – Caller Already Went to CEDA	5	40% (N=2)	-	-	60% (N=3)
Security Deposit	11	54.5% (N=6)	-	-	45.5% (N=5)
HPCC	9	77.8% (N=7)	-	-	22.2% (N=2)
Eviction – Call Has Not Been to Court	10	60% (N=6)	-	-	40% (N=4)
Catholic Charities	10	70% (N=7)	-	-	30% (N=3)
“Not Taking Apps.”	10	50% (N=5)	10% (N=1)	10% (N=1)	30% (N=3)
“They Wouldn’t Help Me”	10	60% (N=6)	20% (N=2)	-	20% (N=2)
Short-term Help	10	40% (N=4)	-	10% (N=1)	50% (N=5)

Test Caller Comments

Among the 100 cases of test calls, several themes emerged through the comments by test callers with regard to their experience talking to 311 operators.

Wrong HPCC Hours

A common theme was misinformation regarding HPCC hours. In several cases, 311 operators provided inconsistent information about HPCC's hours of operation. The following comments were recorded by test callers and illustrate instances in which callers were given the wrong HPCC hours of operation:

- “311 operator said quite a bit. ‘We don't have a listing for that.’ I said ‘I'm calling for short term help.’ The 311 operator said, ‘They're not open during the weekend. You're looking for something called the Homelessness Prevention Call Center. They're only open Monday thru Friday.’ I said, ‘So what do I do?’ The 311 operator said, ‘Call tomorrow between 8:30am and 5:30pm.’”
- “The 311 operator said, ‘This is 311 City Services.’ I said, ‘I need help paying my mortgage.’ 311 operator said, ‘You need to call Monday thru Friday between the hours of 8:30 am and 4:25 pm and ask for short term help.’”
- “Call back Monday thru Friday between 8:30 and 5.”
- “Need to call back Monday thru Friday between 8:30 and 5.”
- “That she cannot transfer me. She can only transfer me Monday thru Friday 8:30-5.”
- “She said to call between 8:30 to 4:20 Monday thru Friday and ask for short term help.”

Misdirected Calls

As indicated above, another common occurrence was the misdirected/disconnected/error calls. Comments regarding these types of calls refer to the call either being disconnected, having some type of error message when the test call was made, or simply being directed to contact an entity that was not anticipated, based on the scenario, such as DFSS/DHS, 411 or Tenants' Rights. The following comments were recorded by test callers and illustrate instances in which callers were misdirected:

- “311 operator said, ‘Where are you located ma'am?’ I said, ‘the north side.’ 311 operator said, ‘Let me see if the Department of Human Services can help you ma'am.’ Then I disconnected ”
- “She [311 operator] said they might be out of money already, but that she would transfer me. I waited eight minutes to be transferred to HPCC, but the operator actually just put me back on the 311 queue and I had to speak to another operator before being connected to HPCC.”

- “After I told the operator that HPCC ‘couldn’t help me,’ she asked me where I lived. I told her on Clark/Greenleaf. She told me to call DHS [Department of Human Services] and gave me their phone number.”
- “When I asked for the Catholic Charities, [311 operator] said I would have to call 411 for that number. Then when I hesitated she asked if I needed help with something. After I told her I needed help with my rent, she told me HPCC was closed and said I could call back on Monday or leave my info with her so someone could call me back.”
- “The 311 operator kept repeating that ‘there are no funds’ after I asked: ‘What am I supposed to do? They couldn’t help me’ then she said that the only thing you can do is go on public aid. I [told] her again that my bills were piling up what should I do? She said ‘I am not trying to be rude but there is no money.’ Then she said ‘I’m going to connect you to short term help’ and transferred me. The 311 operator was bilingual.”
- “When I asked if they help people who will be evicted, the 311 operator gave me the number to Tenants’ Rights. Then when I asked if they could help me with my rent payment, she said that I needed to call 311 back tomorrow between 8:30-4:30 for short term help.”
- “[311 operator] wasn’t quite sure how to handle the situation because I told her I had already talked to HPCC. She asked me where I lived in Chicago and connected me to the local Department of Human Services office.”

Disconnected and Error Calls

The following comments were recorded by test callers and illustrate calls which were disconnected or another error occurred:

- “311 operator said, ‘Okay hold on one second.’ I was put on hold and a message that stated ‘Invalid Entry’ was replayed. After about 2 minutes and 30 seconds of being on hold, a message stating ‘Goodbye, thank you for calling’ was played.”
- “Did not talk to 311 operator, simply got a dial tone noise like that of a fax.”
- “Tried calling 3 times. [The] first 2 times I received an automated message saying that the network was busy and I was hung up on twice. The third time I got through and [311 operator] said I need short term help even though I told her they couldn’t help me. I was transferred quickly.”
- “When I asked for a Spanish speaker, [311 operator] told me to ‘hold on’ and never came back on the line. I waited on hold for 7 minutes then hung up. There was no music or any indication that anyone would come back on the line.”

- “The [311] operator hung up on me. This had happened on a previous test call I made, but I wasn't sure if it was an accident. Since it happened a second time at the precise time of asking for a Spanish speaker, I am certain it was not an accident.”

No Screening Questions Asked

Some test calls lacked the use of anticipated screening questions by the 311 operator. Comments regarding these types of calls reflect the 311 operator transferring the caller without probing further into their situation to find out whether the caller had previously contacted CEDA or HOPI, for example. The following comments were recorded by test callers and illustrate instances in which callers were not asked a screening question by the 311 operator:

- “Not asked full follow up questions on script. Just determined it was rent & short term and transferred me.”
- “The [311] operator immediately told me that she would transfer me to the HPCC. She didn't ask me any questions.”
- “311 operator immediately transferred me over, no questions asked.”
- “311 operator didn't allow me to say my script. As soon as I asked is this the HPCC, she switched me and did not screen first.”
- “Very fast, instantly connected and they story was laid out. No questions at all.”
- “Very quick. Took less than 5 minutes, operator is respectful. No questions asked at all.”
- “Was not asked about court/sheriff.”
- “311 operator didn't ask if I needed one-time assistance.”
- “Was not asked if I needed one-time assistance nor if I contacted CEDA.”
- “She [311 operator] did not ask me if this was a one time need and did not get transferred to HPCC.”
- “I was not asked about HOPI. [311 operator] immediately transferred me to HPCC.”
- “They didn't ask about HOPI. They just asked what kind of assistance (short term) and transferred me even when I tried to explain my situation they were in a hurry to transfer me.”

Positive Assessment

Finally, some test callers discussed the 311 operators' level of helpfulness and respectfulness.

The following comments were recorded by test callers and illustrate instances in which a positive assessment was made:

- “Very polite. Knew all the information on HOPI.”
- “Kind of acted like I should've known to call HOPI first and what it is. But overall helpful, answered questions politely.”
- “Very patient and nice tone.”
- “Very quick. Took less than 5 minutes, operator was respectful. No questions asked at all.”
- “I was very impressed with them [311 system] on this call.”
- “[311 operator] was very friendly and seemed to really want to help.”
- “311 operator was very helpful; she told me I needed to better explain my story to HPCC because I should be eligible and if they don’t listen then to ask for a supervisor or manager.”
- “[311 operator] was very helpful but if she is supposed to transfer me to HPCC even if I’ve already talked to them she did not know to do that.”

Challenging Experiences

Test callers described positive experiences with the majority of calls, yet in some cases, test callers described challenges such as interruptions by the 311 operator, not having the opportunity to explain their story or request, and/or the operator being brisk and mechanical in their responses. The following comments were recorded by test callers and illustrate instances which were problematic:

- “311 operator did not refer me to CEDA and said ‘you need short term help’ and transferred me to HPCC before I could get a word in. The announcement on HPCC line said to call CEDA and gave number so I hung up.”
- “311 operator didn't allow me to say my script. As soon as I asked ‘is this the HPCC?’ she switched me and did not screen first.”
- “(311 operator cut me off) ‘HPCC is closed, you'll have to call back Monday...’ (cut off again as I try to continue my part)... [311 operator says] ‘I don't know what to tell you but you can talk to them directly, they will be open 8:30am if you call back tomorrow.’”
- “She [311 operator] was fairly brisk with me.”
- “311 operator cut me off while I was explaining my story, but connected me to HPCC.”

- “I was asked what help I needed from 311, and although I told her that I might possibly be evicted, I had to say short term help in order to get transferred. [311 operator] didn’t express any interest in anything else, very to the point: ‘What kind of help do you need?’ Then I was transferred.”
- “The 311 operator didn’t say a word to me other than ‘hello 311 services how may I help you?’ I asked for short term help with my gas/electric bill and she transferred me without saying anything.”

Experiences of Spanish Test Calls

Of the 20 test calls conducted in Spanish, the number of calls appropriately connected, misdirected, and disconnected were also tracked. Figure 1e and Table 1i below illustrate how the calls conducted in Spanish were handled in comparison to the English-language calls.

English language test calls were two and a half times more likely to be appropriately connected in comparison to Spanish language test calls.

Of the 20 Spanish language test calls, only 5 were appropriately connected (25%), compared to 51 of the 80 English language test calls (64%) (Figure 1e).

Among the 44 misdirected cases, 15 were Spanish calls. As Table 1i illustrates, the Spanish calls had a higher rate of being disconnected than the English calls. The Spanish calls also had a higher proportional rate of being misdirected to an incorrect resource, with 3 out of 20 calls at 15%, compared to the English calls, with 7 out of 80 calls at 8.8%.

Figure 1e. Appropriately Connected Calls by 311 Operators Among Spanish and English Test Callers (N=100)

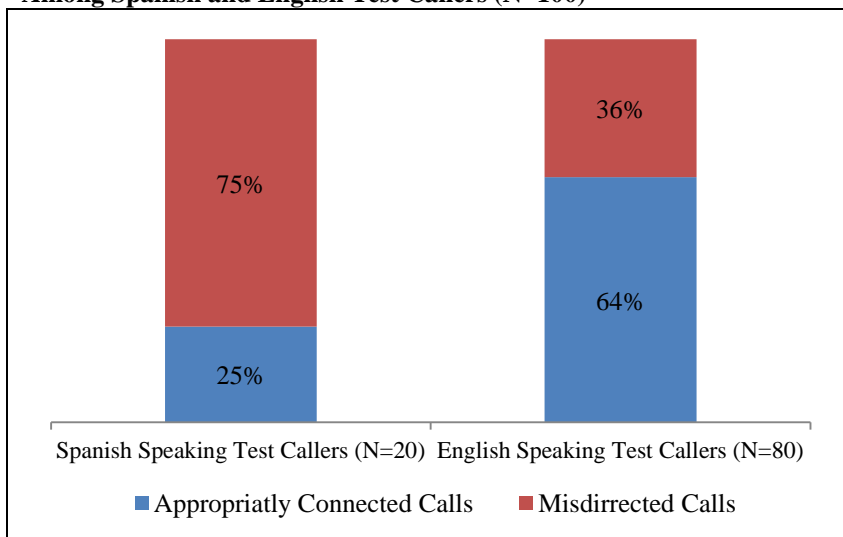


Table 1i. Comparison of Spanish-Language and English-Language Calls Misdirected by 311 Operators (N=100)

	Total Misdirected Calls	Incorrect Transfer to DFSS, HPCC, CEDA/HOPI	Disconnected	Error	Told to Call Back
Total Misdirected Calls (N=44)	100% (N=44)	22.7% (N=10)	6.8% (N=3)	4.5% (N=2)	65.9% (N=29)
Spanish (N=20)	75% (N=15)	15% (N=3)	10% (N=2)	-	50% (N=10)
English (N=80)	36.3% (N=29)	8.8% (N=7)	1.3% (N=1)	2.5% (N=2)	23.8% (N=19)

A unique theme emanating from the Spanish-language test calls reflect a delay in bringing an interpreter on the line after the caller requested a Spanish speaker. Test callers requested Spanish speakers by stating, “Español por favor [Spanish please],” or asking, “Hay alguien que habla Español? [Is there someone who speaks Spanish?]. One test caller comment referred to a 311 operator being rude, noting that the operator yelled into the phone.

