

AT THE TRANSITION OF HOMELESSNESS AND A SELF-DIRECTED FUTURE:

Emerging Adults in the Flexible Housing Pool of Chicago and Cook County

Contributing Authors: Matt Leo, Amanda Ward, Keiki Hinami, Yasmeen Khayr, and Christine George

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Contributing CURL Research Fellows

Casey Callahan

Yohanan Salmeron Chaparro

Julia Dennis

Ariel Fleenary

Asia Lam

Claude Louis

Alex Miranda

Travis Moody

Thais Rulich-Maly

Ava Savelkoul

Mary Pearce Seawell

Emily Porter

Audrey Webb

Austin Wonder

Rachel Young

Presented to the Partner Organizations and Investors of the Flexible Housing Pool of Chicago and Cook County



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Executive Summary



The Flexible Housing Pool of Chicago and Cook County (FHP) was established in 2018 as a cross-sector collaboration to offer supportive housing to individuals and families experiencing homelessness in the City of Chicago and Suburban Cook County. In line with Housing First principles, FHP has some of the lowest barriers to stable housing and aims to support people who suffer inequities due to race and behavioral health disorders, those with housing sensitive health conditions, and justice involvement. The Center for Urban Research and Learning (CURL) collaborated with the FHP and Cook County Health to research the impact of FHP housing and services from the perspectives of the residents. The present report focuses primarily on the experiences of emerging adult residents receiving housing and services through FHP, and relies primarily on interviews with 90 emerging adults (EA) in the FHP program. Emerging adulthood is a crucial time-period spanning the ages of 18-29 and is characterized by identity exploration and building the foundation for financial independence. This report relies primarily on interviews with 90 emerging adults in the FHP program.

Key Findings Include:

1. FHP enabled vulnerable emerging adults and their families overcome barriers to renting and exit housing instability and homelessness.

In the year prior to enrollment in the FHP, nearly half of emerging adult residents (46%) were “literally homeless” (living in shelters, on the street or other spaces not meant for habitation) and the remainder were unstably housed and moving from place to place without a formal lease agreement. They were unable to successfully navigate an unaffordable rental market with unstable income, low pay, little/no savings, and often lacked social support and guidance in transitioning to independent living. Most (87%) said that they currently would be unable to rent an apartment without aid. Notably, the barriers to renting that EA identified (e.g. sporadic or no employment history, little to no income, poor credit history, lack of social support) can be improved with time and support.

2. FHP provides vulnerable emerging adults with the stability and support necessary to transition into greater self-sufficiency.

Emerging adult residents were optimistic about their ability to become self-sufficient with the support of stable housing and services that they were receiving within FHP but varied in their preparedness to take next steps. Nearly half (44%) of emerging adult residents interviewed had concrete and realizable plans for achieving greater independence and were acting on those plans (e.g. working full time to build their savings and improve their credit score, enrolling in a vocational program, completing post-secondary education). The larger portion of emerging adult residents (56%) interviewed needed some additional time and guidance as they were caring for small children, managing chronic health conditions, were justice-involved, or still “figuring things out.” These findings are consistent with research on the needs and experiences of emerging adults in housing programs and point to the importance of FHP in providing young people and families with long-term, supportive housing as they make the transition to self-sufficiency and adulthood.

3. FHP provided emerging adults with housing security, enabling them to better manage their physical, mental and behavioral conditions.

Emerging adult residents in FHP described experiencing a variety of physical, mental and behavioral conditions that were difficult to manage while also navigating homelessness prior to entering the FHP; these included neurological disease, mental and physical trauma from gun violence, post-partum depression, recovery from a kidney transplant, problematic substance use, and serious mental illness. They credited the housing stability and supportive services they received while in FHP with their ability to better manage these conditions. Fifty-two percent of emerging adult residents had a dependent child. The health benefits of timely supportive housing on the dependent children served were not explicitly measured but considerable based on established scientific evidence.

Policy Recommendations

1. Continued Funding for Supportive Housing for Youth Populations in the City of Chicago and Cook County

FHP's services for youth and emerging adults address a critical need for housing and supportive services amongst young Black individuals and families who are disproportionately impacted by rising rent costs and navigating a

subsidized housing system in which demand far exceeds supply.¹ Interviewed FHP residents navigated complex challenges prior to securing housing through FHP and credit the stable housing and coordinated services they received in the program with enabling them to plan for and take steps towards self-sufficiency. Increasing youth and emerging adults' access to housing and necessary services potentially reduces overall lifetime service costs because they receive the necessary interventions that can protect them from homelessness in adulthood.²

2. Advocate to extend stable housing supports for emerging adults to 36 Months

As the results of our study indicate, emerging adults in FHP are managing complex and overlapping barriers to achieve their educational and economic goals, many of which indicate the need for more than 24 months of housing stability and services to address. Emerging adults in FHP are systems-involved and navigating chronic health conditions, parenting dependent children, adjusting to reentry from the criminal justice system, working to complete certificate and credential programs all while working towards greater self-sufficiency and, if needed, alternative housing programs. In contrast to shorter time-limited models, the FHP program affords residents time to explore options and achieve goals from a basis of security which is supporting their overall development of economic self-sufficiency.

Structural Recommendations

1. Further Investment in Education and Employment Services to Support residents' Financial Stability

FHP provides vulnerable emerging adults with the housing stability and supportive services needed to work towards self-sufficiency as they transition into adulthood. Many emerging adult residents interviewed for this study were entering the labor force for the first time and beginning to think about developing careers that would support themselves and their families. We suggest that FHP consider how to leverage opportunities to fund the provision of additional supportive employment and educational services.

2. Provide Trauma Informed, Culturally Relevant Mentorship

Our study found that while some emerging adults in the FHP program were already making strides towards greater economic independence (43.5%), a larger proportion (56.5%) needed additional help and guidance "figuring things out" as they were navigating chronic health conditions, raising small children, reentering communities following incarceration and/or simply were unsure of their next steps. To support the emerging adults in FHP, our recommendation is to integrate trauma-informed and culturally relevant mentorship as a service delivery component in the FHP program.

3. Legal Services to Reduce Barriers to Renting and Employment

FHP helped residents overcome significant barriers to renting, including low or no income, poor credit history and no savings. To further support emerging adults as they transition to self-sufficiency, we suggest that FHP explore opportunities to partner with legal aid organizations that can help individuals with no or bad credit address discrepancies in their credit history, resolve lawsuits with creditors and clear their credit history. We also suggest that FHP explore opportunities to partner with local legal aid organizations that offer civil legal aid to individuals experiencing housing discrimination based on their criminal records. Additionally, we suggest considering partnership with organizations that can aid justice-involved residents with sealing their criminal records.

Introduction

Loyola University Chicago's Center for Urban Research and Learning (CURL) is partnering with Cook County Health to conduct a program evaluation of the Flexible Housing Pool of Chicago and Cook County (FHP). Established in 2018, FHP provides housing and supportive services to individuals and families with chronic health conditions experiencing housing instability and homelessness in an effort to improve their health outcomes and reduce their reliance on crisis services such as emergency rooms, homeless shelters, and jails. Residents include individuals experiencing homelessness with chronic physical and/or behavioral health conditions, youth (18-24) impacted by violence in their communities, and people returning to Cook County from prison. As of April of 2024, more than 1,300 individuals have been provided supportive housing and case management through FHP, with a 12-month retention rate of 97%. Early findings demonstrate that residents in the program show a reduction in the use of crisis systems, associated with a 2-year cumulative cost offset of \$1.4 million for the first 206 adult residents alone.³

This report is one in a series of reports that will examine program processes and outcomes from the perspectives of stakeholders and residents in FHP. Between May of 2022 and November of 2023, researchers at CURL interviewed FHP program staff and stakeholder and 143 residents who were housed and receiving services through FHP to examine how diverse sub-groups within FHP (e.g. single adults with chronic health conditions, families with young children, single youth, etc.), experience the housing and supportive services provided through FHP, and how the housing first program shapes their ability to take care of their health and improve their quality of life.

We identified two distinct clusters of residents: (1) older adults who closely resemble the traditional, chronically homeless population and who are likely to need subsidized and/or supportive housing over the long term and (2) emerging adults who are more likely to utilize supportive housing temporarily because of their potential to transition to greater economic independence.

In this first report, we focus primarily on the programmatic needs and outcomes of emerging adults between the ages of 18 and their early 30's, many of whom have dependent children. Emerging adulthood is a critical life stage during which young people typically transition into independent living and increased self-sufficiency. It is marked by identity exploration, self-focus, and post-secondary education and/or career training that is foundational to work during the adult years.⁴ Research finds that having parents or other family who are capable and willing to provide financial and social support is an important determinant of positive outcomes during this time-period as emerging adults begin to navigate health care systems, develop and pursue educational and career goals, and obtain independent housing.⁵

Housing first programs can be especially effective in providing emerging adults who have experienced homelessness with the autonomy of stable housing alongside instrumental, relational, and informational supports via a team of case managers. By offering emerging adults' stable housing as well as specialized services, emotional support, and opportunities to gain adult life skills, supportive housing programs aim to prepare emerging adults as they transition into adulthood and long-term housing stability.⁶ Emerging adults who take part in housing programs that pair housing stability with targeted support services to help them transition to economic self-sufficiency and adult roles, including employment, education, "life-after-housing skills," (managing money, household upkeep, preparing meals, etc.) and parenting supports^{7,8} are more likely to transition into self-sufficiency and economic independence.

Our study finds that FHP had an immediate and observable impact of enabling residents to exit the unsafe living conditions of homelessness and housing instability. It also has the potential long-term impact of preventing future homelessness amongst emerging adults by supporting them as they transition to adulthood and greater economic independence. The young people we interviewed described experiencing housing instability and homelessness prior to enrollment in FHP, which can be attributed, in part, to difficulties they faced trying to navigate a rental market with

poor economic prospects and little social or financial support. The housing and services provided through FHP not only enabled these residents to overcome housing barriers but provided a stable living situation in which they could make strides towards self-sufficiency. We found that some emerging adults were already leveraging the resources and support they were receiving through FHP to increase their savings, build up their credit scores, and/or improve their career opportunities by attending college and/or vocational programs. We also found that some residents needed more than the 24-month cap typical for rapid rehousing programs to take these steps, as they were still working to stabilize their lives as they manage chronic health conditions, raise dependent children, navigate the criminal justice system, and/or simply were unsure of what their next steps could or should be. The report concludes with policy recommendations.

Background

Funded through a variety of investments from the City of Chicago, Cook County, Illinois Department of Human Services (IDHS), Illinois Criminal Justice Information Authority (ICJIA), various health and hospital systems, managed care, Medicaid transformation collaboratives, and philanthropy and private donors, FHP seeks to reduce homelessness and improve health outcomes for individuals experiencing homelessness and housing instability in Chicago. The Center for Housing and Health administers the program and partners with fifteen agencies that provide case management services to residents.⁹ The program recognizes that an important strategy for reducing homelessness is to provide housing and supportive services to youth and families as well as to single, older adults experiencing homelessness or at imminent risk of being homeless.