Delay in Bringing an Interpreter On the Line

The following comments were recorded by test callers and illustrate calls in which there was a delay in bringing an interpreter on the line:

- “Operator was rude when I asked for a Spanish interpreter and [311 operator] yelled into the phone ‘Can you speak any English?! Can you speak any English?!’”
- “The operator took long to connect to a transfer. I made 4 requests to speak to someone in Spanish and she kept asking me questions in English such as, ‘Do you need the police? City Hall is closed. What do you need?’”

Limitations of Research

Among the 100 test calls, 17 test callers reported that the 311 operator had not asked an anticipated screening question. Some examples of the test callers’ comments were: “Was not asked if I needed one-time assistance nor if I contacted CEDA” and “I was not asked about HOPI. [311] immediately transferred me to HPCC.”

Although test callers were not asked to report whether they had been asked a screening question or not, it is important to note that there is an indication of callers not being screened appropriately before being transferred to the HPCC, CEDA, or HOPI.

Recommendations

Review Protocols and Use of Screening Instruments

There needs to be discussion and clarification between HPCC and 311 of protocol and procedures during homelessness prevention calls to assure that calls are being screened and appropriately connected. The protocols provided to the research team by HPCC staff included a number of screening questions used for various scripts, such as: “Is this due to a crisis or emergency situation?” or “Is this a one-time request for assistance?” The use of the screening questions would make transfer from 311 to HPCC more efficient by increasing the number of callers who are appropriately connected and decreasing the number of ineligible callers taken by the HPCC.

Review Procedures for Spanish-language Calls

311 operators must review the procedures for handling Spanish-language calls. Among the series of test calls, there was a higher rate of misdirected calls during the Spanish calls compared to English calls. Spanish calls had the unique challenge of a delay in bringing interpreters on the

line. Test caller comments indicate that, in some cases, 311 operators spoke English when asking probing questions, even after the caller has requested a Spanish speaker. All 311 operators should be knowledgeable in handling Spanish-speaking callers and follow a standard procedure.

Appendix 2: Preliminary Report of the HPCC Caller Phone Survey

**Evaluation of Catholic Charities
Homelessness Prevention Call Center**

**Preliminary Report of the HPCC Caller Phone Survey
May 2011**

**Prepared by
Loyola University Chicago Center for Urban Research and Learning (CURL)**

Introduction

This report represents one component of the evaluation of the Homelessness Prevention Call Center (HPCC) conducted by the Center for Urban Research and Learning (CURL) at Loyola University Chicago in collaboration with Catholic Charities of the Archdiocese of Chicago. The purpose of this research is to understand how callers experience and move through the HPCC system, beginning with their point of access with 311 City Services and ending, in some cases, with a referral agency.

The evaluation entailed an extensive review of the HPCC's daily operations, consumer experiences and outcomes. This report focuses on a sample of 357 callers to the HPCC who were deemed eligible for short-term assistance by the HPCC. Among the 357 cases, two groups of callers were established. The first group is comprised of callers for which financial services were available at the time of their call to the HPCC. The second group is composed of callers for which financial services were not available at the time of their call to the HPCC.

While the evaluation was underway, the Obama Administration passed the American Recovery and Reinvestment Act (ARRA), in February of 2009, which included \$1.5 billion for Homelessness Prevention and Rapid Re-Housing Program (HPRP). The HPRP funds are intended to assist individuals who imminently face homelessness and thus are less financially stable than those eligible for short-term assistance. Considering that the addition of the economic stimulus funds initiated several changes to the HPCC including an extension of the length of time for which callers can receive financial assistance, an increase in the maximum amount of financial assistance individual callers are eligible to receive, as well as the concurrent receipt of assistance for multiple requests (i.e. concurrent rent and utility assistance) the CURL research team re-designed the study to include a second survey wave with these callers to measure the impact of the stimulus on the HPCC service to callers.

Through an examination of HPCC caller's experiences, along with the Call Center's work flow, the CURL research team present findings to inform future planning and grant a nuanced understanding of caller trends. Who's calling, why they call, and the efficacy of social service provision is important data for funding agents, the HPCC management, and the development of future homelessness prevention strategies.

Research Questions

The survey sought to answer two research questions:

1. What are the experiences of callers pre-screened as eligible by the HPCC?
2. What was the impact of the HPRP funds?

In particular, the specific sub-questions the survey sought to answer were:

- For those callers in which money was available, did they connect with the referral agency?
- What were the callers' experiences with referral agencies?
- What is the outcome of callers when they contact the referral agencies?

- How soon after callers called HPCC did they receive contact from referral agency staff, if financial services were available?
- For those callers, in which money was not available, did they connect with other resources?
- What effect did the HPRP funds have on eligible callers when funding was available?
- What effect did HPRP funds have on eligible callers when funding was not available?

Methodology

In order to capture the experiences of eligible callers, a phone survey was conducted. The phone survey instrument was developed in partnership between the CURL evaluation team and Catholic Charities. The instrument was designed to answer the research questions related to callers' experiences with the HPCC referral process, including interactions with 311 City Services, with I&R ("Information and Referral") Specialists whom operate the HPCC, and with the referral agency staff. However, only those callers pre-screened as eligible for financial assistance were invited to participate in a phone survey. The reason being, that only eligible callers would move through the entire system, up until reaching a referral agency, thus testing the system as it was meant to operate. HPCC administrative data (HMIS data) regarding callers deemed ineligible are analyzed and discussed in the Summary Report and the Final Report of HPCC Administrative Data Analysis.

There were two waves of caller recruitment and data collection. The first wave took place from March through September of 2009. During this first wave 252 callers completed the phone survey. Recruitment and data collection with eligible callers was halted in the fall of 2009, due to the announcement of federal homelessness prevention funding as part of the Obama Administration's American Recovery and Reinvestment Act (ARRA), previously mentioned in the introduction. The second wave of phone surveys was designed and initiated to examine the impact of the HPRP funds on HPCC operations. The second wave of recruitment resumed in May of 2010 and ended in June of 2010. During this second wave, 105 surveys were completed.

Phone surveys were completed with the assistance of I&R Specialists who recruited HPCC eligible callers to participate in a phone survey to discuss their experiences with the HPCC. I&R Specialists were trained in the recruitment methodology prior to the onset of recruitment. The Specialists read a script at the conclusion of the HPCC calls, inquiring whether callers were willing to have someone from the evaluation team contact them at a later date to participate in a phone survey about their experiences with the HPCC. If the caller agreed, a phone number and time for a return call were collected.

A random sampling plan was developed to achieve equal representation of HPCC callers, to include callers from throughout the week on Monday through Friday, in the morning and the afternoon, as well as those who leave a Client Service Request (CSR)¹ during HPCC non-business hours. During each shift, each I&R Specialist attempted to recruit callers who were pre-screened as eligible for financial assistance. Each shift was divided into a morning and afternoon session, and half of the shift's I&R Specialists recruited in the morning and half in the

¹ With the CSR system, 311 City Services provides HPCC an electronic report containing a caller's name, contact information and type of request.

afternoon. During an I&R Specialist’s assigned recruitment session (morning or afternoon), he/she began recruitment with the first financially eligible caller received and continued recruiting eligible callers until one caller agreed to be contacted for a later phone survey. After 6 weeks of recruiting we determined that with the sampling plan, we would not achieve a sufficient sample size, and therefore it was modified. Subsequently, all individuals eligible for financial assistance were asked to participate. A random sample was utilized during the second wave of phone surveys. I&R Specialists recruited all callers eligible for “short-term assistance” and/or HPRP funds, and the evaluation team developed a random sample of callers among the population.

Each week Catholic Charities transmitted a password-protected electronic file to the evaluation team containing selected contact information on all those individuals who had been invited and agreed to participate in the study during the preceding week. The evaluation team then proceeded to call recruited HPCC callers. Callers were attempted ten days after their call to the HPCC. A Spanish-speaking evaluation team member called all Spanish-speaking callers and conducted those surveys.

Respondent Demographics

Table 2a presents data on demographic characteristics for the sample of HPCC callers. The clear majority of callers in the sample were African-American. Data on gender indicate that the majority of callers were women. Nearly all were English-speakers, with the exception of a few Spanish-speaking callers. A small proportion of the callers were veterans.

Findings

First we report on callers’ experiences with 311 City Services. We next report callers’ experiences with the HPCC system, not only their interaction with the HPCC Information & Referral (I&R) Specialists, but also with the process of receiving short-term financial assistance from referral agencies. The analysis in this section separately tracks the trajectory of two subgroups of eligible callers through the system. The two subgroups are Group A - callers who are told by HPCC that financial services are available and Group B - callers who are told by HPCC that financial services are not available. Lastly, the third set of findings reports the differences between the first and second wave of callers in regard to their experiences with 311 and the HPCC system.

Table 2a. Demographic Characteristics of the Sample of HPCC Caller Survey Participants (N=357)

	Sample (%)
Race & Ethnicity	
Black/African American	87.1
White	1.7
Hispanic/Latino	8.4
Asian	0.6
Native American/Alaska-Native	0.3
Multi-racial/Hawaiian/Pacific Islander/Other	2.0
Gender	
Male	17.2
Female	82.8
Primary Language	
English	98.4
Spanish	1.6
Veteran Status	
Veteran	3.7
Non-veteran	96.3

311 City Services

As shown in Table 2b, 70.8% of callers rated their interaction with the 311 City Services system as “excellent” or “good.” Four of the cases are not included in this rating as the participants may have not remembered their interaction with the 311 operator, thus this question would not have been asked of them.

Table 2b. Rating of 311 City Services by HPCC Caller Survey Participants (N=353, N/A=4)

	Frequency	Percent
1 – Excellent	190	53.8%
2	60	17%
3	57	16.1%
4	26	7.4%
5 – Not That Good	20	5.7%

Homelessness Prevention Call Center

General questions regarding the callers’ experiences with the HPCC were asked and included a rating of their experience with the HPCC I&R Specialist, their request type, whether it was their first time calling the HPCC. Callers were also asked how likely they would be to refer a friend to the HPCC, and suggestions for improving the experience for future callers.

When callers were asked how they would rate their experience with the HPCC I&R Specialist, 65.7% gave a rating of “very useful” or “useful,” as opposed to 20.2 % who gave a negative rating as shown in Table 2c. One case among the 357 is missing or did not respond to this question.

Table 2c. Rating of HPCC by Caller Survey Participants (N=356, Missing=1)

	Frequency	Percent
1 – Very Useful	194	54.5%
2	40	11.2%
3	50	14%
4	27	7.6%
5 – Not at all Useful	45	12.6%

The surveys also show that a majority of callers, 58%, called for assistance with their rent payment followed by gas and security deposits (35.8%) (see Table 2d). There were only three requests for mortgage assistance. Most of the utility requests were for gas and electricity. Responses to the “other” category for this question totaled 6.7% and included requests for appliances, furniture, transportation, and state identification fee.

Table 2d. Types of Requests by HPCC Caller Survey Participants (N=357)²

	Frequency	Percent
Rent	207	58%
Gas	65	18.2%
Security Deposit	63	17.6%
Light	54	15.1%
Other	24	6.7%
Water	4	1.1%
Mortgage	3	0.8%

Most of the callers (69.3%) surveyed were first-time callers to the HPCC (Table 2e). If callers were not first-time callers, they were asked an open-ended question about their previous experiences with the HPCC. The dominant themes among their comments were: had previously inquired about assistance but did not qualify; previously received assistance; or they were calling back to see if funds were available.

Table 2e. Proportion of First-time Callers among HPCC Survey Participants (N=355, Missing=2)

	Frequency	Percent
No	109	30.7%
Yes	246	69.3%

In addition, a substantial majority (73.3%) of callers reported that they would either be “very likely” or “likely” to refer a friend in need of assistance to the HPCC (Table 2f). All callers were asked the question: “*What else would you tell [your friend] they should do?*” Responses varied from providing advice for going through the system and naming specific places and organizations to go for help.

Table 2f. Likelihood of Referring a Friend to Call HPCC among HPCC Survey Participants (N=352, Missing=5)

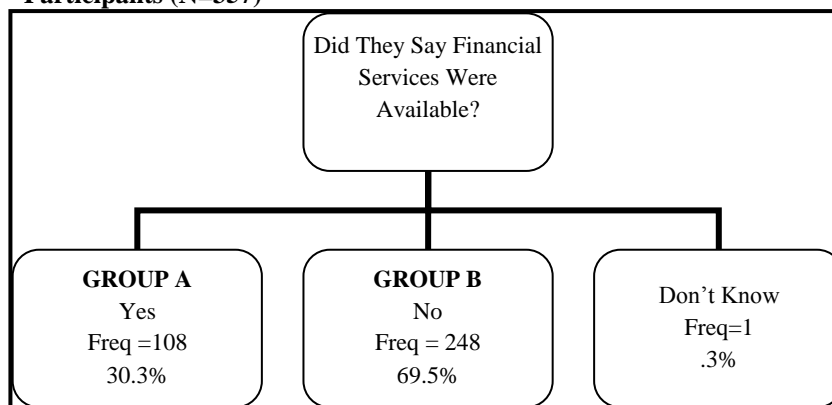
	Frequency	Percent
1 – Very Likely	239	67.9%
2	19	5.4%
3	41	11.6%
4	16	4.5%
5 – Not at all likely	36	10.2%
Don’t Know	1	.3%

² Totals for all requested categories do not equal 100% since clients had the option of choosing more than one category and thus were not mutually exclusive.

Overall Connection to Services

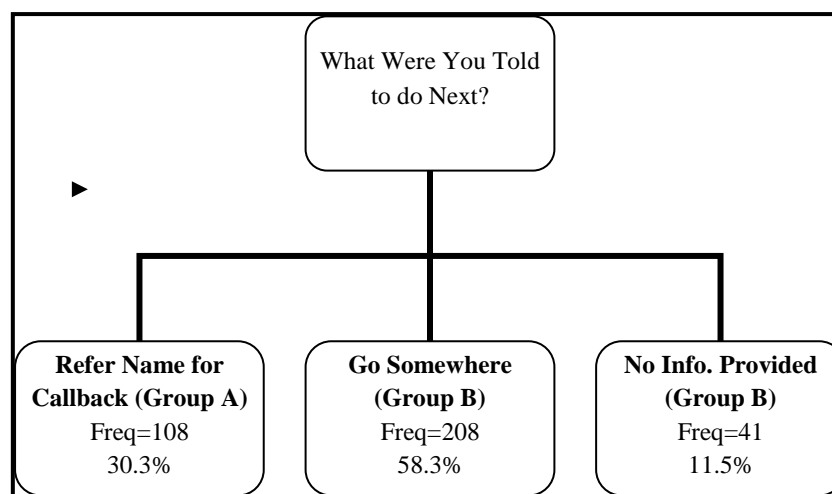
All respondents were asked the question of whether the HPCC I&R Specialist told them if financial services were available. Of this group, 30.3% responded “yes” and 69.5% responded “no” (see Figure 2a). One response was categorized as “don’t know.” Two sets of eligible callers were tracked through the system. The two subgroups are Group A- callers who were told by the HPCC that financial services were available and Group B- callers who were told by the HPCC that financial services were not available.

Figure 2a. Availability of Financial Services among HPCC Survey Participants (N=357)



All callers were asked what they were told to do next by the HPCC I&R Specialist. Among the 108 callers of Group A, all were referred for a callback by a referral agency (“financial assistance referral”), because funds were available (see Figure 2b). 208 of the 249 Group B callers were told to go somewhere for services, because there were no funds available (“alternate resource referral”). In 41 cases, callers from Group B were not given any service information.

Figure 2b. Information about Next Steps Provided by HPCC I&R Specialist (N=357)



Group A – Callers Told Their Name Would be Referred for a Callback (Financial Assistance Referral)

Among these 108 Group A callers, 82.4% responded that they were contacted by the referral agency (see Figure 2c). Among the 89 callers who had been contacted by the referral agency, 39.5% reported that their bill had already been paid and 20.9% reported being in the process of submitting documentation (see Figure 2c). Of those who had been contacted, 2 days was the median amount of time a caller waited before being contacted by the referral agency. This group of callers was also asked whether they received any other services besides financial assistance,

such as counseling, case management, benefit review, financial and budgeting training. To this question, 75.6% of respondents answered “no” that they had not received any other services. Lastly, 81.9% of callers reported the usefulness of the referral agency as “very useful” and “useful,” as opposed to the 9.6% who rated it “not at all useful” (see Table 2g).

Figure 2c. Trajectory of Callers Who Were Told Funding Was Available and Received a Callback (Financial Assistance Referral) (Group A)

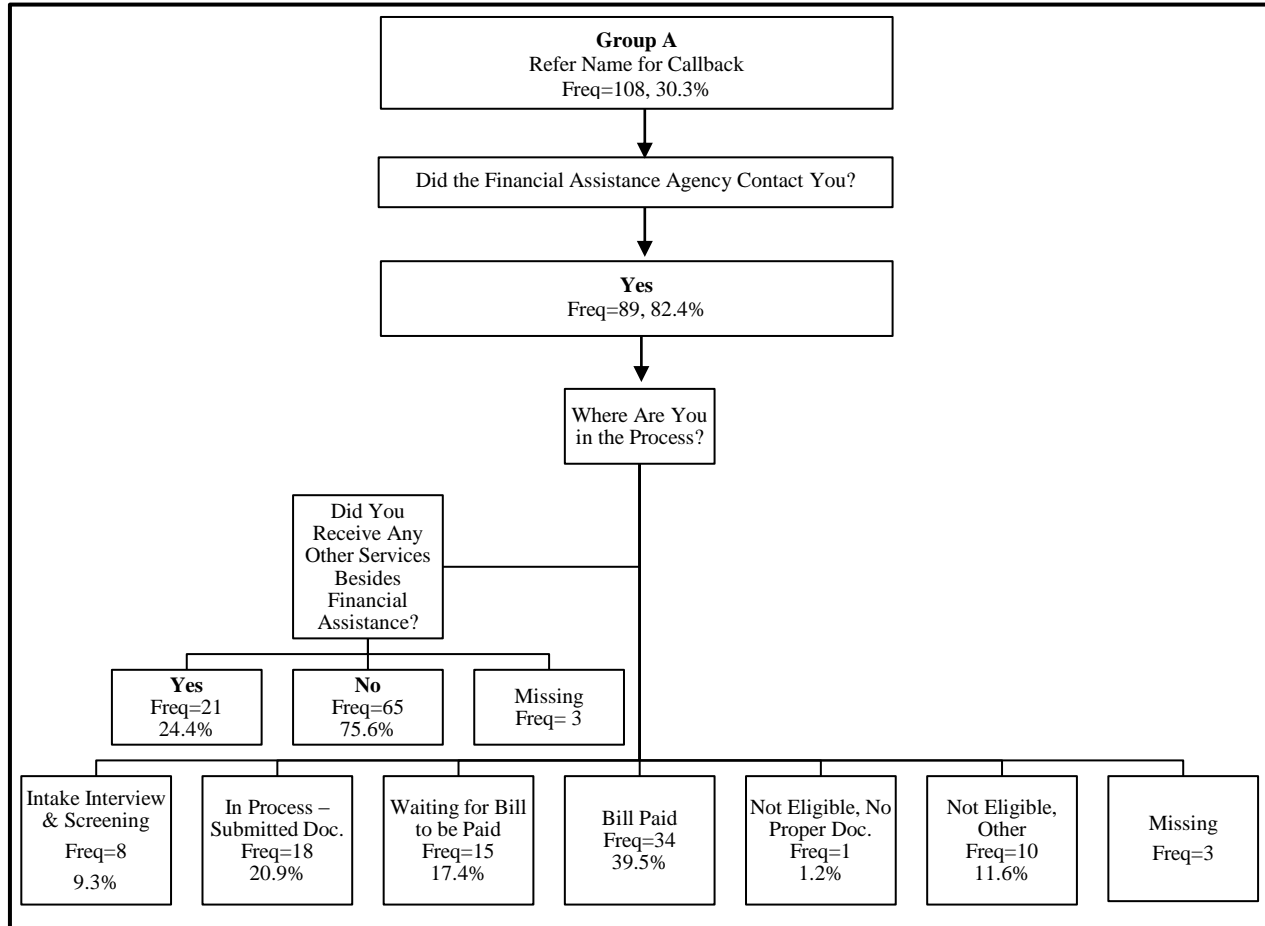
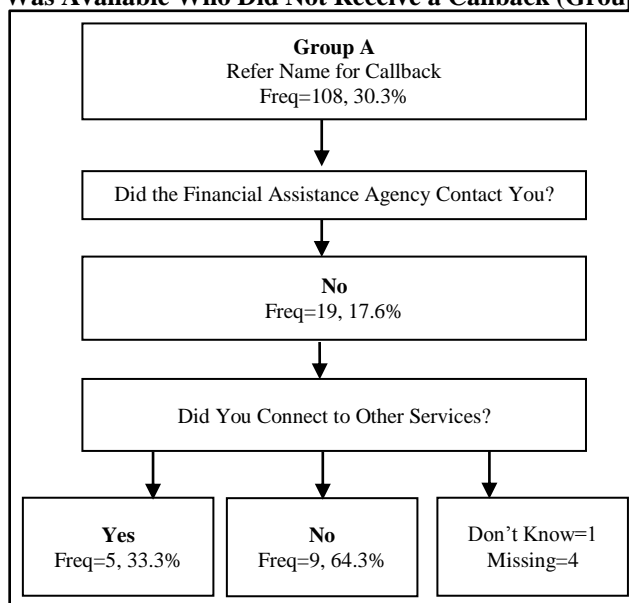


Table 2g. Rating of Referral Agency by Callers Who Received a Callback (Group A) (N=83, Missing=6)

	Frequency	Percent
1 – Very useful	59	71.1%
2	9	10.8%
3	6	7.2%
4	0	0%
5 – Not at all useful	8	9.6%
Don’t Know	1	1.2%

Of the 108 callers (Group A) whose names were referred for a callback (Financial Assistance Referral), 17.6% stated that they were not contacted by the financial assistance agency. Among those who had not been contacted by the referral agency, 64.3% did not connect with other services (see Figure 2d). The five cases that did connect with other services were asked to rate the usefulness of the other services with 1 being very useful and 5 being not at all useful. Two cases reported a rating of ‘3,’ one case reported a rating of ‘4,’ and two cases reported a rating of ‘5,’ *not at all useful*.

Figure 2d. Trajectory of Callers Who Were Told Funding Was Available Who Did Not Receive a Callback (Group A)



Group B – Callers Told to Go Somewhere for Services (Alternate Resource Referral)

Among the 208 Group B callers who were told to go somewhere else (Alternate Resource Referral), 78% responded that they were able to connect with the services they were referred to by the HPCC (see Figure 2e) and 22% stated that they were not able to connect to the services. Among those 156 who had connected to an agency referred by the HPCC, an almost equal amount had positive (46.4%) and negative (45.2%) experiences with the agency that they connected to (see Table 2h). However, the remaining 41 of the 249 Group B callers (16.5%) reported that no other information has been provided to them.

Figure 2e. Trajectory of Callers Who Were Told Funding Was Not Available (Group B)

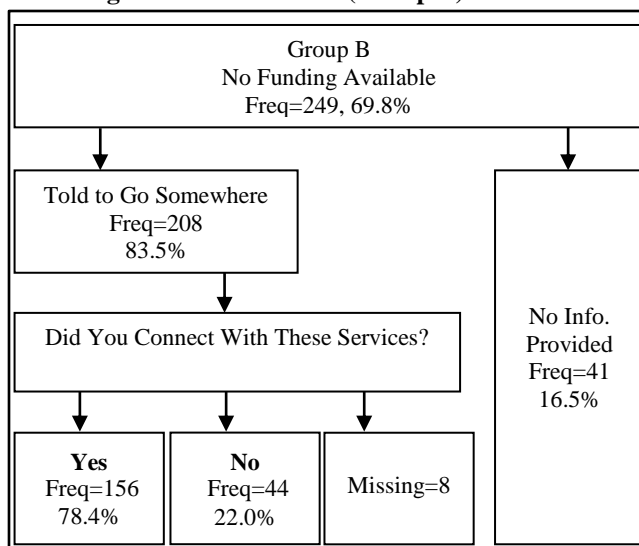


Table 2h. Rating of Alternate Resources by Callers Who Were Told Funding Was Not Available (Group B) (N=155, Missing=1)

	Frequency	Percent
1 – Very useful	56	36.1%
2	16	10.3%
3	12	7.7%
4	10	6.5%
5 – Not at all useful	60	38.7%
Don't Know	1	0.6%

Federal Stimulus Impact

In February of 2009, the Obama administration passed the American Recovery and Reinvestment Act (ARRA), which includes \$1.5 billion for Homelessness Prevention and Rapid Re-Housing Program (HPRP). Emergency Fund, a primary funding agency of the Homelessness Prevention Call Center (HPCC), was selected by the City of Chicago's Department of Family and Support Services to administer \$23 million in federal homelessness prevention funding, provided through the federal ARRA. Residents of the city of Chicago are screened for eligibility for these economic stimulus funds primarily through the HPCC.