Additionally, FHP strives to address the longstanding impact of systemic racism on Chicago's housing market by lowering barriers to renting for some of the most vulnerable populations: low-income Black residents, many of whom have complex health needs. Low-income Black Chicagoans currently face the collision of disadvantages deriving from well-known discriminative housing policies collide and a historically challenging rental market. Chicago rent averages have risen by over 46% in the past decade, and the Chicago Coalition to End Homelessness estimates that an individual renter would have to earn \$32.96/hour to afford the typical two-bedroom apartment in the city.¹⁰ These market

factors as well as a dwindling supply of affordable and subsidized housing¹¹ have disproportionately impacted Chicago's Black residents who make up more than half of the city's unhoused population (53%).¹²

Providing Housing and Services to a Diverse Homeless Population

The Flexible Housing Pool provides supportive housing to a diverse homeless population of youth, families with children, and single adults with a variety of needs. FHP recognizes that young people and families with dependent children need distinct levels and kinds of support than older adults who have experienced chronic homelessness.

Adults aged 50 and older typically have complex physical health needs compounded from years of chronic homelessness and are more likely to display geriatric symptoms including difficulty performing activities of daily living (ADLs), mobility and cognitive impairment, frailty, and depression.¹³ Further, their accelerated aging exacerbates their chronic health concerns and increase their risk for hospitalization and need for long-term home care.¹⁴ However, many housing programs and support services may not provide geriatric-focused care that could mitigate long-term health concerns and homelessness.¹⁵ Additionally, older adults experiencing homelessness face barriers to seeking social services, prohibitive costs, and a deficit of age- and disability-specific homeless services often due to ageism and social stigma.¹⁶ And many older adults facing homelessness are uninsured, face barriers to applying for and receiving federal disability benefits (SSI, SSDI, Medicare, Medicaid), and often struggle with unmet or disrupted care that make it almost impossible to reach stability.¹⁷

Homeless emerging adults experience disparate pathways to homelessness including transitions out of systems of care (e.g. foster care), unstable home lives (sometimes involving domestic violence), and health crises; and they are experiencing these challenges during a time when they are expected to set the stage for adulthood by beginning postsecondary programs, obtaining their first independent housing, and establishing romantic relationships.¹⁸ Emerging adults experiencing homelessness also face complex health concerns such as sexually transmitted disease, HIV, poor nutrition, chronic mental health concerns and substance use which can make it difficult to

transition to a self-sufficient adulthood; however these health challenges can be alleviated and managed with proper housing, health care and other support¹⁹

To meet the needs of all residents, FHP is organized into an Adult Program which primarily serves single adults and a Youth Program which primarily serves residents between the ages of 18 and 24 and includes a mix of single youth and young families. Each program works with several organizations that provide appropriate services and case management tailored to the needs of the adult or youth cohorts. Case managers in both the youth and adult program support residents as they transition into their apartments, negotiate with landlords and manage relationships with their neighbors, access and navigate any needed behavioral or physical health services, to find employment, and to work towards financial stability by

applying for appropriate benefits (SSI/SSDI, SNAP and unemployment) and employment. Participants in the youth program are provided with case management in social service agencies that provide young people with workforce development and employment services and family and child support services.

The supportive housing that FHP provides is somewhat unique in that residents remain in the program until their lives are stabilized and they can transition to an unsubsidized apartment or alternative subsidy programs. This is unique because homeless youth are typically funneled into time-limited housing services such as emergency or shorter shelter programs, which are typically limited to 60 days, or to transitional living programs (TLPs) or rapid rehousing programs that are limited to 24 months.

Methodology

The data for this report relies primarily on semi-structured interviews with 143 FHP residents conducted by CURL researchers between June and November of 2023. Case managers provided all residents who had been housed for at least six months with a flyer describing the study and contact information for the research team. Residents who contacted and scheduled an interview with the research team were interviewed in person, often in their homes. Residents who participated in an interview were paid \$75. Reflecting the population of individuals within FHP that were eligible (See Appendix A), the individuals interviewed were predominantly Black (79.7%), evenly split between men (50.0%) and women (47.6%) with the remainder were either transgender (2.1%) or preferred not to identify (0.7%). On average, residents were 36 years old. Just under half (49%) of people who participated in the survey were receiving housing and service through the youth program and 51% were receiving housing and service through the adult program.

The interview guide consisted of open-ended questions designed to encourage residents to share (1) their recent past experiences of housing instability and homelessness, including what factors in their lives made it difficult for them to find and maintain housing, (2) their experiences finding housing and receiving services through FHP, and (3) their perception of the program's impact on their health and lives. Interviews were audio-recorded and transcribed with the permission of the interview participant and when the situation permitted. In total, 131 of the 143 interviews were recorded and transcribed. To protect residents' confidentiality, administrative data was obtained for all FHP residents and merged with the survey data via the resident's Client ID. The resulting data set is a rich collection of residents' characteristics and descriptions of their lives, their goals, and the impact of the program in their own words (for a more detailed description of the methods, please see Appendix).

Clustering Residents by Potential Outcomes

Early in the interview process, we observed that residents in FHP were orienting to the role of the supportive housing provided by FHP in their lives in differing ways. Many people, mostly residents aged fifty or older in the adult program, viewed and described the housing and services they were being provided with as a safe and permanent haven from years spent living in chronic homelessness, a haven they were unlikely to move from given their age, lack of economic resources, and complex medical needs. Others, primarily in the youth program, described the housing and services as a well-timed, but ultimately temporary support that they would eventually move on from as they stabilized their lives, finished their schooling, and/or found employment.

Using resident's self-described orientation to the program and resident characteristics that previous literature has identified as indicating an enduring need for supportive housing (i.e. being 50 years or older and having experienced chronic homelessness, history of high service utilization, and/or serious medical diagnoses)²⁰ we created two clusters of FHP residents. We describe FHP residents who are likely to always need subsidized housing and who align closely with the "aged homeless" in housing literature as "older adult residents"²¹ and residents who have the capacity to achieve greater self-sufficiency as "emerging adult residents,"²² a term that captures both their desire to transition to greater economic independence and the steps that many were taking to do so (enrolling in post-secondary schooling, building up their credit scores, etc.). Though it may seem counter-intuitive to refer to FHP residents in their late twenties as emerging adults (55% of emerging adults interviewed were between 25 and 30), research has explored how vulnerable populations, including those experiencing housing insecurity, those with criminal justice involvement, and/or those with young dependent children, experience less freedom to experiment with significant life choices in their early twenties and often prolong or delay behaviors associated with emerging adulthood (e.g. post-secondary education) in order to prioritize economic security (for a more detailed overview of the coding method and process see Appendix)²³

Older Adult Residents in the Flexible Housing Pool

Older adult residents in the Flexible Housing Pool are likely to need some form of supportive housing for the foreseeable future due to their serious medical diagnoses and health needs, history of homelessness and high service utilization, and detachment from the workforce.

Older adult residents in the Flexible Housing Pool are likely to need some form of supportive housing for the foreseeable future due to their serious medical diagnoses and health needs, history of homelessness and high service utilization, and detachment from the workforce.²⁴ Predominantly older (average age of 53) than those in the emerging adult cluster, just over half (51%) of residents in the older adult cluster were Black men who were HUD category 1 "literally homeless" at the time they enrolled in FHP and likely to require ongoing supportive care. All older adult residents were referred to FHP from medical referral sources, with 60% coming directly to FHP

from Cook County Health, indicating that they were high utilizers of crisis services, including emergency rooms, jail, and homeless shelters. Nearly two-thirds (66%) of residents among older adult residents were identified during the FHP intake process as having a “disabling condition,” according to HUD guidelines. In our interviews, these residents described a range of serious diagnoses, including cancer, HIV, stroke, and advanced stage organ failure that made it difficult for them to care for themselves or work. Additionally, 34.6% of residents were reported having a serious mental illness including bipolar disorder, schizophrenia, and major depressive disorder that made it difficult for them to engage in daily activities. Nearly half of these residents (44.9%) self-reported that prior to FHP their substance use was problematic in that they were using more than they would prefer and/or that their use was causing them problems in their daily life. Most residents in this group reported they had not held stable employment for years, were not currently working, did not have plans to return to work, and many described working with case managers to obtain social security disability insurance (SSDI) or supplemental security income (SSI). While some did describe supportive housing as enabling them to return to work after an extended period of unemployment, it should be noted that these were low-paying, part-time and, in many cases, temporary jobs that were unlikely to provide the income necessary to fully support them or allow them to rent an apartment without aid.

Having spent significant portions of their lives living on the streets, in shelters and couch-hopping, these older residents often focused on the maintenance of their housing stability and health as their primary goals. As Fred, a sixty-one-year-old diagnosed with a variety of chronic health conditions, put it, “Well [my goal is] just to maintain and be able to maintain, you know mentally, physically, and financially...I don't want to fall off the deep end and end up doing something stupid and make a mistake.” They also discussed ways in which they wanted to enhance their quality of life, including earning their GEDs, earning some money, getting larger apartments so they could host family or friends, and giving back to their communities through volunteer work.

Who are the older adult residents of FHP?

The following are profiles of typical older adult residents. To protect participants' privacy, these are curated profiles based on an amalgamation of stories shared by various participants.

LEROY, 47



- After a criminal conviction during his youth, Leroy struggled to find stable work and worked many low-paying, temporary jobs.
- While married he was financially supported by his wife, but was left homeless after getting divorced.
- He spent 5 years sleeping on couches of friends and family, in emergency shelters, or on the train.
- During one night sleeping on the train, Leroy fell on the train stop stairs. He shattered his lower vertebra, right shoulder, and hip.
- He endured many reconstructive surgeries and was placed in a rehabilitative nursing home.
- Leroy attends physical therapy regularly, and is beginning to regain mobility in his right arm and leg.
- Leroy is currently settling into his FHP apartment, which is ADA accessible, and hopes to be able to host family and friends.

VERONICA, 62

- Veronica has lived on the streets for over two decades.
- She has struggled with addiction to drugs and alcohol in addition to her housing insecurity.
- Though sober now, she is living with a variety of treatable but serious ailments including hypertension, diabetes, gout, and severe osteoarthritis.
- Now in an FHP apartment in the suburbs, Veronica is focused on maintaining her health and sobriety.
- Now seeing a PCP, Veronica feels much healthier and is regularly taking cholesterol and high-blood pressure medications to manage health conditions.
- Feeling more stable and healthy, Veronica spends her spare time reconnecting with her family and volunteering at the food pantry near her apartment.



Emerging Adult Residents in the Flexible Housing Pool

Emerging adults expressed greater optimism for becoming more independent and self-sufficient, possibly because of their age and better health. Most (90%) of the residents in this category were under 31 and the majority (77.8%) were from the youth program, which serves individuals between the ages of 18 and 24. The remaining 10% (9 individuals) were from the adult program and between the ages of 31 and 40 and had early life experiences that delayed their ability to establish self-sufficiency, including incarceration, chronic health diagnoses, and early motherhood.