The addition of the economic stimulus funds initiated several changes to the HPCC including the length of time for which callers can receive financial assistance, an increased maximum amount of money individual callers are eligible to receive, as well as the concurrent receipt of assistance for multiple housing requests (i.e. concurrent rent and utility assistance). The HPRP funds are intended to assist individuals who imminently face homelessness and thus are less financially stable than those eligible for short-term assistance. Individuals eligible for financial assistance through the HPRP funding can receive financial assistance for up to 18 months. As noted above, previously individuals eligible for short-term assistance referred by the HPCC could receive assistance for only one month and only if there was an indication that they would have subsequent income to cover housing expenses after that month.

The stimulus funds also prompted changes in the procedures and operations of the HPCC. One significant change prompted by the additional funding was an increased volume of callers to the HPCC fielded by I&R Specialists. In addition, HPRP initiated a different screening protocol. Potential eligibility screening for HPRP funds includes fewer questions to assess caller's potential eligibility, in comparison to the longer series of screening questions utilized to assess potential eligibility of short-term assistance. I & R Specialists begin with the HPRP screening, the shorter screening and continue to the original screening if HPRP basic potential eligibility is not met. An additional procedural change with the HPCC brought about by the infusion of HPRP funds is that referral agency staff contacts a caller within seven days of their call to the HPCC. This compares to those potentially eligible for short-term assistance, as these callers are contacted by referral agency staff within 3 days. Another procedural change is that all referrals for HPRP are made electronically through the HMIS system. This allows referrals to be picked up by each agency when logging into HMIS, and therefore the data entry completed by HPCC staff could be utilized by HPRP case managers.

Given these changes to the HPCC as a result of the HPRP funds, the data collection plan for phone surveys with callers was revised to include surveys with individuals calling after the infusion of the stimulus funds. This second wave of phone surveys was conducted in June and July of 2010 in order to assess the impact of the stimulus funds on HPCC callers.

This section will compare the experiences of callers who moved through the HPCC prior to the stimulus funds and post stimulus funds. These two groups are referred to as Wave 1, pre-stimulus group, and Wave 2, post-stimulus group. Wave 1 contained a sample of 252 callers and Wave 2 contained a sample of 105 callers, as Table 2i shows.

Table 2i. Number of Cases among the Two Survey Waves (N=357)

	Recruitment Period	Number of cases
Wave 1 (Pre-Stimulus)	March 2009-September 2009	252
Wave 2 (Post-Stimulus)	May 2010-June 2010	105

People Served Remained Similar Post-Stimulus

When comparing the waves, there was a slight increase in the percentage of men surveyed in Wave 2 (see Table 2j). Along with gender, the racial make-up of Wave 2 changed slightly. Wave 2 had a slightly lower percentage of Black/African-Americans and a slight increase in the percentages of Whites and Hispanics/Latinos surveyed (see Table 2k). The percentage of veterans surveyed also slightly decreased (see Table 2l), however, this change was not found to be statistically significant.

Table 2j. Gender Breakdown among the Two Survey Waves

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Men	15.9	20.4
Women	84.1	79.6

Table 2k. Race & Ethnicity among the Two Survey Waves

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Black/ African-American	87.3%	86.5%
Hispanic/Latino	7.9%	9.6
Other & Multi-Racial	2.4%	1.0%
Asian	0.4%	1.0%
White	1.6%	1.9%
American-Indian/Alaska Native	0.4%	0.0%

Table 2l. Veterans among the Two Survey Waves

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Veterans	4%	2.9%

Certain Types of Requests Increased Post-Stimulus

There were slight differences in the types of requests for assistance among the waves. Keep in mind that in some cases callers made multiple requests. In Wave 2, requests increased for rent and light assistance. Assistance for the “other” category increased dramatically from 4% to 13.3%. This category often included assistance for furniture, transportation assistance and identification fees. The change from pre- to post-stimulus was found to be statistically significant. Requests decreased for security deposits and all of the other categories remained more or less the same (see Table 2m).

Table 2m. Types of Requests among the Two Survey Waves

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Rent	57.1%	60%
Gas	18.3%	18.1%
Security Deposit	18.3%	16.2%
Light	13.1%	20%
Other **	4%	13.3%
Water	1.2%	1%
Mortgage	.8%	1%

** Indicates a significant relationship at the 0.01 level.

Callers Told ‘Financial Services Were Available’ Increased Post-Stimulus

As mentioned previously, two groups were established among the entire sample of callers. Group A consisted of callers for which funding was available at the time of their call, so they were told their name would be referred for a callback by a referral agency. Group B consisted of callers for which funding was not available at the time of their call, so they were told to go somewhere for services. A major difference among these groups was that Wave 2 showed an increase of callers who were told financial services was available (see Table 2n).

Callers Given ‘No Information’ Increased Post-Stimulus

The proportion of callers who were given no information at all nearly doubled between Wave 1 (9.1%) and Wave 2 (17.1%).

Table 2n. Availability of Financial Services and Next Steps for HPCC Callers, Among the Two Survey Waves

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Were Financial Services Available?		
Yes*	26.2%	40.0%
What were you told to do next?		
Name Referred for a Callback*	26.2%	40.0%
Told to Go Somewhere for Services***	64.7%	42.9%
No Information Was Provided*	9.1%	17.1%

* Indicates a significant relationship at the 0.05 level.

*** Indicates a significant relationship at the 0.001 level.

More People Being Funneled Through the Process Post-Stimulus

For callers in Group A, those whom were told funding was available and their names would be referred for a callback, there were differences in where callers were in the referral process at the time of the survey between Wave 1 and Wave 2 (see Table 2o). Wave 2 had a higher proportion of callers who had submitted documentation and were waiting for their bill to be paid. However, there were a lower percentage of Wave 2 callers who had their bill paid.

Table 2o. Status in the HPCC Referral Process Among Callers Told Funding Was Available, Among the Two Survey Waves (Group A)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Intake Interview & Screening	11.3%	6.1%
Submitted Documentation	17.0%	27.3%
Waiting For Bill to be Paid	13.2%	24.2%
Bill Has Been Paid	41.5%	36.4%
Not Eligible, No Documentation	1.9%	0%
Not Eligible, Other	15.1%	6.1%

Fewer People Found Ineligible by Referral Agency Post-Stimulus

The percentage of callers found ineligible once referred also decreased in Wave 2 (see Table 2o). Post-stimulus, callers who were told funding was available also rated the usefulness of the referral agency at a higher rate. 84.8% of Wave 2 callers reported a positive rating compared to 80% of Wave 1 callers (see Table 2p).

Table 2p. Rating of Referral Agency by Callers Who Were Told Funding Was Available, Among the Two Survey Waves (Group A)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
1 – Very useful	70.0%	72.7%
2	10.0%	12.1%
3	8.0%	6.1%
4	0%	0%
5 – Not at all useful	12.0%	6.1%
Don't Know	0%	3.0%

Higher Percentage of Post-Stimulus Callers Reported Connecting to Services on Their Own

In addition, among those for which funding was available, there is a slightly higher no callback rate from referring agencies among Wave 2. Wave 1 had a 16.9% and Wave 2 had a 19.0% no callback rate (see Table 2q). Although, Wave 2 had a higher percentage of callers reporting they had connected to other services on their own, 42.9%, compared to Wave 1, 25%, (see Table 2r).

Table 2q. Reporting of Whether the Financial Assistance Agency Contacted Callers Who Were Told Funding Was Available, among the Two Survey Waves (Group A)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Yes	83.1%	81.0%
No	16.9%	19.0%

Table 2r. Reporting of Whether Callers Connected to Other Resources among those Not Contacted by a Referral Agency, Among the Two Survey Waves (Group A)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Yes	25%	42.9%
No	75%	42.9%

When No Funding Was Available, Fewer Callers Connect with Alternate Services

The major difference between pre- and post-stimulus funds, as stated previously, was that more callers were told financial assistance was available, thus, their name was referred for a callback from an agency. For those callers in which financial assistance was not available, fewer callers connected to the alternate resources to which they were referred (see Table 2s). Wave 1 had 78.7% of callers connecting to a referral agency, while Wave 2 had 75.6%. Those who had connected rated the usefulness of the alternate resource much higher between Wave 1 (43.0%) and Wave 2 (58.8%).

Table 2s. Reporting of Whether Callers Who Were Told Funding Was Not Available Connected to Alternate Resources, Among the Two Survey Waves (Group B)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
Yes	78.7%	75.6%
No	21.3%	24.4%

Table 2t. Rating of Alternate Resources by Callers Who Were Told Funding Was Not Available, Among the Two Survey Waves (Group B)

	Wave 1 (Pre-Stimulus)	Wave 2 (Post-Stimulus)
1 – Very useful	31.4%	52.9%
2	11.6%	5.9%
3	7.4%	8.8%
4	7.2%	2.9%
5 – Not at all useful	42.1%	26.5%
Don't Know	0%	2.1%

Appendix 3: Preliminary Report of HPCC Administrative Data Analysis

**Evaluation of Catholic Charities
Homelessness Prevention Call Center**

**Preliminary Report of HPCC Administrative Data Analysis
September 2011**

**Prepared by
Loyola University Chicago Center for Urban Research and Learning (CURL)**

Introduction

This report represents one component of the evaluation of the Homelessness Prevention Call Center (“HPCC” or “Call Center”) conducted by the Center for Urban Research and Learning (“CURL”) at Loyola University Chicago in collaboration with Catholic Charities of the Archdiocese of Chicago. The evaluation entailed an extensive review of HPCC’s daily operations, consumer experiences and outcomes.

In this report we document findings from secondary data analyses conducted by the CURL research team. The CURL research team analyzed this administrative call data to document the experiences and outcomes for the population of HPCC calls – both calls pre-screened as eligible and ineligible for HPCC funding. HPCC collects information for all calls to the Call Center. These data are recorded on the citywide Homelessness Management Information System (HMIS) database.

Through an examination of HPCC call experiences, along with the Call Center’s work flow, the CURL research team present findings to inform future planning and grant a nuanced understanding of call trends. Who’s calling, why the calls were placed, and the efficacy of social service provision is important data for funding agents, the HPCC management, and the development of future homelessness prevention strategies.

Research Questions and Methodology

HPCC administrative data were analyzed in order to answer the following research questions:

1. How do callers utilize the Call Center services?
2. What are the experiences of callers who are assessed for financial assistance?

Specifically, the following sub-questions guided the analysis of the HMIS/HPCC secondary data:

- What proportion of calls is pre-screened as eligible for financial assistance by HPCC?
- What proportions of eligible calls were told by HPCC that financial assistance was available?
- For each type of request (i.e., rent, mortgage, utility) what proportion of calls are deemed eligible for financial assistance?
- What are the service needs of those pre-screened as eligible for funding?
- What are the service needs of those pre-screened as non-eligible for funding?
- What proportion of non-eligible calls accepted information for other resources?
- Among calls deemed non-eligible, what are the reasons for ineligibility?
- What are patterns of requests by caller subgroups?
- Are there patterns of eligibility and ineligibility based by either caller subgroups or request type?