A substantial number of the emerging adults were Black (81.1%), and women (60.0%). Over half of these residents lived with minor children (52%), and nearly one-third report living with another young adult (typically a romantic partner or co-parent). Just over a third of residents in the emerging adult cluster were Black women under 30 who were caring for dependent children. Nearly half were HUD category 1, "literally homeless," prior to enrolling in FHP. The remaining emerging adult residents described volatile histories of housing insecurity, and 42% were HUD Category 3, "homeless under other federal statuses," under the age of 25, doubled up and/or living with minor children, and another 4.4% of residents were HUD Category 4, "fleeing domestic violence."

Emerging adults were generally healthier than the older adult residents, with 60% reporting no physical health concerns during their interviews. Health conditions among emerging adults included chronic conditions like asthma, migraines, carpal tunnel, seasonal allergies, colitis, and eczema or health challenges that were more debilitating, but temporary such as recovering after the birth of a child, recovering from back surgery, recovering from a kidney transplant or recovering from a gunshot wound. Just over three quarters of emerging adults described themselves as having mental health concerns such as anxiety, stress, or depression that were undiagnosed and typically linked to the situations of navigating housing instability and other potentially temporary life crises such as loss of a job, the

Who are the emerging adult residents of FHP?

The following are profiles of typical emerging adult residents. To protect participants' privacy, these are curated profiles based on an amalgamation of stories shared by various participants.

DEMOND, 26



- At a young age, Demond became affiliated with a local gang.
- Demond's grandparents kicked him out due to his gang involvement, and he became homeless and moved between homes of friends.
- At 24, he was sentenced to serve 2 years on a gun charge.
- Demond is ready to find a steady job, go back to school, and become a certified welder.
- Now housed with FHP, he has a part-time job and is working with his case manager to find a trade school program.
- Demond is now able to address the longstanding physical impact of a gunshot wound he suffered in his teens, and he regularly sees an occupational therapist who is working with his to restore mobility to his right shoulder.

BELLA, 23

- Bella was born with congenital heart defects, and she has been in-and-out of hospitals throughout her childhood and young adulthood.
- After graduating high school, Bella's father unexpectedly passed away leaving Bella with no place to live and no financial support to pursue her goals of becoming a nurse.
- While living in an emergency shelter, she needed reparative heart surgery on her aortic valve.
- Through FHP, Bella has a comfortable home close to her healthcare providers.
- Once Bella fully recovers, she hopes to apply and attend nursing school.



birth of child or experiencing domestic violence. In this group, 31% were identified in FHP intake data as having a mental illness (roughly comparable to the 34.0% in the aged group); however, emerging adults described a higher level of functioning. But 11% still were identified in interviews with a serious mental illness (SMI) such as bipolar disorder, major depression, and psychosis. Forty-seven percent of these residents were referred to FHP from Cook County Health, while an additional 33.3% were referred to FHP from SCan, a City of Chicago gun-violence program that serves youth at the high risk of involvement with violence.

Emerging adults displayed a greater capacity for working towards self-sufficiency compared to older adult residents. Slightly over a quarter of emerging adult residents (27%) described working part- or full-time jobs at the time of their interview. Additionally, nearly one-fifth (18%) of emerging adults described having recently worked part- or full-time jobs and characterized their current unemployment as temporary and related to the Covid-19 pandemic or significant life changes such as the birth of a child, injury, or a serious medical

diagnosis. Of the 38 emerging adult residents (31% of emerging adult residents interviewed) who were unemployed and had not recently worked, 17 described actively looking for part- or full-time employment, obtaining a bachelor's degree, or completing a post-secondary certification to obtain stable employment. These residents were enrolled in a variety of post-secondary programs to earn certificates to become registered nurses (RN), registered medical assistants (RMA), certified dialysis technicians, forensic scientists, software engineers, or correctional officers. Others described studying in vocational programs including ones in carpentry, commercial driver training, or electrician certification. Emerging adult residents openly discussed exiting the program as a goal and described plans for doing so including improving their personal finances (most frequently, raising their credit scores), saving money to purchase their own home, moving out-of-state or out of the city to a more supportive environment, and/or obtaining an LLC to launch their own business. Most residents expressed gratitude for the lack of time restrictions in the FHP program acknowledging that they needed the time and stability to effectively see their goals and aspirations through.

CHEYENNE, 22



- Cheyenne was kicked out of her mother's house and became homeless after giving birth to her first child.
- She dropped out of school, got a job, and lived with her child's father for two years before moving in with her boyfriend and giving birth to her second child.
- After her boyfriend became physically violent, Cheyenne left with her two children and spent time between friends' homes, emergency shelters, and even in her car.
- Now with stable FHP housing, she wants to work but it is difficult maintaining steady employment and consistent childcare; she is working with her case manager to qualify for Child Care Assistance Program (CCAP).
- Cheyenne is seeing both a psychiatrist and a therapist to help address her postpartum depression and her anxiety disorder. Now on an SSRI, Cheyenne reports feeling a bit better and more like her self everyday.

MARLIK, 23

- Marlik attended a local city college but was forced to drop out to support his ill mother.
- After she died, he spent a year homeless, moving between emergency shelters and the homes of friends and family.
- Despite working many jobs, Marlik cannot afford rent and struggles to find a job without credentials.
- Marlik aspires to return to school to receive an IT Security certificate, but is unable to do so due to working full-time.
- After getting housed with FHP, Marlik was able to enroll at City Colleges to complete his program and start his career.
- Since entering FHP, Marlik was able to establish care with a dentist for the first time in 10 years and take care of his infected tooth and cavities. Marlik feels relief knowing he does not have to avoid seeking care and can enjoy eating meals again.



Providing Supportive Housing to Emerging Adults

The rest of this report will focus on FHP emerging adults, those who, with time and support, may eventually achieve economic independence. These residents were navigating homelessness and housing instability during emerging adulthood and young adulthood -- periods in which people are typically establishing their careers, families, and economic independence. However, these residents typically lacked the economic and social support needed to transition directly into secure housing and self-sufficiency.

Preventing Homelessness for Young People and their Families

The supportive housing provided by FHP enabled young people and their families to exit periods of housing instability and homelessness. Nearly half (46%) of emerging adult residents qualified as Category 1 homeless prior to their enrollment in FHP, meaning they did not have a "fixed, regular or adequate nighttime residence." Indeed, in our interviews 37.8% of this group of residents reported spending time living on the street or other space not intended for habitation (e.g. a car, an abandoned building, friends' garages or enclosed porches, a 24-hour gym locker room) when they were unable to stay in a shelter in the year before they entered the program. For those with young children, this meant placing them with ex-partners, extended family members, friends and in temporary crisis nurseries. More than 40% of emerging adult residents qualified as Category 2 or Category 3 homeless prior to their enrollment in FHP. These residents were at imminent risk of homelessness or were under age 25 and unstably housed, moving from place to place without a formal lease agreement. Residents in this group described volatile living situations prior to enrolling in the FHP and many reported staying in a variety of temporary locations, including the homes of different extended family members, stranger's places, hotels, and emergency shelters.

Notably, twenty-four percent of emerging adults described leaving housing due to interpersonal conflict with the person they were relying on for housing in the year prior to entering FHP. Residents described the precarity of moving from place to place, and not knowing if a family member they were staying with may suddenly ask them to leave following a fight or disagreement. Jacqueline described "jumping from house-to-house," saying, "First, we stayed with my boyfriend's mom. We got kicked out. Then we moved with his aunt...we got kicked out from there.... Then we moved to my mom's house, but...things kind of weren't working out or whatever, so we moved back to his aunt's house." Another resident, Nora, a twenty-five-year-old mother of four young children, described how her mother would frequently kick her out of her home following arguments, saying, "it was very difficult when I didn't have my own [place]...because my mom was able to put me out anytime she wanted to...it was on and off—she let me come back, and [then] she put me out, and [then] she let me come back." She went on to describe her gratitude for FHP while reflecting on where she would be without the program, saying, "I think I will still be at my mom's house, asking her can I come back and stay with her. I don't ever want that to happen again."

An Exit from Dangerous Living Conditions

For residents who spent time living in emergency shelters or on the street prior to enrollment in the program (46.7%), the housing provided through FHP was a relief from the unpredictability and dangers of homelessness. This was the case for Dakota, a twenty-three-year-old resident who cycled in-and-out of DCFS during her childhood, eventually becoming homeless when she aged out of the system. Dakota described the precarity of going from shelter-to-shelter and not knowing if they were going to be able to accommodate her or if she might encounter interpersonal violence, saying,

"...the shelters were really deep...you had to sit there and be by people that you didn't trust, you don't want to be...by. Something physical...almost happened to me and I was like...I need to get out of this...shelter and I went to the hospital after that. They're the ones who navigated me properly [to FHP]."

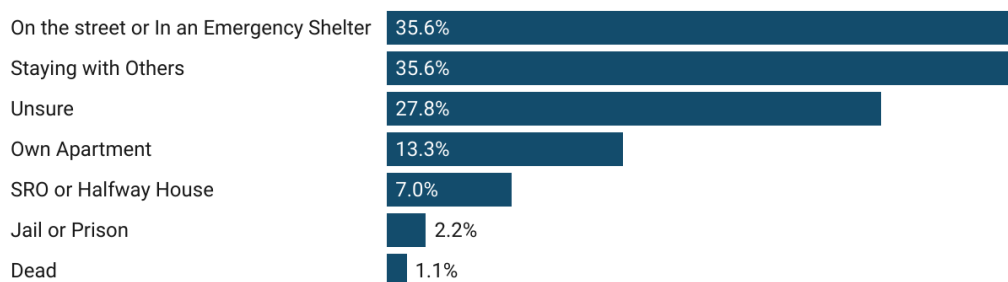
Thirteen percent of emerging adults described experiencing violence in shelters or while living on the street prior to entering FHP, including robberies, assault, and rape. Additionally, 14.6% described having experienced violence living in apartments or the homes of others prior to entering the program. For these residents, the housing provided by FHP enabled them to transition out of dangerous and unhealthy living conditions and directly into safe and stable housing. Breanna, a twenty-eight-year-old mother of two young children described bouncing from "one hostile environment to the next" prior to enrollment in FHP. Breanna spent time living in a shelter where she was robbed and assaulted and then, with her children, moved in temporarily with her sister before being "put out" for not paying rent. Breanna and her children eventually ended up spending their nights on couches in the homes of anyone who would take them in. Breanna was referred to an outreach worker for enrollment in FHP when she was admitted to the hospital after being stabbed by the father of her two children. She described the program's impact on her life saying, "I don't have to worry no more, and I'm happy. And [FHP] put me in a place where I can say that I have my own [space] and I'm comfortable in my skin."

“I don’t have to worry no more, and I’m happy. And [FHP] put me in a place where I can say that I have my own [space] and I’m comfortable in my skin.”

When describing where they might be without FHP residents offered tentative answers while expressing a high degree of uncertainty. As Kendra, a twenty-eight-year-old mother of three who was homeless with her three small children for three years, said, "oh Jesus, I don't know [where I'd live] cause I really...never had like no one to...have my back, you know, 100%."

Where would Emerging Adults be Living without Supportive Housing?

We asked participants where they would living, if they did not have supportive housing provided through FHP. Here are their answers, grouped categorically. Because some participants identified a few possible locations, the total percentages will exceed 100%.