Methodology

To answer these research questions, the CURL research team conducted secondary data analysis of administrative call data collected by the Call Center. These data were analyzed to document the experiences and outcomes for the population of HPCC calls. Data were analyzed for those calls deemed eligible and those deemed ineligible for HPCC funding.

I&R Specialists conduct an Eligibility Screening Assessment with each call to the HPCC to determine whether they qualify for financial assistance. Data for each individual call is stored on the Homelessness Management Information Systems (HMIS) database. The HMIS system is a HUD-mandated data collection tool utilized by homelessness service providers and homelessness prevention service providers in the city of Chicago. The online system captures client-level information for individuals who are homeless or at-risk of homelessness.

Information and Referral (I&R) Specialists at the HPCC record a broad range of information for each call.¹ The Screening Assessment for HPCC funds includes questions to capture data including: monthly housing expenses; request type; documentation of housing risk; amount requested; reason applying for assistance; eligibility status; and demographic information. The infusion of economic stimulus funds via the Obama Administration's passage of the American Recovery and Reinvestment Act² prompted changes to the screening protocol utilized by I&R Specialists. A modified, shortened Screening Assessment is conducted to determine eligibility for HPRP funds. I&R Specialists begin with the shorter HPRP screening and continue to the original screening if HPRP basic eligibility is not met.

The HPRP Eligibility Screening Assessment includes the following data elements: monthly income and income source; living situation and housing tenure; request type; assistance amount requested; reason for request; homelessness risk; and eligibility status.

There is a limitation with the administrative data that is important to note. Only a limited amount of call data was available for the first half of the evaluation period, thus the administrative data analyses presented here represent only the second half of the evaluation period. The HMIS database was reconfigured in January 2010 to more completely and accurately capture call data. The CURL research team analyzed HMIS data collected by the HPCC between January 19, 2010 and November 9, 2010.³ Due to the limited availability of the HMIS data, we will not be comparing population data to the sample of callers of the HPCC who were deemed eligible for HPCC and completed a phone survey as part of this evaluation.

¹ Calls including errant calls, out-of-service area and test calls and repeat or follow-up calls inquiring about the availability of funding are not fully assessed.

² In February of 2009, the Obama Administration passed the American Recovery and Reinvestment Act (ARRA), which includes \$1.5 billion for Homelessness Prevention and Rapid Re-Housing Program (HPRP). Emergency Fund, a primary funding agency of the Homelessness Prevention Call Center, was selected by the City of Chicago's Department of Family and Support Services to administer \$23 million in federal homelessness prevention funding, provided through the federal ARRA. Residents of the city of Chicago are screened for eligibility for these economic stimulus funds primarily through the HPCC.

³ In reviewing administrative data for the year 2007, it appears that 2007 and 2010 data are fairly similar on various data points including race, ethnicity, and gender. However, rental requests increased and mortgage requests decreased in 2010 in comparison to the year 2007.

Findings – What We Learned About the Population of HPCC Call Requests/Callers

Characteristics of Those Served by the System

Table 3a presents data on demographic characteristics of callers to the Call Center. The clear majority of callers were African-American. Data on gender indicate that the majority of callers were women. Nearly all callers were English-speakers compared to Spanish speakers. A small proportion of the callers were veterans.

Eligibility Outcomes of Calls

As described above, I&R Specialists conduct an in depth Eligibility Screening Assessment to determine call eligibility for homelessness prevention assistance. A proportion of calls to the HPCC (e.g. errant, follow-up, repeat) are not fully assessed.⁴ For calls assessed for financial assistance only 1 out of 5 call requests were found eligible. Of the assessed call requests for financial assistance, the majority (18,946) was found ineligible and 4,632 were eligible. Among the reasons for ineligibility, having a ‘non-eligible crisis’ was the most common reason (7,734). The second highest reason for ineligibility was for ‘self-sufficiency’ reasons (7,034); 2,172 call requests had ‘no imminent risk of homelessness’ and 1,764 had a ‘need beyond resource.’ Among non-eligible call requests, 10,887 were given/accepted information for other resources.

Eligible Calls

Calls deemed eligible for financial assistance are informed by an I&R Specialist whether financial assistance is available. Out of the 4,632 eligible call requests, 2,182 were given the status of funding being available, while 2,450 were given eligible status but no funds were available at that time.

Table 3a. Demographic Characteristics of Population of Callers to the HPCC

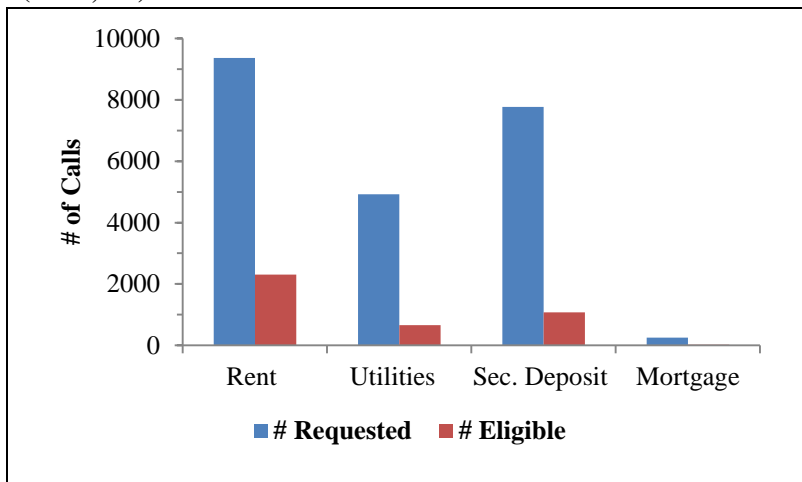
	Population (%)
Race & Ethnicity	N=28,896 (407 Missing)
Black/African American	83.9
White	5.9
Hispanic/Latino	9.4
Asian	0.4
Native American/Alaska-Native	0.4
Multi-racial/Hawaiian/Pacific Islander/Other	0.1
Gender	N=28,896 (50 Missing)
Male	20.9
Female	79.0
Transgender	0.1
Primary Language	N=28,896
English	98.3
Spanish	1.5
Other	0.2
Veteran Status	N=28,896 (158 Missing)
Veterans	3.3
Non-veterans	96.7

⁴ These calls are comprised of errant calls (7%) and repeat or follow-up calls inquiring about the availability of funding (11%).

Varied Eligibility Rates by Type of Request

Figure 3a reports requests for assistance and eligibility rates for call requests placed to HPCC. The data indicate that the most typical requests were for rental housing with 9,361 requests for rent assistance and 7,771 for security deposits. Utilities were requested 4,918 times. Requests for mortgages were the least likely to be requested (n=252).

Figure 3a. Request Type and Eligibility Status of Calls to the HPCC (N=22,302)



In terms of eligibility, 2,304 or 24.6% of the requests for rent were eligible. Furthermore, 1,077 or 13.9% of the requests for security deposits were eligible. A total of 663 (13.5%) of the requests made for utilities were eligible. Mortgages, which had the lowest request rate, had 28 or 11.1% of eligible calls.

The breakdown of call requests deemed eligible and those deemed ineligible for funding is reported in Table 3b. Among eligible call requests, half were for assistance with rent and nearly one-quarter sought financial assistance to pay for a security deposit. There was more variation among ineligible call requests. Close to 40% of the call requests that did not meet the eligibility requirements pertained to rent, followed by security deposits (35.8), and just over twenty percent (22.8%) were seeking utility assistance.

Table 3b. Eligibility Status among Call Request Types

Request Type	Eligible Call Requests (%) (N=4,602)	Ineligible Call Requests (%) (N=18,684)
Rent	50.1	37.8
Utilities	14.4	22.8
Security Deposit	23.4	35.8
Mortgage	0.6	1.2
Other	11.4	2.5
Total	100%	100%

While there was some variation in types of requests among racial and ethnic groups, none were statistically significant (see Table 3c). Although some variation exists, all race and ethnic groups were similar in that approximately two-thirds of requests were for rental assistance (rent and security deposits).

As discussed above, the overwhelming majority of call requests to HPCC are from African-Americans.

This is reflected in Table 3d, as African-Americans represent over 80% of both the total amount of eligible and ineligible call requests, respectively. Findings reported in Table 3d indicate there is not a race and ethnic difference in eligibility among calls. As for each race and ethnic group, the proportion of call requests deemed eligible is comparable to the amount found ineligible. Similarly, the majority of call requests to the HPCC are females and there are no differences between those eligible and ineligible in terms of gender.

Table 3c. Call Request Types among Race and Ethnic Groups (N=28,110)^{5 6}

Requests By:	Rent	Security Deposit	Utilities	Mortgage	Other
Black/African American	8,498	7,337	6,309	225	973
White	738	366	434	23	76
Hispanic/Latino	1,022	584	814	43	68
Asian	41	19	22	3	3
American Indian/ Alaska Native/ Native American	26	16	19	0	1
Multi-racial/ Other/ Hawaiian/ Pacific Islander	189	138	111	7	17

Table 3d. Demographic Characteristics among Eligible and Ineligible Calls to the HPCC

	Eligible Call Requests (%)	Ineligible Call Requests (%)
Race & Ethnicity	N=4,628	N=18,931
Black/African American	85.4	82.4
White	5.0	6.1
Hispanic/Latino	7.6	9.2
Asian	0.2	0.4
American Indian/ Alaska Native/ Native American	0.3	0.2
Multi-racial / Other/ Hawaiian/ Pacific Islander	1.6	1.7
Gender	N=4,618	N=18,900
Male	19.6	20.9
Female	80.4	79.1

⁵ Source: HMIS database of HPCC calls between January 19, 2010 and November 9, 2010.

⁶ Individuals reported as the categories Black/African-American, White, Asian, American Indian/Alaska Native, Multi-racial/Other are all non-Hispanic/Latino.

Appendix 4: Preliminary Report of Referral Agency Survey

**Evaluation of Catholic Charities
Homelessness Prevention Call Center**

**Preliminary Report of Referral Agency Survey
June 2010**

**Prepared by
Loyola University Chicago Center for Urban Research and Learning (CURL)**

Introduction

This report looks at the Homelessness Prevention Call Center (HPCC) from the perspective of the HPCC referral agencies. It is based on a survey conducted by Loyola University Chicago's Center for Urban Research and Learning (CURL). The survey was conducted with referral agencies in March of 2010 as part of a larger study evaluating the HPCC and its ability to serve its callers. The goal of the survey was to understand the referral process between the HPCC and the referral agencies.

Other components of the larger study tested the 311 City Services and the referral process to the HPCC. Another component, evaluates the HPCC from the perspective of HPCC callers who are deemed eligible for short-term financial assistance.

Methodology

The specific questions the survey sought to answer were:

1. What is the distribution of referrals from the Call Center to various referral agencies?
2. What percentage of referrals received by the referral agency is from the Call Center?
3. Do the appropriate people get referred?
4. How does the quality of pre-screened referrals from the Call Center differ from walk-ins?
5. Of those callers referred to each referral agency, what proportion of callers connects with each agency?
6. Which aspects of the referral process work effectively?
7. Which aspects, if any, are in need of improvement?

Forty-seven referral agency staff were sent a recruitment e-mail on March 3, 2010 inviting them to complete the online survey. These agencies represent all of the referral agencies in the Call Center network. As part of this recruitment e-mail, referral agency staff members were informed of the purpose of the survey and were told they could voluntarily participate on behalf of their agency. The following week, a second e-mail was sent to all referral agency providers with a link to complete the survey online.

In total, 37 completed surveys were returned by March 23, 2010.¹ Thus, this analysis is based on 79% of the agencies in the HPCC referral network.

Among the 37 referral agency staff who completed the online survey, half were administrative staff, 51.4%, and the other half were programmatic staff, 45.9%. While some of these agencies were new to providing financial assistance to clients other's work had predated the HPCC. The range of time providing these services to HPCC referral clients ranged from 8-72 months, as shown in Figure 4a.

¹ 40 online surveys were completed, however, three cases were removed because there were an insufficient number of responses recorded. For example, two of the three cases removed had only answered the first four questions. The other case removed had not recorded any responses in the survey.