Source: Center for Urban Research and Learning • Created with Datawrapper

When asked where they would be living if they were not enrolled in the FHP program, only 13% of residents felt they would be able to find an apartment of their own. The remainder described returning to the conditions they had been living in prior enrollment in the program, including living on the street or in shelters (36%), living in other people's homes (primarily family and/or friends, 36%), and in SROs or halfway houses (7%). Additionally, two residents noted they would likely be in jail and one resident said he'd likely be dead without the housing provided by the program.

Overcoming Housing Barriers for Emerging Adult Residents

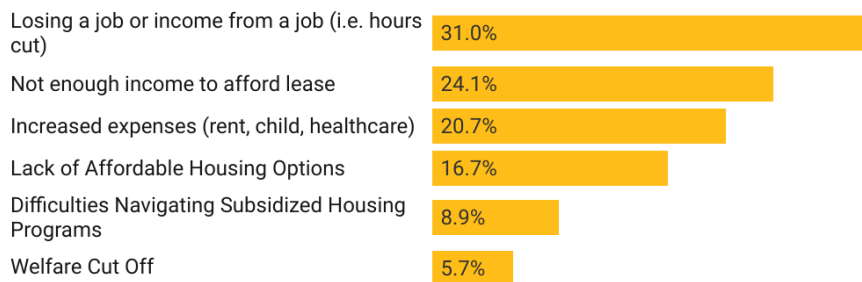
Many emerging adult residents credited the rent and utilities assistance and guidance provided by FHP with their ability to secure and maintain their current apartment. In addition to either entering the rental market for the first time or with a poor, recent rental history (e.g. evictions, judgments on their record), these emerging adults faced an unprecedentedly challenging housing market. As described earlier, renters were navigating a competitive rental market where the number of affordable apartments and available subsidized units was steadily declining. Acknowledging these rental market conditions often indirectly, emerging adult residents shared complex narratives about their living situations prior to FHP, linking their difficulties securing housing to the challenges they faced trying to become self-sufficient with limited employment opportunities and little financial or social support from their families.

Figure 2 (below) quantifies and groups these factors by barriers to affording an apartment, getting their rental applications approved, and life circumstances. The percentages below indicate how many emerging adult residents directly identified these individual factors as a barrier, not how many had personally experienced them as a barrier. It is likely, for example, that more than 15.6% of residents in this category had insufficient savings to provide the first month's rent required by many landlords. Nonetheless, this figure provides an overview of what factors emerging adult residents believed most contributed to their difficulties finding and maintaining housing.

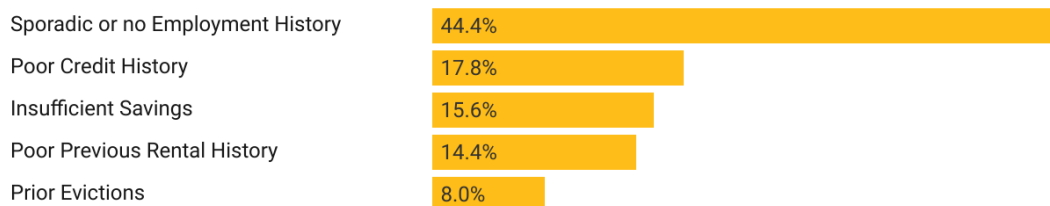
What made it difficult for Emerging Adults to find and keep housing in the year prior to enrollment in FHP?

We asked participants to describe barriers to housing prior to FHP. Here are their answers, grouped categorically. Because participants identified multiple barriers, the total percentages will exceed 100%.

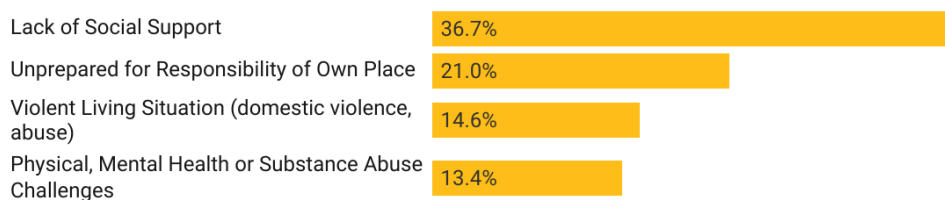
Affording the Monthly Lease Payment



Getting Rental Applications Approved



Life Circumstances



Source: Center for Urban Research and Learning • Created with Datawrapper

Residents in the emerging adult cluster were simultaneously making their first forays into the job market and the rental market prior to entering the FHP. Nearly one half of these younger residents cited sporadic or no employment history as a significant barrier to having a rental application approved. Amongst those working before entering the FHP program, their ability to demonstrate steady employment history or make monthly rental payments was undermined by job insecurity. Just under a third of residents attributed their recent housing instability to the loss of a job or having their hours cut, often due to a health or personal crisis. Samuel, a thirty-six-year-old who uses a wheelchair, described the difficulty of maintaining full-time employment while working to stabilize his insulin-dependent diabetes. He explained how his poor health made it challenging for him to have his own place to stay or hold down a job, because "the diabetes... played a part...it cost me a few ligaments [and] toes, [and] it was kind of hard to find a job with like, you know, two missing toes." Others suffering from chronic health conditions, like Clayton, a thirty-nine-year-old with epilepsy, described not being able to consistently take his prescription medicine, saying, "I... lost my job, and then I have seizures. So, me staying in my van I was like, having seizures in my van and waking up in the hospital."

In other instances, emergency restrictions during the COVID-19 pandemic led to layoffs that made it impossible for residents to maintain an existing lease. This was captured in the comments of one resident, Mikayla, a twenty-eight-year-old mother of two, who said, "you know everyone was sick, the kids was sick, I was sick, [my partner] was sick, nobody was able to work, and the job I was working at they closed down." Similarly, Anius, a twenty-five-year-old single father, blamed the pandemic for his housing and employment instability and described falling "like three [to] four months behind on rent [while] still trying to feed my son and stuff and get him daycare, pay for daycare, while I tried to find work." Often, residents noted that even when they were working, low-paying work coupled with increased expenses created conditions that made it impossible for them to find or sustain an apartment. Edgar, a twenty-eight-year-old artist, noted that he was often able to find "more work, but between bills and [art] supplies [and], to like pay for school...I had to move out [of my apartment] because they raised the rent." Indeed, 24% of residents in the emerging adult cluster attributed their housing instability to low-paying jobs and 21% noted that increased expenses played a role.

Like many emerging adults, these residents were navigating the rental market without sufficient savings and credit history to rent an apartment without a co-signer. Just over 15% of residents directly identified insufficient savings and 18% of residents identified poor credit history as a barrier to getting their apartment applications approved. Emerging adults described growing up in low-income households with parents and/or guardians who did not have enough disposable income to assist them financially as they transitioned to young adulthood. This was captured in the reflections of one resident, Destiny, a twenty-two-year-old mother of two, who described not having the necessary "credentials" to get an apartment, saying, "A lot of times it's because I didn't really have credentials to show that I make enough money. Same thing with my mom and dad and things...my family they didn't really meet the criteria for me to even have like a co-signer."

In other instances, residents described needing more social support and guidance on how to manage their personal finances, navigate the rental market and/or subsidy programs as they transitioned into their own place. At 26 years old, Thomas described his own young adulthood as "just [being] thrown out to the wolves really." He explained how the "older generation," including his parents, "didn't really teach us as many things as they should have. So, learning how to get a place on your own or like doing taxes or things of that nature...so you got to really build yourself up and learn most stuff by yourself." Another resident, Jocelyn, a twenty-two-year-old who had stayed in an abandoned Chicago Housing Authority (CHA) property while pregnant before entering FHP, suggested that property management companies "don't make it easy" for prospective residents who neither possess the requisite financial knowledge nor have any familial support. She elaborated further on her answer, saying, "I just got out of high school, and I was barely—I don't know, it was horrible. I'm new to all of this, like you know, nobody taught that you have to have credit established to get anything, or that you have to put up money [while you are] making a minimum wage..."

Some emerging adults (21%) described themselves as simply overwhelmed and unprepared to take on the responsibility of having their own place, in part because they were taking on multiple, demanding adult responsibilities at an age in which many emerging adults are often still reliant on family for housing and financial support. This was the case for Jacqueline, a nineteen-year-old mother of one, who described the difficulty of finding housing while also trying to manage

her personal finances, manage a pregnancy and finish school, saying, "I wasn't really working. I was still trying to finish [high] school, but I wasn't able to do that. So, then I was working...It was like my first job ever, so it was kind of difficult to manage my money." Similarly, Layla, a twenty-three-year-old mother, described dropping out of college and struggling to manage

her personal finances to sustain her own housing, saying, "I was working...but it wasn't keeping me off the streets...I was working probably 40 hours a week but majority of the time, I'm still in my car." Layla went on to sum up the challenges of her early adulthood as "...moving too quick, think[ing] you're grown when you're not grown. You don't know what life has, you know?"

Supporting Emerging Adult Residents as they Transition to Self-Sufficiency and Adulthood

FHP is a unique opportunity to support vulnerable emerging adults as they transition into self-sufficiency and independent living. Many of the factors these residents cited as being barriers to finding housing, such as sporadic or nonexistent work histories (44.4%), poor credit history (17.8%), and insufficient savings (15.6%) can be linked to their relative youth and can be improved with time, guidance, and support. Indeed, emerging adults often credit the program with giving them the time and support needed to take steps towards improving their economic situation and working toward self-sufficiency.

Nearly half of emerging adults were leveraging the resources and support provided through FHP to become more self-sufficient

Many (43.5%) emerging adults we interviewed were taking steps towards becoming economically independent at the time of their interview. These residents had clearly articulated, realizable, and specific goals for their education and careers (e.g. obtaining their GED, completing CDL training, pursuing an associate's degree in nursing) and were proactively leveraging the resources and support provided through FHP to take steps towards achieving those goals. The larger proportion of younger residents (56.5%) we interviewed also had the capacity for transitioning into greater independence but needed some additional guidance and support making this transition. These residents also had goals for becoming more economically self-sufficient, however their plans for the future were typically more nebulous (e.g. "find a good job once my kids are in school" or "going back to school at some point when I'm feeling better") or had career plans that were unlikely to support themselves and their family (e.g. start a clothing brand, become an influencer, live off of their music). Whether an emerging adult resident was actively working towards clear and realizable goals for becoming self-sufficient or needed some additional support taking those steps was not directly tied to their length of time in the program.²⁵



It is unsurprising that just over half of the emerging adults we interviewed were still developing their goals and/or their next steps towards greater self-sufficiency. Emerging adulthood is characterized by identity exploration and trying out various pathways to economic independence²⁶ Further, many residents who were not yet taking active steps towards establishing a pathway towards economic independence were navigating chronic health conditions, raising small children, reentering communities following incarceration, and simply needed more time to figure out their next steps.

Emerging Adults Residents Working towards Economic Independence

Over 40% of emerging adults were making strides towards self-sufficiency at the time of our interviews, as evidenced by enrollment in post-secondary education programs, plans for pursuing careers that could support themselves and their families, and/or concrete and realizable plans for exiting supportive housing by building their savings or raising their credit score. These residents credited the housing stability and supportive services provided through FHP as enabling them to put aside the near constant concern of where they would next be living, freeing them to make strides towards improving their professional and family lives.

These residents often contrasted their current ability to work towards economic stability with their pre-FHP living conditions. Angel, a twenty-two-year-old, who gave birth to her first child at nineteen, described how the support provided through FHP helped her feel able to pursue work and educational-related goals that had previously seemed inaccessible. Following the birth of her first child, Angel lost her job and was unable to maintain her apartment or "get back on track" on her own. Without family support, Angel found it nearly impossible to find work or resources that could enable her to support herself and her young daughter, "It was really hard to move around because I didn't have like the help to take me places or take me here and take me there." Angel credited FHP and the transportation funds provided through her case manager with enabling her to pursue both employment and education, saying, "[since entering the program] I started looking for work and going to school with the bus cards."

Many residents were resuming pathways to self-sufficiency that were interrupted by personal crises that led to their housing security. Hazel, a twenty-seven-year-old mother of three, described how the FHP had ended a period of homelessness and housing insecurity she and her children experienced when they left their previous living situation due to domestic violence. Eight

months into the program and in a stable living situation, Hazel had returned to working full-time as a home healthcare aide, and was also actively working towards a better career that will allow her to provide stronger financial support her family. Hazel was taking steps towards enrolling in a bachelor's degree program with the goal of eventually establishing self-sufficiency, "I just want to be better [and] become less dependent on the program...I want to get back to school so I can start focusing on a career...I just need my kids to see me doing something. Not just...depending on this and that."

Similarly, Courtney, a twenty-eight-year-old transgender woman described how the FHP had helped her stabilize her personal finances while enabling her to pursue a certification program to access better employment opportunities. Though she consistently worked throughout her early twenties, Courtney described how the jobs she held in the service industry did not provide a sufficient income to "to afford paying market rent." Struggling to pay her rent and other bills, Courtney was eventually evicted from her first apartment and moved into her grandmother's home. After her grandmother suddenly passed away, Courtney was unable to stay in her home and "...had nowhere to go." While moving from place-to-place, including staying briefly on her father's couch and at other friends' homes, Courtney was assaulted and stabbed. After being admitted to Cook County Hospital, Courtney was referred to FHP and has lived in the program for just over two years. Courtney credits the program with stabilizing her life by giving her access to mental health treatment and services while enabling her to actively work towards improving her credit, finding full-time work, and earning her certification as a dialysis technician.

Supportive housing also provided some emerging adult residents with an opportunity to resume or reengage with post-secondary education. Damian, a married father of two, described how his housing insecurity interrupted his goal of pursuing a four-year university degree. Damian's experiences with housing insecurity began shortly after completing a residential summer program at a local university for Black high school

students interested in pursuing university education. After finishing the summer program, Damian and his brother were kicked out of their mother's home. For almost three years, Damian moved between friends' houses and "the street" before finally settling for almost two years at his girlfriend's mother's home. After learning about the FHP from a friend, Damian was referred to the FHP through the coordinated entry system. Now housed in his FHP apartment for almost two years, Damian and his family are thriving. Damian is married and enrolled at the same local college where he participated in the high school summer program, and his wife is enrolled in a cosmetology program with plans to become a hair stylist and esthetician. Damian credits the FHP with his family's success, saying, "it's been making my life easier just as far as financial wise...I enrolled back in school and [am] trying to find a job. Once I get on my feet, I won't have to fall back...[or] rely on the program. You know I'll take the initiative to, you know, make my own stuff."

Like Damian, several interviewed residents delayed pursuing educational or vocational programs prior to enrolling in the FHP either because of personal or health crises. Marcus, a twenty-four-year-old who was in physical therapy to regain mobility in his right arm after

getting shot, described the program's immeasurable impact on his life and career. At the time of his interview, Marcus had been in FHP housing for slightly over a year, and he credited both FHP and the services provided through his SCaN mentor with helping him enroll in a vocational program to earn his Certified Driving License (CDL) to become a truck driver. He went on to describe the program's impact on his life, saying

...My life about to go right now... Like I'll commend [FHP] a lot... because they probably made me. Like the past two three years have...been a rough ride, I ended up getting shot, had to go through multiple surgeries, so they made me be more stable. **Be in a place where it's like, this ain't the end, it's the light at the tunnel you know, like this program like being in this right now. This will make a person feel like man, anything is possible.** Doing something, getting something like this will make them do stuff they probably never thought of doing. Getting a job, going out and seeking for help, you know? Because they know there's people out there trying to help them...

Residents who need Additional Time, Support and Guidance to Launch

Just over half (56%) of emerging adults interviewed expressed optimism for eventual self-sufficiency but needed some additional time, support and guidance before making strides towards greater independence. Like other emerging adult residents actively working towards self-sufficiency, these residents shared goals of becoming more economically independent, going to school, finding well-paying, meaningful work, and ultimately exiting supportive housing. In some instances, residents were (by their own description) ready to start working towards educational and career goals, but needed some additional time, guidance, and support as they figured out how to turn their dreams into actionable plans. Others were putting their next steps on hold as they focused on adjusting to and managing chronic health conditions, raising young children on their own, re-establishing their lives following incarceration, and/or figuring out what their next steps might be. For these residents, the housing and supportive services provided through FHP helped to acclimate and stabilize their lives and health while they begin to look ahead to the next steps of becoming more independent and transitioning out of supportive housing.

Just over half of emerging adults were optimistic about becoming more self-sufficient, but needed some additional time, guidance and support

Residents Who are Still Figuring Things Out

Some emerging adults needed a stable and secure place to live while they figured out actionable and concrete pathways to self-sufficient adulthood. These residents described the housing provided by FHP as the first time they'd been able to put down the mental load of navigating housing instability and begin to think seriously about what they might want to do with their lives. Unlike some of their more self-directed peers in FHP, yet typical of those in early adulthood, these residents outlined vague or inchoate goals that did not necessarily lead directly to pathways to self-sufficiency. This was the case for Ashanna, a twenty-five-year-old single mother, who experienced housing insecurity for several years before enrolling in the FHP. When asked what her hopes and were for the next year or two, Ashanna said "I just want to be stable." She went on to outline several general goals, including "starting my YouTube channel...living comfortable, have a car, job, and nice apartment, and my child in school where children are supposed to be learning and growing." Similarly, Noah, a twenty-one-year-old who spent most of his time making his own music videos, described wanting to get his clothing brand off the ground saying he wanted to "get my name on an LLC...get my clothing line started. I got multiple ideas."

Others within this segment described specific aspirations to become recording artists, hair salons owners, aestheticians, IT workers, software engineers, and counselors. In each case, these goals were nascent, and residents had not yet begun to take active steps towards attaining them. Many residents within this group expressed a desire to learn more about how they could reach their goals during their interviews. One resident, Todd, a twenty-five-year-old Uber driver, who expressed goals to become a software engineer, get better friends, and fix his car, even asked the interviewers about Loyola's computer science program, saying "how do you get enrolled at Loyola?" and "is there enough resources [at Loyola] to like help pay for it?" Others, like Cenaya, a twenty-two-year-old single woman, were still uncertain about what pathway to pursue and characterized their situation, saying, "basically I want to figure out what I want to do...if I want to go back to school or if I want to try to get licenses at different places, because school just take a lot of money." Cenaya concluded her discussion of her goals and dreams suggesting that the "next five years is gonna be me figuring things out." In all cases, residents needed more direct support or guidance to figure out and chart actionable steps to reach their professional and personal goals.

Residents Managing Disabling Chronic Health Conditions

Seven residents (8%) we interviewed reported disabling chronic health conditions, including organ failure, severe mental health diagnoses, and neurological diseases that were currently preventing them from making strides towards their education and work goals. Some residents with these chronic health conditions had undergone major medical procedures (e.g. organ transplants, dialysis, etc.) and stable housing allowed them to recover. Claudia, a twenty-five-year-old, was referred to FHP from the hospital when it became clear that she should not return to her mother's home, a "mentally unstable environment" following her kidney transplant. FHP housed her in a place near her doctors' offices that enabled her to receive medical care while living in a stable and safe environment. During the interview, Claudia described the program's impact on her life, saying, "I had no family around or anywhere to go really, and due to my medical issues, I needed to stay near the current location I'm staying. So, that impacted a big part of my life, because I had nowhere to go." Though Claudia's immediate goals were to heal from her surgery and regain health following several years of kidney failure, she is likely to reclaim an active life with much fewer health and financial barriers to flourishing. Indeed, Claudia's goals were simply to get her mental and physical health stable, so she could "...be able to feel motivated [to do] anything else."

Others were still stabilizing their chronic health conditions exacerbated by housing instability and homelessness. Clayton, a thirty-nine-year-old man with epilepsy struggled to manage his condition and maintain steady employment while homeless in the year prior to enrolling in FHP. Living primarily in his truck, he found it difficult to regularly take his medication, resulting in seizures that made it difficult for him to work. At the time of the interview, Clayton indicated he was keeping up with his medicine and was physically well enough to work a full-time job in construction. Clayton described how his case manager called him almost daily to remind him to take his medication. He ended the interview discussing his aspirations to get a union job, saying, "I'm in a construction program with my job, and doing a lot of hands-on training...Hopefully I can become a certified construction worker or a union worker, once I get done."

Emerging Adult Residents who are Mothers of Young Children

Mothers with dependent children relied on FHP housing while they stabilized their family lives and cared for young, non-school-aged children. Amongst the emerging adult residents we interviewed, 39% (35 women) were either pregnant or mothering at least one child under six while enrolled in the program. An additional five women (6% of emerging adults) had a child over six but under 18. Just under half (16) of these mothers were taking steps towards self-sufficiency and were either enrolled or working towards enrollment in post-secondary education programs, vocational programs, or working full time. The remaining mothers noted that they needed some additional time and support as they settled into stability and cared for their young children.

Prior to enrolling in FHP, these mothers had been navigating homelessness and housing insecurity while pregnant and/or with young children. These mothers credited the program with providing them a stable environment to focus on caring for their children while they themselves recovered from stressful or traumatic experiences, including estrangement from family members, being victims of crimes and/or domestic violence, and sleeping for long durations in their car and/or outdoor spaces. For instance, Kendall, a twenty-eight-year-old single mother of two young children, described being in "survival" mode prior to entering the FHP, and explained how her mother suddenly moved away leaving her and her small children with no place to stay. She estimated that they moved around between four or five different family shelters before finding out about and enrolling in FHP. After being housed for almost two years, Kendall had just started taking GED courses, but beyond finishing her program, she only expressed a desire to "keep being there for my children."

Similarly, Cassandra, a twenty-six-year-old mother of four children all under eight, found the FHP program after her and her partner's first apartment was broken into, and they lost all their possessions. At the time of her interview, Cassandra stated that her hopes and dreams were "to be moved somewhere safe and comfortable [within FHP]." In other cases, residents caring for young children were just beginning to formulate concrete goals to work towards. Tiffany, a thirty-nine-year-old mother of two children, described finally being able to "breathe" after entering FHP program. When Tiffany enrolled in FHP program, she

was battling post-partum depression while moving back and forth between living with her abusive (now ex) boyfriend and in her car while her children lived in a crisis nursery. Stating her own hopes and dreams for the next year or two, Tiffany said, "I would really like to start working...I'm currently on public assistance, which is \$432 a month.... I don't know how the hell I've been surviving."