Figure 4a. Length of Time Working With Callers From HPCC among Referral Agencies (in Months) (N=33, Missing=4)

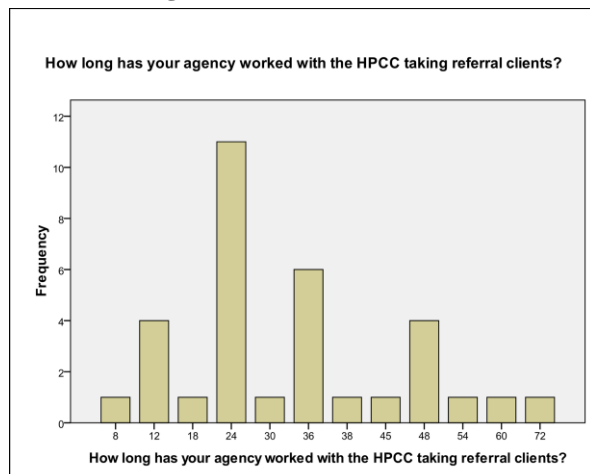
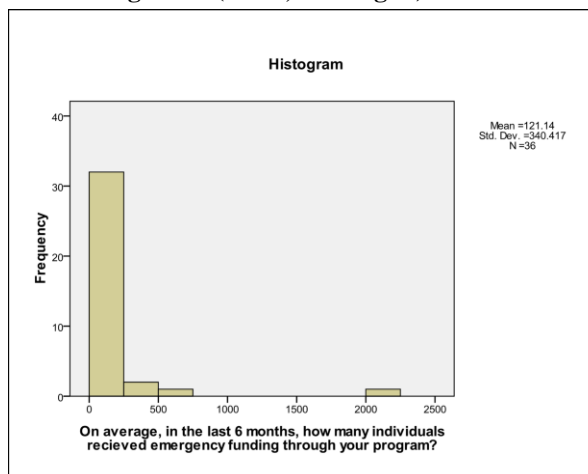


Figure 4b. Number of Clients Served in the Last 6 Months (Both HPCC and Non-HPCC) among Referral Agencies (N=36, Missing=1)



Findings

Number of Clients Served

The range of clients served among the referral agencies ranged from 2 to 2,000 (see Figure 4b). However, the median number of clients served was 31. This number reflects both HPCC and non-HPCC clients. A median of 25% of referral clients came from the HPCC (Figure 4c).

Sources of Referrals

Nearly all of the referral agencies, 91.9%, reported receiving non-HPCC referrals. When asked what other sources of referrals were received, responses were mixed. The breakdown of their responses is provided in Table 4a, and includes two subgroup categories. The referral source mentioned the most was community and social service agency and 36% of these agencies were homeless related. The second highest referral source came from government offices. The majority of these types of referrals came from State and City

Figure 4c. Proportion of Clients Referred from HPCC among Referral Agencies (N=37)

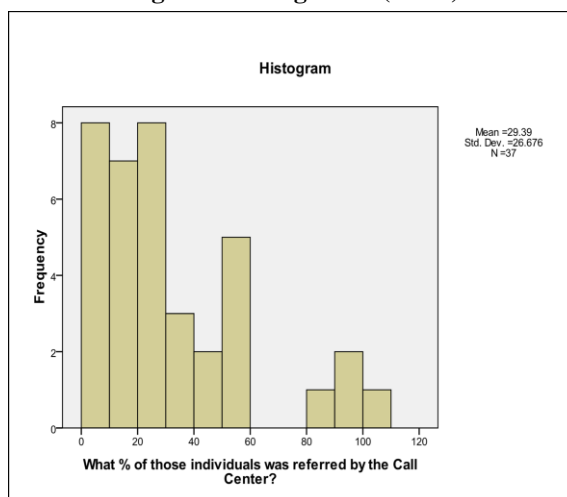


Table 4a. Other Referral Sources among Referral Agencies

Other Referral Sources	# of Times Mentioned
Community and Social Service Agency	36
Homelessness Related	(13)
Government	21
State and City Departments	(15)
Internal programs	14
Word of mouth	8
Walk-ins	7
Hospital and Health Centers	6
Churches	5

departments, such as Illinois Department of Human Services (IDHS) and Chicago Department of Family Support Services (DFSS). Referrals from the agency’s internal programs ranked third and the remaining referrals sources, such as word-of-mouth, walk-ins, hospitals and health centers and churches were mentioned less than ten times.

Comparing HPCC and non-HPCC Referral Clients

73% reported there were no differences between clients. Of the 10 respondents who reported differences their responses ranged from positive, negative, mixed and neutral responses (Table 4b).

Table 4b. Differences Between HPCC and Non-HPCC Referrals, Reported by Referral Agencies (N=10)

Response Type	Frequency
Neutral	4
Positive	3
Negative	2
Mixed	1

Positive responses suggested that HPCC clients were more informed and prepared with documentation. Some examples of positive comments were:

- *“Call Center referrals can be more detailed with client information. Sometimes this makes things easier when a client is unable to meet with us in person.”*
- *“Referrals from the call center usually qualify for the funding we can provide. Many of the non-funded requests are word of mouth and other social service agency referrals, requesting far more money than our agency can provide (\$1500-2000 in rental assistance, for example).”*

The neutral responses suggested specific demographic differences in clients. Some examples of neutral comments were:

- *“Call center referrals often are repeat customers who have used the service at one time or another. Other referrals are individuals seeking assistance for first time.”*
- *“The Call Center referrals generally do not have disabilities, but the clients from my agency generally do have disabling conditions.”*

Negative responses suggested that HPCC clients often had incorrect information and assumed they qualified. For example:

- *“Clients are not given the correct information from the call center, and clients assume that they qualify for a program because the call center told them they do. The clients become very upset when they are told that they do not qualify. The clients need to be told that they are potential candidates for these programs. We have less problems from other referral sources because the client understands they have to be assessed in the office for services.”*

The mixed response included aspects of positive and negative responses.

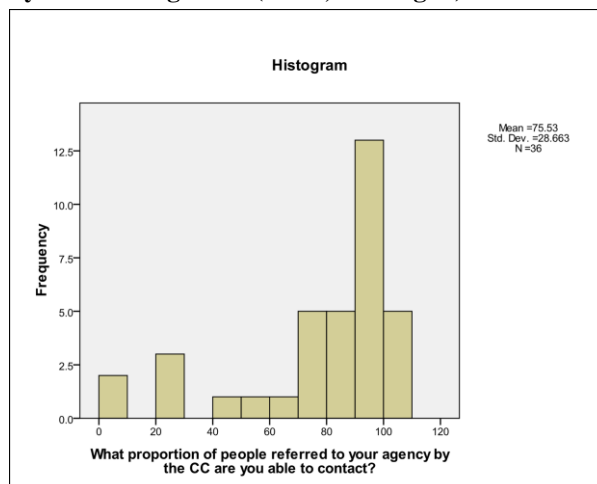
- *“Clients have more information, [which] may not always be correct. [They] also have the impression that they have already been intaked [sic], assessed and approved for the service for which they are seeking. They are just coming for the application.”*

First Attempt to Contact

Most agencies reported contacting the clients on an average (median) five hours on receiving on email from HPCC. However, it should be noted that 20% of respondents reported 24 hours. The minimum and maximum hours ranged from 0 to 72 hours.

The majority of agencies, 83.3% reported communicating with clients by telephone and face-to-face. The proportion of clients referred by the HPCC which referral agencies are able to contact was a median 87.5% (Figure 4d). The minimum and maximum percent ranged from 0% to 100%.

Figure 4d. Proportion of HPCC Referrals Reached By Referral Agencies (N=36, Missing=1)



Barriers in Contacting Clients

All but three agencies reported a broad range of barriers that they encountered in connecting to some clients (Table 4c).

- Among the most recurrent response was that clients’ phone numbers were disconnected or invalid.
- The second most common response was that clients did not return phone calls or messages.
- The third category of common responses is a combination of clients not showing up to appointments and clients having transportation difficulties. For example, one respondent wrote, “not showing up for appointments. I usually have referral[s] from very far south and the client does not have a way to get here.” Another respondent wrote, “They live too far away to travel, usually without transportation or bus cards.”

Table 4c. Barriers to Reaching HPCC Referrals among Referral Agencies

Barrier	Frequency
Phone Number Disconnected or Invalid	20
Unreturned Call or Messages	13
No shows and/or cannot travel distance	9
Correcting misinformation	3
Do not receive emails from HPCC	2
None	3

Barriers Related to Referral Process

Three agencies reported that misinformation given by HPCC was a barrier when communicating with clients. For example, one respondent wrote, “The barriers are [that] clients are given incorrect information of the programs. Clients assume we receive a phone-call report of what was discussed and clients think they have already been enrolled in these programs through the call center because the call center told them they were.” Another wrote, “They think [that] since they contacted the call center they do not have to be questioned again by [the] receiving agency.” Two respondents reported that they did not receive an email from the HPCC and that the HPCC directed clients to go directly to the agency.

Finally, there was a unique response, which explained the limitation in connecting with clients from the agency standpoint. The respondent wrote, “Limited case manager staff time. The

application process can be very time intensive and most case managers are trying to fit this into many other responsibilities they have [at] their agency.”

Efficacy of Pre-Screening Process

When asked to rate the frequency, on a scale of 1 to 5 where 1 is “never” and 5 is “always,” of correctly pre-screened HPCC referrals, the majority of respondents, 63.9%, responded positively when asked how often the HPCC pre-screened clients correctly (Table 4d).

Among HPCC referrals deemed ineligible in the last six months, 44.4% of respondents reported that no HPCC clients were deemed ineligible (Figure 4e). Of all the respondents (n=36), 20 stated they determined that a client was ineligible at an average rate of 12.5% (median) or 21.6% (mean) (range = 1% through 90%). When respondents were asked to identify common reasons for ineligibility, the most common reason was the inability of clients to provide documentation to substantiate their request. For this question, respondents could choose more than one reason and represents those respondents who mentioned denying approval to at least 1% of those who the HPCC pre-screened as eligible. Table 4e illustrates the most common reasons for ineligibility that were provided along with the average percent of referrals found ineligible for that reason. For example, 85% of respondents indicated *no documentation* was a reason for ineligibility. Further, these respondents indicated that an average of 40% of their referrals they denied approval for financial assistance was due to a lack of documentation.

Table 4d. Frequency of HPCC Pre-Screening Assessment of Caller Eligibility Matching Referral Agency’s Eligibility Assessment (N=36, Missing = 1)

Rating	Frequency	Percent
1 – Never	1	2.8%
2	3	8.3%
3	9	25%
4	17	47.2%
5 - Always	6	16.7%

Figure 4e. Percent of HPCC Referred Callers Whose Eligibility Assessment was Changed by Referral Agencies (N=36, Missing=1)

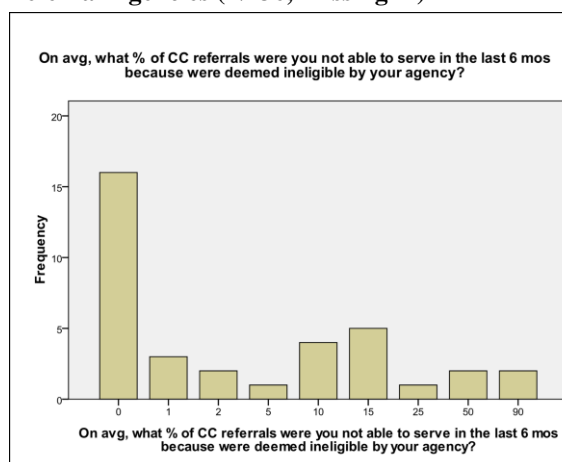


Table 4e. Reasons HPCC-Referred Callers were Ineligible for Financial Assistance

	Percent Checked (Frequency)	Average Proportion of Ineligible Referrals
No Documentation	85.0% (17)	40.0%
Story Changed	60.0% (12)	15.2%
Eligibility	60.0% (12)	26.9%
Already Served	35.0% (7)	6.3%
Incorrect Assessment	40.0% (8)	19.0%
Other	10.5% (2)	18.0%

Assessing the New Centralized System

The majority of respondents, 53.1%, felt that the new centralized system improved their ability to assist people seeking emergency funds, as opposed to the 12.6% who felt there was no improvement (Figure 4f). Nine respondents opted out of the rating, 28.1%, by checking *unsure*. The median response for the rating was a four, on a scale from 1 to 5, where 1 is “no improvement” and five is “a vast improvement.”