Like Tiffany, many mothers described themselves as wanting to engage (or in some instances re-engage) in school and work but were still reeling from the mental strains of navigating housing instability with young children. Notably, 65% of the mothers we interviewed described a diagnosed mental health concern, including post-partum depression (8), and mental health conditions that they associated with their previous housing insecurity, such as depression, anxiety and PTSD. For these mothers, the housing and services provided through FHP allowed them to engage or re-engage with treatment for their mental health conditions. Further, they noted their FHP apartment enabled them to better manage their mental health conditions because they were able to create a calm and stable environment for themselves and their children. For some women, maintaining stability and managing their mental health was still a work in progress. Tiffany, for example, noted that her primary concern was caring for her children while managing her depression.

..I'm beyond exhausted, sleep deprived. So, a lot of my health problems and mental problems were coming from lack of sleep. I'm working on that. It is going, but nowhere where it needs to be...Self-care, Medicine to stay mentally, somewhat okay. Sleep is still a work in progress.

Young mothers often described deferring or putting off professional or educational goals until their young children were enrolled full-time in school. Mothers of young children were particularly grateful for FHP's commitment to providing housing without strict time limitations, and many of them described how having secure, long-term housing enabled them to prioritize caring for and stabilizing their children while planning to pursue professional and educational goals. This was the scenario for one twenty-eight-year-old resident, Kendra, a mother of three young children, who described her plans once her kids enrolled in full-day school, "so first, I'm going to when my kids, my kids get out of school, this next year, I was wanting to try and to go get my GED, because I didn't graduate high school I was on the streets." Similarly, another resident, Brandy, mentioned

holding off pursuing higher education while she cared for two of her three young children who were ill with sickle cell anemia, saying, "[in the] next year or two, we'll be

starting school. I want to go back to nursing or something. I've been trying to do [it] since my kids were younger...I kind of pushed school off and took care of [my kids]."

Launching Residents Involved in the Criminal Justice System

Sixteen of the emerging adults we interviewed (18% of emerging adults), were justice-involved, sharing previous experiences of incarceration in jail or prison. Justice-involved emerging adult residents were particularly motivated to make strides into self-sufficiency, noting that "staying busy" and bettering their lives through employment, school, and other above-board money-making endeavors (e.g. establishing a music career) would help them stay out of trouble. Of these 16, just over half (9) were actively working towards educational and work goals and credited the program with providing them with the housing stability and ongoing social support needed to navigate the conditions of their supervision and the lengthy process of finding accessible education and employment opportunities with felonies on their record. The remainder needed some additional time and support making strides towards self-sufficiency as they dealt with unresolved criminal charges, navigated jail or prison reentry, and/or sought out employment opportunities with a criminal record.

Two residents were still figuring out their next steps because they were facing unresolved criminal charges. For these residents, the housing provided through the FHP enabled them to avoid detention in jail while they were awaiting sentence. In Illinois, judges have the discretion to jail pretrial defendants awaiting sentencing if they have been charged with a detainable offense (e.g. a serious felony) and if the court determines they are a risk to public safety and there is no viable way to ensure public safety if they are released to the community. In Cook County, judges can place individuals on electronic monitoring as a viable alternative to pretrial detention, but only if the defendant is living in a private residence. These were the circumstances for Tony, a twenty-six-year-old, who described how FHP enabled him to remain in stable housing and avoid incarceration while finishing his term of electronic monitoring, saying, "...I was still on house arrest, and the place that I was housing at, they needed me to move out because they were going to move out as well, and I didn't have nowhere to go. And that's when the program let me know they would be able to give me a unit." Similarly, another resident, Isaac, a twenty-year-old man who was currently "fighting two drug cases" described how fortunate he was to find out about FHP, and he credited his case manager with helping "get my lease, so I could get house arrest. I needed [the] lease to get out jail."

An additional four residents we interviewed had recently been released from prison or jail and were under supervision, either Mandatory Supervised Release (MSR or "parole") or Probation. The housing and case management provided through FHP was crucial in helping these residents meet the requirements of supervision, which includes having a stable residence and securing employment. Residents we interviewed on supervision following reentry from prison or jail noted that the support was foundational as they rebuilt their lives post-release. This was the case for one twenty-six-year-old man who had recently been incarcerated, Randy, who described FHP as "a big help," and noted the ways the program was assisting him in reentering life post-incarceration, saying, "[FHP] helped me find a job...and is helping me like set up goals and everything." When reflecting on the programs impact on his life more broadly, Randy said, "you know, [FHP] showed me how [to be] more responsible...it just shows me to value things and take care of things precious, cause I know God could give it to you one day, and it could be gone the next."

Like Randy, justice involved residents described the housing and services they received through FHP as providing a sense of support that enabled them to experiment with and work towards a better future for themselves and their children. Dominique, a thirty-five-year-old woman who had just been released after serving a five-year prison sentence described FHP's impact on her life, saying, "you know, so it's just like me waking up every single day knowing like these people helping me...I'm very thankful for that. Very, very." Dominique described how she was able to get a job prior to giving birth to her newborn daughter, and at thirty-five-years-old, it was her first job, because she "always hustled" prior to her incarceration. In describing her hopes and dreams for the next year or two, the resident said she was "trying to move up another level." She planned to get off probation, get a job, and "basically [try] to keep everything going and start new things."

Further Discussion of Policy Recommendations

Continued Funding for Supportive Housing for Youth Populations in the City of Chicago and Cook County

Continuous, stable funding for supportive housing programs such as the Flexible Housing Pool is effective as a means of alleviating individuals from unstable housing situations and creating accessible conditions for secure housing, healthcare, employment, and overall wellbeing. Programs like FHP are a direct response to unstable housing markets. Within the City of Chicago and Cook County specifically, the populations of very low-income individuals (paying more than 50% of their income towards rent) are increasing while availability and construction of affordable low-income housing declines.²⁷ With little affordable options available to Chicago and Cook County residents, many are left homeless and in search of housing programs to alleviate barriers to housing, healthcare, employment, and basic needs. Interviewed FHP residents navigated complex challenges prior to securing housing through FHP and credit the program with enabling them to begin working towards self-sufficiency. Supportive housing programs such as FHP are effective for securing residents immediately with housing to then address more chronic barriers to their overall wellbeing such as chronic health conditions, unemployment, substance use, etc. Supportive assistance in these housing programs effectively utilize case management, harm reduction approaches to mental health needs, coordinated healthcare, access to economic benefits, and alternative pathways out of the criminal-legal system.²⁸

Both the older adults and emerging adults benefited from the services provided by FHP; however, the following recommendations will focus particularly on how to further support emerging adults due their vulnerabilities to health risks and long-term consequences of homelessness that may persist through adulthood. People experiencing homelessness are at a heightened risk of experiencing violent victimization, mental illness, and illicit drug use disorders.²⁹ They are also disproportionately likely to have pre-existing health conditions such as diabetes and hypertension that are exacerbated by the living conditions of homelessness.³⁰ Unhoused individuals are overexposed to pollution and toxins, have limited access to clean water, and endure extreme weather, all of which increase risks for cancers, respiratory illnesses, dehydration, and long-term organ damage.³¹

FHP's supportive services for youth and emerging adults address a critical service gap. Research studies have identified that emerging adults benefit from skill-building and opportunities for autonomous choice as well as housing programs structured with interdisciplinary case management and partnerships with various support services and agencies.³² Yet, some research suggests that only 10% of youth experiencing homelessness are accessing services meant for them.³³ And unfortunately, youth often face safety concerns, transportation barriers, lack of insurance, lack of knowledge to access available services, stigma, and fear of return to foster care or home settings that further hinder their access to necessary services.³⁴ Ten percent of emerging adults interviewed for this study noted that they were unable to find housing prior to FHP, in part, because they faced difficulties navigating housing programs, citing both a lack of knowledge about alternative housing programs (outside of section 8) as well as challenges understanding enrollment processes. Programs like FHP increase youth and emerging adults' access to necessary services while also reducing the overall lifetime service costs because they receive the necessary interventions that can protect them from homelessness in adulthood³⁵

While FHP has a specific youth program that can assist in the transition to adulthood and ease their access to services, the following recommendations will consider ways to improve services and overall outcomes for emerging adults.

Advocate to extend stable housing supports for emerging adults to 36 Months

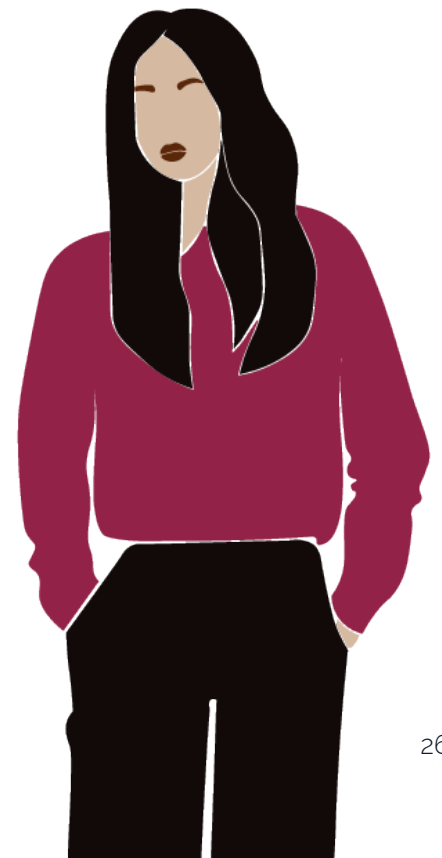
We recommend the FHP program provide housing services for emerging adult residents for up to 36 months. This length of time is longer than other common housing models that target the emerging adult populations. Common time-limited housing models to help emerging adults exit homelessness include emergency or short-term shelter programs, transitional living programs (TLPs), and rapid re-housing programs.³⁶ Emergency and short-term shelter stays are typically limited to 60 days, and both TLPs and rapid re-housing programs provide support for up to 24 months. Prior research finds that while TLPs and rapid re-housing programs are helpful for some, models that expect young people to become financially and emotionally independent within 24 months are setting an unachievable deadline for those facing poverty, trauma, and chronic health conditions.³⁷

As the results of our study indicate, emerging adults in FHP are managing complex and overlapping barriers to achieve their educational and economic goals, many of which indicate needing more than 24 months to address. Emerging adults in the FHP needed more than 24 months to complete certification programs, gain steady employment, or take time to heal or manage chronic health conditions that would likely surpass 24 months in FHP housing to reach stability. For example, one resident had worked with his case manager to enroll in CDL courses, however he was recovering from a gunshot wound that would take him several months to heal before he could begin his training. Another resident had been able to leave her abusive mother's home because of the support of FHP and was working with her case manager to enroll in GED programs but just needed a little extra time to adjust.