Respondents were also asked to explain their rating in a comments section. In this section, 17 respondents provided an explanation. These comments were then divided by themes, such as positive, negative or neutral responses.

- **A more efficient system.** The majority, 11 comments, were positive and mentioned efficiency as a general theme. One positive response was, *“It saves a lot of time and prevents the need to answer the same questions that [have] been asked already. It helps determine the client’s needs because this information is included on the referral form.”* Another respondent wrote, *“I think more people get served because the intake worker is more aware of other agencies city-wide to send [clients] to. Working together, more people get service [and their] needs met.”*
- **But for a few, little change.** Four of the responses were neutral suggested either that no change was needed or that they had a sufficient pool of clients to disburse funds to if the HPCC did not exist. One of the neutral comments stated, *“The call center is great for a central location for people to call, but most agencies have their own track record. People we have assisted tell others and daily referrals from other agencies are a big part of the financial relationship. If we did not agree to helping 2-3 referrals from the call center, we would disburse as if the call center do not exist.”*
- **Or, a negative assessment.** Only two of the comments made were negative. One of these responses was, *“It’s actually more work for us because we have to correct what the call center did wrong, explain to the client why they don’t qualify and find the correct information.”*

Biggest Benefits of New System

Among the most frequently checked benefits (Table 4f) were that clients were pre-screened, saying “call 311” is quick, it brings agencies together for other opportunities, and that it provides quick insight to resident needs, problems and trends.

Figure 4f. Assessment of Centralized HPCC System, among Referral Agencies (N=32, Missing=5)

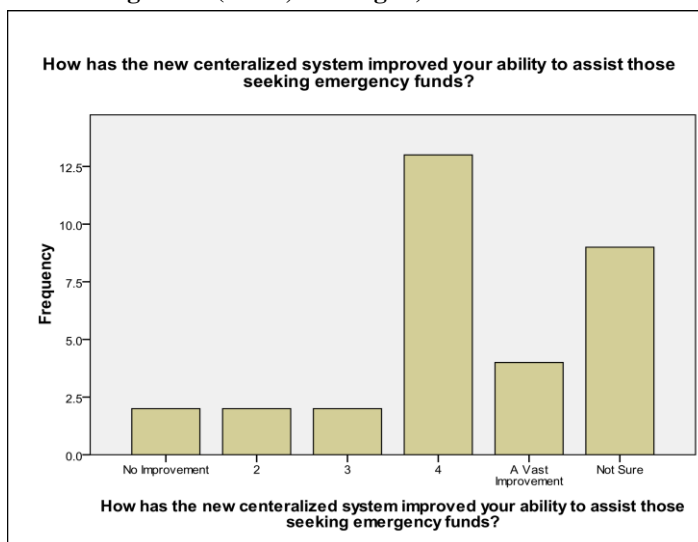


Table 4f. Benefits Associated with Centralized HPCC System, among Referral Agencies

Benefits	Percent
Pre-Screened Referrals	77.1%
Quick Response For Anyone Who Calls For Assistance – “Call 311”	57.1%
Brings Similar and Differing Agencies Together For Other Opportunities and Working Relationships	42.9%
Provides Quick Insight In Resident Needs, Problems and Trends	40%
Flexibility With Time to Respond to Referrals	31.4%
Provides Useful Data For Advocacy and Information	28.6%
A Place to Call and Quickly Find Clients to Spend Down Funds	25.7%
Don’t Have to Staff a Phone Line	25.7%
Avenue For Agency Input Regarding Improvements to the City-wide System	20%
Reduction in Walk-in Clients	20%
Less Inquiries to Deal With	20%
Accommodation to Staff Changes Due to Training, Vacation, Shortages, Etc.	14.3%
Pre-determined Staffing Level to Handle Processing of Applications	11.4%
Other	0%

Agencies Suggestions for Improvement to System

The final three questions of the survey were open-ended questions and asked for respondents’ comments and suggestions on improving the centralized referral process.

First, the survey asked: *“Which aspects of the centralized referral process work particularly effective with your agency?”* There were 28 responses to this question and these are organized into the following 4 themes: a) efficiency and transparency; b) pre-screening and appropriate referrals; c) works well; d) expands client pool and is beneficial to internal clients; and e) HPCC can clarify client information. Some respondents made comments that carried over into multiple themes. The themes are listed below along with an example of the comment.

- **Efficiency and transparency** (11 comments). An example of one of these comments was: *“I like the speed and efficiency of the call center process. With this in place we are able to help people with greater speed.”*
- **Pre-screening and appropriate referrals** (10 comments). An example of one of these comments was, *“It is good to know that people have been screened and are in need of real services.”*
- **Works well** (4 comments). Generally consisted of comments similar to this one, *“It works well here.”*
- **Expands client pool and is beneficial to internal clients** (3 comments). An example of one of those comments was, *“It is another resource for our clients to receive services we can not provide in-house.”* The fifth theme, HPCC can clarify client information, had 1 comment which was: *“Easy to follow-up with HPCC regarding referred clients to have info clarified or further explained.”*

The second question asked: *“Which aspects of the centralized referral process, if any are in need of improvement?”* There were 24 comments that reflect various themes. Again, some respondents made comments that carried over into multiple themes. The themes are listed below along with an example of the comment.

- **Improve pre-screening** (6 comments): *“Better assessment at the call center level.”*
- **Explain and provide accurate information to callers** (5 comments): *“The problem described is not always complete. Sometimes the client is told a dollar limit [by HPCC] available from my agency, which may not be accurate. I would rather they not give any estimate of what assistance is likely to be given.”* HPCC staff reported during interviews that the Call Center does not offer dollar limits to clients.
- **None** (4 comments): *“None at this time. It works well for me.”*²
- **Reliable client contact information** (3 comments): *“Better contact information for the client, such as an alternative contact number, if possible.”*
- **Decrease wait time and lessen automation** (2 comments): *“I would say lessening the time it takes to call 311 and then transferring to HPCC.”*
- **Refer people closer to their homes** (2 comments): *“People should be referred to areas near their residence. Usually the caller is in distress and does not have a means of transportation to travel long distances.”*
- **Communicate funding availability and provide more funding for staff capacity** (2 comments): *“Keeping us posted regarding the availability of State Homeless Prevention Funds or other money available to help families who need more money than we can offer. Our limit is \$300.00 once a year.”*

The final question on the survey asked: *“What suggestions do you have as to how to improve the centralized referral process?”* There were 22 comments which are organized into various themes. Again, some respondents made comments that carried over into multiple themes. The themes are listed below along with an example of the comment.

- **Explain to clients that they must be able to prove their claim with documentation** (4 comments): *“Ask applicant if they have the documentation to verify their need for assistance.”*
- **Speak to HPCC specialist who referred client for clarification** (4 comments): *“It would be an improvement if we are able to contact the [HPCC] person who referred the client.”*
- **None** (4 comments): The comments simply stated *“none.”*
- **Explain that HPCC is only a pre-screen to verify their need for assistance** (3 comments): *“HPCC operators should make sure that all callers know that they are only screening for eligibility and this does in no way mean that the caller is approved for funds. Although, the HPCC operators may state this, there seems to be a need to make this clearer.”*
- **Good** (3 comments): *“The centralized referral process is wonderful.”*
- **Reliable contact information from clients** (2 comments): *“Have good contact information for the clients.”*

² We also assume that the 13 respondents who left this section blank also saw no need for improvement.

- **Improve pre-screening** (2 comments): *“Call center could research the service being suggested before referring client to the agency to ensure that the service can be provided by check.”*
- **Improve communication** (2 comments): *“A way to let 311 know that agency has received referral and contacted client. I have been off work sick and didn't always get the referral the same day, and 311 won't know that.”*
- **Unique response:** *“[HPCC Specialists] probably require more training and patience [with] clients who appear to have numerous problems [and] who may just want to talk.”*

Recommendations

Explain the Process to Clients Before Pre-screening

Many of the comments stressed the need to correct misinformation or explain the process of receiving financial assistance. In the ‘Flow of Calls to HPCC’ there is not a step where the referral process is explained to the client. An additional step between the ‘caller consent and notification of data collection’ and the ‘assessment interview’ would be an ideal place to take a few minutes to explain the pre-screening and referral process. Although the Call Center does explain to callers that money is tentative, some callers seem to think that money is guaranteed. The Call Center should state at the *beginning* of the pre-screening process that money is tentative. An emphasis should be made that if callers are referred they are only ‘potentially eligible’ and the referral agency makes the final decision on eligibility. By taking the time to explain the process to clients before they are referred, the interaction between referral agency staff and HPCC clients will be smoother. If HPCC clients choose not to go through the referral process after having it explained to them, it may also reduce the amount of referrals that become no shows or do not return messages.

Improve the Pre-screening Process to Include Proof of Documentation

Respondents identified lack of documentation as the major reason for ineligibility. Although the assessment interview includes a question on whether the client has a 5/10-day disconnection notice, this question is specific to requests for utility assistance. Informational message #3 includes a statement that reads, *“All financial assistance programs require documentation of the recent temporary crisis beyond your control that caused your financial need. Some examples are loss of job, medical emergency, crime victimization, forced displacement or natural disaster.”* This statement is a good attempt at informing HPCC clients what is required, however, not all clients may hear this message depending on HPCC wait times. In addition, if callers are on hold, they may not pay close attention to the messages. Including this information as part of the pre-screening process could reduce the number of referrals found ineligible.

Improve the Matching of Clients to Referral Agencies by Taking Distance, Items Funded, Payment Method and Number of Times Assisted into Consideration

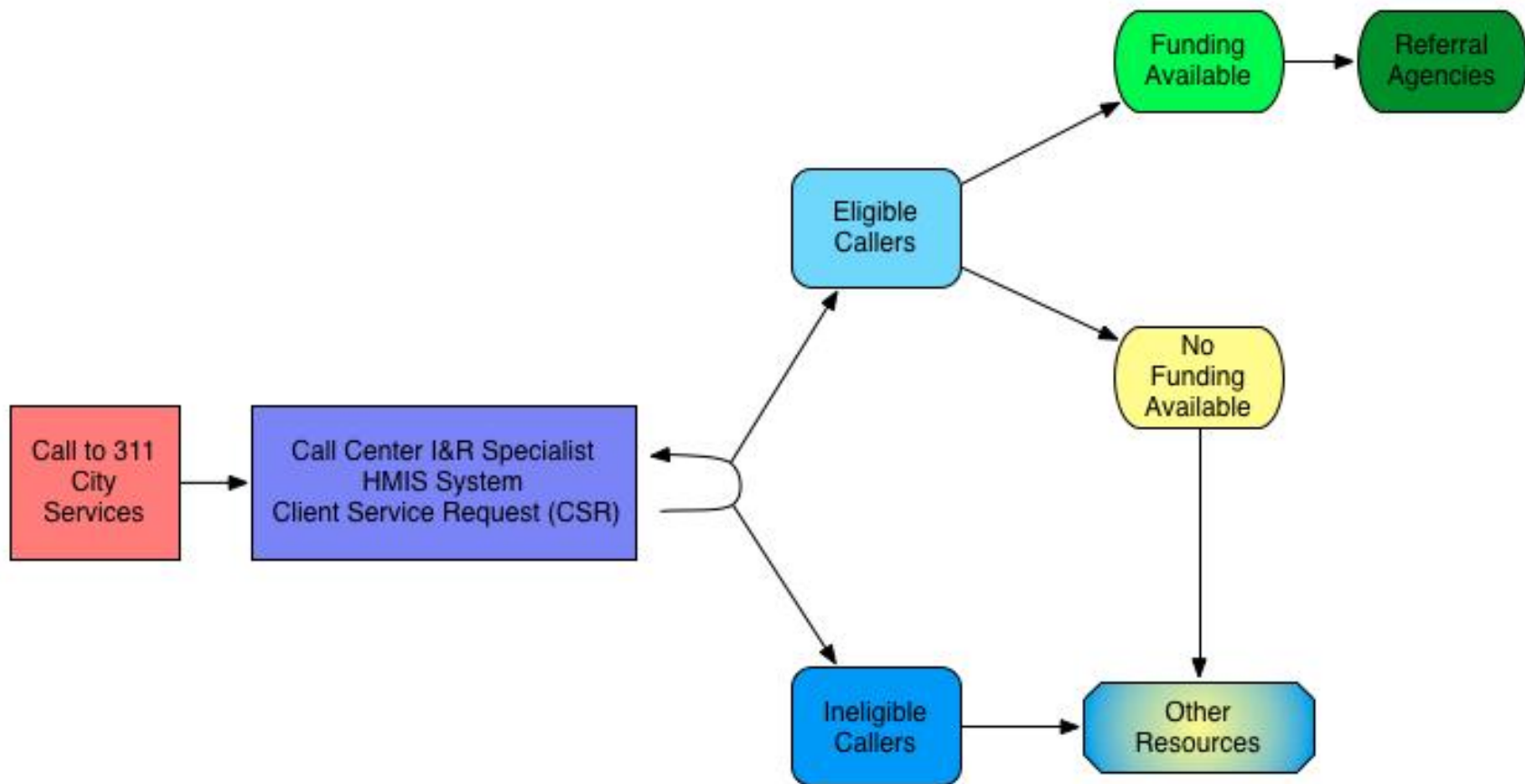
The flow of HPCC calls indicates that potentially eligible callers are referred to the appropriate social service agency providing the assistance. A common barrier in reaching clients was identified as clients’ having transportation difficulties. In addition, a common reason for

ineligibility was that the client had already been served. Before a referral is made, HPCC should take into consideration whether the client can travel to the referral agency. HPCC staff recommended during interviews that clients should be asked whether they have barriers to getting to an agency. These clients many need transportation assistance or home visits by agencies. HPCC staff recommended agencies develop plans for such circumstances. In addition, HPCC should consider whether the client has fulfilled the agency's cap in financial assistance or number of times served for the year. In few instances, clients requested a specific payment method or item that the referral agency could not fill. Again, this could also be taken into consideration as part of the matching process.

Collect an Alternate Phone Number

The most common barrier identified in connecting with clients was disconnected or invalid phone numbers. Considering that many clients are in financial straits, it is very likely that their phones are disconnected between the time they called the HPCC and a referral agency's first attempt to contact. In addition to asking for the client's phone number, two alternate phone numbers should be left where a message can be left. If the phone numbers do not belong to the client, the name and relationship of the person should be provided, so that referral agency staff can explain the reason for the call and connect with more HPCC clients.

Appendix 5: Flowchart of HPCC Referral Process



Appendix 6: Data Collection Instruments

IF CONNECTED TO THE HPCC:

5. HPCC Start Time: _____

6. Did you speak to a HPCC operator? Yes____ No (left message on VM)_____

IF YES, go to 7

IF NO, go to 6a

6a. How long did it take you to access the HPCC voice mail? __ __ minutes __ __ seconds

SKIP TO 8

7. How long was the wait time to speak to a HPCC operator? __ __ minutes __ __ seconds

8. Time at the end of the call: _____

9. Test caller comments _____

Evaluation of the Catholic Charities Homelessness Prevention Call Center Caller Phone Survey Instrument

CURL Client ID: _____

HPRP (stimulus) Eligible: _____

Non-HPRP Eligible: _____

Interviewer initials: _____

Interview Date: _____

Data entry initials: _____

Data entry date: _____

Data check initials: _____

Data check date: _____

This first set of questions relate to your experience with the 311 system.

1. Do you recall that you first called Chicago 311 City Services before you were connected to the Call Center?

Yes____ No____

IF YES, go to 2a

IF NO, go to 3

2a. When you called 311 City Services, did you speak to a 311 operator?

Yes____ No____ Don't know____

IF YES, go to 2c

IF NO, go to 2b

2b. When you called 311 City Services, did you bypass the 311 operator by pressing "4" for a direct connection to the Call Center?

Yes____ No____ Don't know____

2c. How easy was your connection between Chicago 311 City Services and the Homelessness Prevention Call Center? - On a scale of 1-5 with 1 being *excellent* and 5 being *not that good*.

1	2	3	4	5
Excellent				Not that good

3. Do you have any further comments about this experience with Chicago 311 City Services?

[FOR THOSE WHO *DO LIVE* IN THE SAME HOUSE AS WHEN CALLED THE CALL CENTER]

16a. What type of housing do you live in? (PROBE)

- | | |
|--|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Public Housing/CHA |
| <input type="checkbox"/> House | <input type="checkbox"/> Housing Shelter |
| <input type="checkbox"/> Stay with family/friend | <input type="checkbox"/> SRO (single room occupancy) |
| <input type="checkbox"/> Other: _____ | |

16b. Do you receive any housing subsidies?

Yes _____ No _____

IF YES, go to 16c

IF NO, go to 17

16c. What is the subsidy? _____

GO TO 17

[FOR THOSE WHO *DO NOT LIVE* IN THE SAME HOUSE AS WHEN CALLED THE CALL CENTER]

16d. What kind of housing **WERE** you living in when you called the Call Center?

- | | |
|--|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Public Housing/CHA |
| <input type="checkbox"/> House | <input type="checkbox"/> Housing Shelter |
| <input type="checkbox"/> Stay with family/friend | <input type="checkbox"/> SRO (single room occupancy) |
| <input type="checkbox"/> Other: _____ | |

16e. Did you receive any housing subsidies?

Yes _____ No _____

IF YES, go to 16f

IF NO, go to 16g

16f. What was the subsidy? _____

16g. What kind of housing **ARE** you currently living in?

- | | |
|--|--|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Public Housing/CHA |
| <input type="checkbox"/> House | <input type="checkbox"/> Housing Shelter |
| <input type="checkbox"/> Stay with family/friend | <input type="checkbox"/> SRO (single room occupancy) |
| <input type="checkbox"/> Other: _____ | |

16h. Do you receive any housing subsidies?

Yes_____ No_____

IF YES, go to 16i

IF NO, go to 17

16i. What is the subsidy?_____

17. What is your employment status?

- | | |
|--|------------------|
| <input type="checkbox"/> Employed | <i>Go to 17a</i> |
| <input type="checkbox"/> Unemployed | <i>Go to 18</i> |
| <input type="checkbox"/> Disabled | <i>Go to 18</i> |
| <input type="checkbox"/> Retired | <i>Go to 18</i> |
| <input type="checkbox"/> Other (specify) _____ | <i>Go to 18</i> |

17a. In the last month, how many hours a week did you work on average? _____

18. Those are all the questions I have for you. Is there any other comment you would like to add?

Thank you for taking the time to participate in the survey!

Evaluation of the Homelessness Prevention Call Center Referral Agency Survey

First set of questions is related to your agency and its experience with the Call Center referral process.

1. What is the name of the agency that you work at? _____
2. What most closely describes your position (If more than one respondent, please check all that apply.)

Executive Director _____ Administrative staff _____ Program staff _____

Other (please specify) _____

3. How long has your agency worked with the Homelessness Prevention Call Center taking referral clients?

4. By what means does your agency interact with the clients referred from the Call Center?

By telephone _____ Face-to-face _____ BOTH telephone and face-to-face _____

4a. If BOTH telephone and face-to-face, please estimate the percentages for each method

Telephone _____% Face-to-Face _____%

The next few questions relate to assistance provided to walk-ins and referrals from sources other than the Call Center.

5. On average, in the last six months, how many individuals received emergency funding through your program? _____

5a. What percentage of those individuals was referred by the Call Center? _____%

5b. Do you receive referrals from sources other than the Call Center? _____Yes _____No

5c. What are these sources? _____

- 5d. Thinking back to one year ago, has the proportion of those who have been awarded funding changed?

___ Yes, changed ___ No, did not change

5e. In terms of demographic characteristics or needs, are there any differences between referrals from the Call Center and referrals from other sources? (e.g., difference in income level, veteran status, voucher-holders, race/ethnicity, etc.)

Yes _____ No _____

IF YES, go to 5f

IF NO, skip to 6

5f. How do pre-screened referrals from Call Center differ from your walk-in clients or referral other sources (excluding your existing client base)?

The following questions relate to your agency's work to connect with those referred by the Call Center.

6. What is the estimated average time between the time the e-mail was sent from the Call Center and your first attempt to contact them? _____

7. What proportion of people referred to your agency by the Call Center are you able to contact?
_____ %

8. What barriers does your agency experience in reaching people referred by the Call Center?

Through the next few questions, we would like to get your opinions about what is working well, and what, if anything could be improved with the Call Center referral process. Again, your responses will be held confidential.

14. Which aspects of the centralized referral process work particularly effectively with your agency?

15. Which aspects of the centralized referral process, if any, are in need of improvement?

16. What suggestions do you have as to how to improve the centralized referral process?

Thank You For Participating!

Evaluation of the Homelessness Prevention Call Center I&R Specialist Focus Group Instrument

Question topics

1. Introductions: name, how long you've worked at HPCC.
2. How would you all describe what you do as I & R Specialists?
3. What is a typical work day like for you at the Call Center?
4. Can you describe the types of calls you get?
5. Are there other types of calls? How are other calls different?
6. What are your thoughts about the 311 system and callers accessing HPCC through 311?
7. What are your thoughts about the referral agencies?
8. Are there certain things (practices or policies) that make your job easier/more effective in providing information to callers?*
9. Are there certain things (practices or policies) that make your job more difficult/ less effective in providing information to callers?*
10. Are there certain practices or policies you that aren't in place and you think should be in place?
11. Have you seen any changes because of the stimulus money?
12. (Lead Specialists) Have there been any changes?

* Probe about use of computers and technical equipment

Potential Types of Calls

Ineligible vs. Eligible

Referrals

Financial vs. non-financial services available

Non-English calls

Caller follow-up calls

Evaluation of the Homelessness Prevention Call Center HPCC Administrative Staff and Key Stakeholder Interview Instrument

1. How has the centralized Homelessness Prevention Call Center system been working?
What components work well?

What components are not working well/could be improved?

Collaborative Relationship of Providers, Advocate, and Funding Agencies

1. Has a plan been developed to meet the needs of those callers who were deemed eligible for funding, but did not receive funding due to insufficient funding, and those callers deemed ineligible for funding?
2. How have the partners utilized Homelessness Prevention Call Center data to make modifications in order to meet the needs of the referrals (and changes in the referral landscape)?
3. What percentage of referral funding agencies provides updated information, such as phone number and amount of funds available?
4. What percentage of the Chicago Homeless Prevention Fund providers accepts referrals from the call center?
5. Was a plan developed for any uncommitted agencies?
6. Has a plan been developed to meet the needs of those callers who were deemed eligible for funding, but did not receive funding due to insufficient funding, and those callers deemed ineligible for funding?

Data Collection and Advocacy Efforts

7. In what ways is information about service needs, gaps and trends is tracked using data collection at the Call Center utilized for homeless prevention resources and advocacy?
 - a. How has HPCC used outcome data for advocacy?
 - b. What percentage of demographic and outcome information of callers entered into the computerized system?
 - c. Is the data collected sufficient for prevention for homeless prevention resources and advocacy?
 - d. Are statistical analysis reports of service requests by location, types of request and referral agency produced for the homeless prevention advocacy community? (or shared with referral agencies)?

The Centralized System

8. What are the efficient aspects/gains of this system?
9. How efficient is the procedure of utilizing the 311 City Services Helpline, rather than publicizing a direct line to access the Call Center? What are potential risks of changing the current access procedure? Should alternative methods be investigated or utilized?
10. How efficient is the procedure to use a scheduled referral system, rather than real-time transferring callers to the social service agency?
11. Do you have a sense of how many callers are “lost” in the interim period before connecting with the referral agency?
12. How did the stimulus money work?
 - a. Have any of the menu options changed after stimulus money was received?
 - b. Specifically those who are found ineligible and are told to ‘go somewhere else’?
13. How effective are the scripts utilized by the I&R Specialists?
14. Explain the use of spreadsheets used by I&R Specialists?

Overall

15. What do you think is working? Not working?
16. Looking ahead, what issues do you think need to be addressed?
17. Anything else?