Developmentally, emerging adults develop self-sufficiency when they are able to explore education, career, and lifestyle options from a base of security.³⁸ For system-involved emerging adults, this period of time is instead a time filled with survival-based decision-making and full of responsibilities that don't afford them the time for their developmental trajectories to evolve.³⁹ As our results indicated, emerging adults in FHP are systems-involved and navigating chronic health conditions, parenting dependent children, adjusting to reentry from the criminal justice system, working to complete certificate and credential programs all while working towards self-sufficiency. In contrast to shorter time-limited models, the FHP program affords residents time to explore options and achieve goals from a basis of security which is supporting their overall development of economic self-sufficiency.⁴⁰

Structural Recommendations to Improve Provision of Support Services

The FHP model is uniquely structured to consider each resident's needs beyond housing, including healthcare, employment, family and child services, etc. While the model is holistic overall, the following recommendations will consider ways to structurally improve the existing FHP model, primarily focusing on the additional support services offered to residents. As noted on the FHP website, residents are offered supportive services that include: "care coordination, workforce development and employment services, behavioral health services and supports, family and child support services, and peer support and tenant workshops."⁴¹ During our interviews with residents, many recalled receiving support from their case managers that included access to material aid, transportation, employment, housing, social support, etc. While some case managers could offer these supportive services, this assistance was not consistently provided across agencies and there are areas for structural improvements that can expand beyond case management. The following recommendations will suggest additional roles/positions and opportunities for partnerships for more effective and thorough service provision to residents.



Invest in education and employment services to support residents' financial stability.

We suggest that FHP further invest in education and employment services and/or partnerships with organizations that can support the academic and professional goals of emerging adults with the aim of gaining financial stability as they transition into adulthood. As noted in our findings, many of the emerging adults were employed to some extent, searching for employment, or working towards completing their GED, bachelor's degree, or other post-secondary education or certification with the goal of obtaining long-term employment and financial stability. However, many also noted needing additional support to manage their finances and reach their education and employment goals. Case managers were able to assist some residents with employment (34.4%) or applying/acceptance into education programs (8.9%); however, our discussions with emerging adults suggest that more assistance could be provided to them.

For many of these emerging adults, this may be their first time entering the labor force or applying to additional education programs beyond secondary schooling. However, we must recognize that this time of emerging adulthood can be overwhelming as they transition between various social, institutional, and developmental stages.⁴² And it is especially challenging for marginalized emerging adults to explore their education, employment, and financial options when they are still trying to reach a stable foundation.⁴³ While FHP and other supportive housing programs are effective for their use of wraparound services, gaps remain in the extent of support services that programs and case managers can connect residents with.

We recommend FHP to create an additional role or partnering with an organization that specifically focuses on connecting emerging adults with education and employment opportunities that consider long term career and financial goals. The goal would be to have an individual available to residents specifically to assist them with exploring education and certification options, applying to educational programs, considering short-term employment and long-term career goals, and applying to employment opportunities. This role would also have access to partnerships with local vocational training programs that can offer alternative options for emerging adults that want to enter the labor force and gain hard skills that can prepare them for the workforce.

An FHP role dedicated to connecting residents with education and employment opportunities would provide residents with clear and realistic pathways towards self-sufficiency and financial stability.

Provide trauma-informed, culturally relevant mentorship

Our study found that while some emerging adults in the FHP program were already making strides towards greater economic independence (43.5%), a larger proportion (56.5%) needed additional help and guidance "figuring things out" as they were navigating chronic health conditions, raising small children, reentering communities following incarceration, and/or simply were unsure of their next steps. Recent research characterizes some emerging adults in housing programs as either "strivers," those making strategic choices to achieve educational and professional goals, or as "dreamers," those possessing faint ideas or goals about their future, but not knowing how to strategically pursue or achieve them.⁴⁴ Many of the "strivers" in our study were referred from SCaN, a program aimed at stabilizing youth as they transition into adulthood, and provides these residents with mentorship that includes internships, educational programs, counseling, employment services, etc.⁴⁵ These individuals received both SCaN mentorship and FHP case management and indicated working towards education and employment goals more so than the "dreamers." Additional coordinated care plays a significant role in overall outcomes for emerging adults and their confidence in taking steps towards their goals.

To support the emerging adults in FHP, our recommendation is to integrate mentorship for emerging adults as a service delivery component in the FHP program. We suggest that the mentorship services be trauma and violence-informed, attuned to cultural differences,⁴⁶ and to incorporate intentional peer support.⁴⁷ Mentorship and social-emotional care are associated with increases in emerging adults utilizing services and reductions in risky behaviors critical for moving them into economic independence and out of homelessness.⁴⁸ Emerging adults benefit from a wider network of support as they transition into adulthood by increasing residents' network of peer and professional support and foster social-emotional mentorship, develop a sense of belonging, trauma-informed guidance, and assist in the provision of social services.⁴⁹

Mentorship can be especially beneficial for marginalized emerging adults as they often lose mentors and key relationships with parents, teachers, social service providers/child welfare staff while navigating multiple social systems with limited economic resources.⁵⁰ The fragmentation of support through the loss of these relationships exacerbates existing vulnerabilities that severely impact their developmental transition into adulthood.⁵¹ Centering mentorship can equip emerging adult FHP residents with tangible resources, information and advice, emotional support and validation, and skills to rebuild their peer, community, and professional networks.⁵² The transition into adulthood for emerging adults can take a heavy toll on their mental health and wellbeing especially when disrupted by the traumas endured while experiencing homelessness, further disrupting their abilities to imagine and work towards their education, employment, and lifestyle needs. We suggest that the mentorship integrate trauma and violence-informed care to ensure that each mentor has the awareness and skills to navigate the emotional, social, and systemic barriers that may impact each resident.⁵³ The majority of emerging adults (75.6%) in our study experienced some form of mental health concerns that were specifically connected to their housing instability and compounded life crises that they have experienced before and during their time with FHP. Some of the emerging adults (21%) shared that they were overwhelmed and unprepared to take care of a household while also engaging in adult responsibilities with little guidance.

As emerging adult residents navigate their new housing and transition into adulthood, we recommend FHP develop a trauma-informed mentorship role that can help guide residents materially and emotionally through their financial, educational, employment, and social responsibilities during their transition. The role of a trauma-informed mentor would be to a) provide guidance as residents consider educational, employment, and financial options, b) connect residents with peer mentors and develop a community of peer, c) help residents build and establish enduring personal and professional networks, d) offer basic financial advising (i.e. budgeting, taxes, financial management) and access to financial literacy options, and e) provide trauma and violence-informed care that emotionally supports residents as they navigate these transitions.

Legal Services to Reduce Barriers to Renting and Employment

Emerging adult residents in FHP face complex and interlocking challenges to renting, including poor or no credit history and recent evictions and/or rental judgements. To further support emerging adults as they transition to self-sufficiency, we suggest that FHP explore opportunities to partner with legal aid organizations that can help individuals with no or bad credit address discrepancies in their credit history, resolve lawsuits with creditors and clear their credit history.

The FHP is a meaningful intervention in the lives of young people engaged in the criminal justice system. Securing housing is crucial for people with criminal records. Justice-involved populations, including people on probation, people on parole, and people on pretrial supervision who secure stable housing are more likely to experience positive outcomes such as finding employment, maintaining or establishing positive social networks and successfully completing the requirements of their supervision.⁵⁴ They are also less likely to experience rearrest and reincarceration.⁵⁵ Yet, justice-involved people face additional barriers to accessing housing and finding work in Cook County relative to other low- and no-income residents due to their criminal records⁵⁶. To further support justice-involved residents in their transition to self-sufficiency, we suggest that FHP explore opportunities to partner with local legal aid organizations to aid justice-involved residents with the process of sealing their criminal records. Most misdemeanor and felony convictions are eligible for sealing three years after the end of the sentence. Those who can demonstrate progress towards educational goals (obtaining a GED, bachelor's degree or vocational certification) are eligible to bypass the waiting period. This can provide a powerful incentive and motivation for justice-involved emerging adults to take steps towards pursuing a secondary degree while removing criminal history as a barrier to employment and obtaining a lease on their own.

Conclusion

The Flexible Housing Pool is an opportunity to reduce homelessness and housing instability by investing in supporting at risk youth as they transition into adulthood and greater economic independence. The Launching cluster struggled to secure housing as they transitioned into adulthood, a time when many young people were establishing their careers and building families. Many of the challenges they faced can be linked to the difficulty of navigating early adulthood with low income, few prospects for improving their economic situation and little social or financial support. By providing young people with housing and services as they transition into adulthood, the FHP can help set them for a successful transition to greater self-sufficiency.



Appendix:

Methodology

The data for this report relies primarily on semi-structured interviews that CURL researchers conducted with 143 people who were housed and receiving services through FHP. Interviews were conducted over a six-month period, starting in June 2023 and ending in November 2023. The recruitment pool included all FHP residents housed in FHP in May of 2023, 579 individuals. Case managers provided residents on their caseloads with a flyer describing the study and contact information of the research team. Just under half (n=70) of people interviewed were residents in FHP's Youth Program and the remainder (n=73) were residents in FHP's Adult program. On average, residents had been housed and receiving services for 18 months at the time of the interview. Most (82.5%) interviews took place in-person and more than 2/3 of the interviewees (63%) were interviewed in their homes. Reflecting the population of individuals within FHP that were eligible for an interview, the individuals interviewed were predominantly Black (79.7%), evenly split between men (50.0%) and women (47.6%) with the remainder were either transgender (2.1%) or preferred not to identify (0.7%). On average, residents were 36 years old. Just under half (49%) of people who participated in the survey were receiving housing and service through the youth program and 51% were receiving housing and service through the adult program. HUD Housing Categories were assessed by reviewing residents' descriptions of their living conditions prior to joining the Flexible Housing Pool.⁵⁷ Prior to receiving housing through FHP, the largest category of residents (62.2%) qualified as Category 1 homeless according to HUD housing categories, followed by Category 3 (26.6%), Category 4 (3.5%) and Category 2 (1.4%). A significant portion of people interviewed (37.8%) were living with their dependent children at the time of the interview. Thirty percent of interview participants were mothers caring for minor children and 7.7% were fathers caring for minor children (see Table 1).

Continue to pg. 30 for Table 1.

Table 1. Demographic Information for Interviewed FHP Residents Compared to the Recruitment Sample of FHP Residents

	FHP Residents Interviewed (143)		FHP Recruitment Sample (579)	
Program Type	<i>Youth Program</i>	49.0%	<i>Youth Program</i>	56.5%
	<i>Adult Program</i>	51.0%	<i>Adult Program</i>	43.5%
Age	<i>Mean Age</i>	35.9	<i>Mean Age</i>	39.4
	<i>18-24</i>	21.7%	<i>18-24</i>	29.7%
	<i>25-30</i>	35.7%	<i>25-30</i>	32.1%
	<i>31-50</i>	18.1%	<i>31-50</i>	16.6%
	<i>51-61</i>	16.1%	<i>51-61</i>	14.7%
	<i>62+</i>	8.4%	<i>62+</i>	6.9%
Gender	<i>Woman</i>	47.6%	<i>Woman</i>	50.1%
	<i>Man</i>	49.7%	<i>Man</i>	45.3%
	<i>Transgender</i>	2.1%	<i>Transgender</i>	1.9%
	<i>Prefer not to respond</i>	0.7%	<i>Prefer not to respond</i>	2.8%
Race/Ethnicity	<i>Black, African American, African</i>	79.7%	<i>Black, African American, African</i>	80.3%
	<i>Hispanic/Latino/a/x</i>	11.9%	<i>Hispanic/Latino/a/x</i>	10.0%
	<i>White</i>	4.2%	<i>White</i>	4.5%
	<i>Multi-Racial</i>	1.4%	<i>Multi-Racial</i>	2.6%
	<i>Other</i>	2.8%	<i>Other</i>	2.6%
HUD Disabling Conditions	<i>Disabling condition</i>	45.5%	<i>Disabling condition</i>	--
	<i>No disabling condition</i>	54.5%	<i>No disabling condition</i>	--
Housing Composition	<i>Mothers w/ Dependents</i>	30.1%	<i>Mothers w/ Dependents</i>	--
	<i>Fathers w/ Dependents</i>	7.7%	<i>Fathers w/ Dependents</i>	--
	<i>No Minor Children</i>	62.2%	<i>No Minor Children</i>	--
HUD Housing Categories	<i>Category 1</i>	62.2%	<i>Category 1</i>	--
	<i>Category 2</i>	1.4%	<i>Category 2</i>	--
	<i>Category 3</i>	26.6%	<i>Category 3</i>	--
	<i>Category 4</i>	3.5%	<i>Category 4</i>	--
	<i>Missing¹</i>	6.3%	<i>Missing¹</i>	--

¹ The missing category includes individuals that were not assigned to a specific housing category or that were missing data.

The interview guide consisted of open-ended questions designed to encourage residents to share (1) their recent past experiences of housing instability and homelessness, including what factors in their lives made it difficult for them to find and maintain housing, (2) their experiences finding housing and receiving services through FHP, and (3) their perception of the program's impact on their health and lives. Also, residents were asked to share their long-term plans, particularly any future housing goals. Two graduate and undergraduate student researchers from Loyola's Center for Urban Research and Learning administered each interview. One interviewer administered the interview guide and asked follow-up questions while the second researcher documented the content of the resident's responses on a structured form. Participants were paid \$75. Interviews were audio-recorded and transcribed with the permission of the interview participant and when the situation permitted. In total, 131 of the 143 interviews were recorded and transcribed.

While no members of the research team were themselves unhoused, all interviewers had previous experience either interviewing or providing services to vulnerable populations (e.g. previously working as a case manager in a housing program, had experience interviewing housing program residents in a different research study, experience working as a social worker, etc.). Additionally, all interviewers were trained in how to engage residents in conversation and to encourage residents to answer the questions and share their stories in their own words. Notably, most (but not all) of the interviewers were White, while most (but not all) of the interview participants were Black and/or Latine. Class and race differences between interviewers and respondents, not uncommon in research projects that rely on graduate and undergraduate students, likely influenced what participants were willing to share with us.

Interview question responses from all 143 interviews were quantitatively coded and entered in Qualtrics, a survey analysis software. The 131 interview transcripts were also coded categorically and thematically for emergent themes in NVivo, a qualitative data analysis software. Additionally, we supplemented the interview information with administrative records collected by FHP; this included information such as residents' demographic information, the date residents were housed, whether they had a chronic health diagnosis, and their referral source to the program. To protect residents' confidentiality, administrative data was obtained for all FHP residents and merged with the survey data via the resident's Client ID. The resulting data set is a rich collection of residents' characteristics

and descriptions of their lives, their goals, and the impact of the program in their own words.

However, the data is somewhat limited by who we were able to interview and what they were willing to tell us about their lives. FHP residents who have mental health conditions that inhibit their ability to make and keep appointments, who have language barriers, or who distrust researchers were unlikely to participate in the study. For example, while 12% of our participants were Latine, only one spoke primarily Spanish and identified language as a barrier to housing. Further, FHP does not require residents to have a clean criminal record, be sober or engage in substance use treatment, or be documented citizens; however, interview participants may nonetheless feel uncomfortable volunteering this information to interviewers. In some instances, this meant that people didn't fully answer questions that we asked. For example, while 29.4% of residents described regular substance use prior to entering the program and an additional 21.7% reported engaging in (by their description) problematic substance use prior to enrollment in FHP, most did not elaborate on the nature or extent of their use or how involvement in the program impacted that use when asked. In other instances, we didn't ask questions that we felt could make people feel unsafe. For example, though citizenship is a barrier to housing amongst Latine populations, interviewers did not ask people whether they were documented or not. Finally, because the focus of our study was on capturing residents' perception of the program's impact on their lives, in their own words, we did not have access to health records, employment records, or criminal justice records, where applicable.

Clustering Residents by Potential Outcomes

Few studies have differentiated residents utilizing Permanent Supportive Housing (PSH) programs. Of the few that have, Fleury & Armoon used clusters of resident's characteristics, including their housing features, service use, sociodemographic factors, and clinical factors to develop four different needs-based profiles of PSH residents in Quebec Province, Canada; these profiles focused on residents' satisfaction with their PSH housing, their level of service utilization, and the degree to which their care needs were being met in the program.⁵⁸ This report uses a similar approach; we categorize FHP residents based on their self-described orientation to the program as well as their potential to transition out of supportive housing based on characteristics such as their age, experiences of chronic homelessness, health/need for supportive services, attachment to the workforce, and future goals and dreams. The

intent of this categorization is not to create a predictive model of program utilization, but rather to examine the different experiences and needs of FHP residents.

Early in the interview process, we observed that residents in the youth and adult programs were orienting to the role of the supportive housing provided by FHP in their lives in differing ways. Many people, mostly residents aged fifty or older in the adult program, viewed and described the housing and services they were being provided with as a safe and permanent haven from years spent living in chronic homelessness, a haven they were unlikely to move from given their age, lack of economic resources, and complex medical needs. Others, primarily in the youth program, described the housing and services as a well-timed, but ultimately temporary support that they would eventually move on from as they stabilized their lives, finished their schooling, and/or found employment.

Residents in FHP who described the program as a safe and permanent haven exhibited orientations consistent with research related to what some researchers refer to as the "aged homeless" population.⁵⁹ This population, which includes those fifty years or older who have or are experiencing chronic homelessness, are likely to always need some form of supportive housing, particularly if they have histories of high service utilization and/or serious medical diagnoses.⁶⁰ Relying on this literature as a guide, we reviewed each resident's survey responses, administrative data, and their survey transcripts (when possible) side-by-side, allowing us to sort residents by whether they would likely always need subsidized housing and supportive services or whether they had a greater capacity for achieving economic independence. We describe FHP residents who are likely to always need subsidized housing and who align closely with the "aged homeless" in housing literature as "older adult residents" and residents who have the capacity to achieve greater self-sufficiency as "emerging adult residents," a term that captures both their desire to transition to greater economic independence and the steps that many were taking to do so (enrolling in post-secondary schooling, building up their credit scores, securing full-time employment.). Though it may seem counter-intuitive to refer to FHP residents in their late twenties or early thirties as emerging adults (55% of emerging adults interviewed were between 25 and 30), research has explored how vulnerable populations, including those experiencing housing insecurity, those with criminal justice involvement, and/or those with young dependent children, experience less freedom to experiment with significant life choices in their early twenties and often prolong or delay behaviors associated

with emerging adulthood (e.g. post-secondary education) in order to prioritize economic security.⁶¹

The sorting of residents between these two groups reflects both the individual's self-described orientation to the program (in essence, do they see themselves as working towards becoming more economically independent and a time in which they will no longer need housing and supportive services) and our assessment of the likeliness of that possibility based on characteristics that previous research has found is correlated with the need for permanent supportive housing, including their age and life stage, their history of attachment to the workforce, potential for career growth, and their overall health.

Our survey included questions asking residents to share information about any mental health, physical health, or substance use challenges and to describe how they cared for their health. We supplemented their self-reported health conditions with health data routinely collected by FHP as part of the intake process, which includes data about whether residents have a condition that qualifies as disabling under HUD guidelines. HUD defines a disabling condition as "a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that (1) is expected to be long-continuing or of indefinite duration; (2) substantially impedes the individual's ability to live independently; and (3) could be improved by the provision of more suitable housing condition."⁶² In terms of categorizing residents by their capacity for greater economic independence, we found that the designation of "disabling condition" included a wide range of health conditions that had varying impacts of people's capability to, with support and resources, transition into independent living. Put more simply, we found that some residents that qualified as having a "disabling condition" under HUD guidelines nonetheless expressed desires for (and in many instances already making strides towards) becoming more self-sufficient. For example, Caleb, a twenty-four-year-old, was categorized as having a disabling condition due to his Post Traumatic Stress Disorder (PTSD) and was currently working full time as a dishwasher at a restaurant and taking on temporary, second jobs in construction to supplement his savings. Caleb's goal was to find a better paying job that would fully support him. Of the 65 survey residents identified as having a disabling condition in administrative data, 30 (46%) were categorized as "emerging adults" and working toward more independent living based on their interview responses. Table 2 includes a complete overview of demographic characteristics of older adults and emerging adult residents.

Table 2. Demographic Information of Older Adult and Emerging Adult Residents

	Older Adult Residents (N=53)		Emerging Adult Residents (N=90)	
Program Type	Youth Program	0.0%	Youth Program	77.8%
	Adult Program	100.0%	Adult Program	22.2%
Age	Mean Age	53	Mean Age	26
	25-30	3.8%	18-24	34.4%
	31-50	30.2%	25-30	32.1%
	51-61	18.1%	31-50	11.1%
	62+	22.6%	62+	--
Gender	Woman	26.4%	Woman	60.0%
	Man	71.7%	Man	36.7%
	Transgender	0.0%	Transgender	3.3%
Race/Ethnicity	Black, African American, African	77.4%	Black, African American, African	81.1%
	Hispanic/Latino/a/x	7.5%	Hispanic/Latino/a/x	14.4%
	White	11.3%	White	0.0%
	Multi-Racial	1.9%	Multi-Racial	1.1%
	Other	1.9%	Other	3.3%
HUD Disabling Conditions	Disabling condition	67.3%	Disabling condition	33.3%
	No disabling condition	32.7%	No disabling condition	66.7%
HUD Housing Categories	Category 1	88.7%	Category 1	46.7%
	Category 2	1.9%	Category 2	1.1%
	Category 3	0.0%	Category 3	42.2%
	Category 4	1.9%	Category 4	4.4%
	Missing ¹	7.5%	Missing ¹	6.8%
Housing Composition	Mothers w/ Dependents	5.7%	Mothers w/ Dependents	44.4%
	Fathers w/ Dependents	7.5%	Fathers w/ Dependents	7.8%
	No Minor Children	86.8%	No Minor Children	47.8%
Top Referral Source	Cook County Health	60.4%	Cook County Health	46.7%
	County Care	17.0%	SCaN	33.3%

¹The missing and unknown categories include individuals that were not assigned to a specific housing category or that were missing data.

Footnotes:

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