STRATEGIC PLAN
July 2011 – December 2012

Alliance to End Homelessness in Suburban Cook County

MISSION and HISTORY

The Alliance to End Homelessness in Suburban Cook County strives to eliminate homelessness in suburban Cook County, Illinois. We will accomplish this goal through the coordination and maximization of available resources to assist homeless individuals and families.

As a coordinating agency, the Alliance articulates the best possible system to address homelessness, addresses weaknesses in the present system, and marshals the resources necessary to move toward collaborative goals. It provides ongoing technical assistance to homeless programs and encourages adoption of best practices in the field.

The Alliance coordinates the Cook County Continuum of Care (CoC) (IL-511), which encompasses homeless assistance efforts throughout all of Cook County except for the cities of Chicago and Evanston.[1] Established in 1997 as the Task Force on Homelessness, the group changed its name and formally incorporated in August 2004. To shift its focus from *managing homelessness* to *ending homelessness* in our county, the Alliance also hired full-time staff and secured nonprofit 501(c)(3) status in 2005.

As the lead agency for Cook County's Continuum of Care, the Alliance brings together a range of services and housing options for homeless people. The Alliance convenes a variety of stakeholders to cooperatively set priorities, collect data, rank project applications, and measure outcomes. In coordinating the annual application to the US Department of Housing and Urban Development (HUD) for homeless assistance grants, the Alliance brings approximately $8 million per year to support about 40 homeless programs in the region.

At the local grassroots level the Alliance organizes its work into three Community Based Service Areas (CBSAs) for homeless assistance. These CBSAs—serving the north, west, and south areas of suburban Cook County—form a collaborative network to share homeless assistance information, referral, shelter, and services within their local communities. The CBSAs have been instrumental in the overall development and implementation of the Continuum of Care strategy.

BACKGROUND

On March 25, 2011, the Alliance to End Homelessness in Suburban Cook County convened 38 stakeholders—board, staff, and committee members—to consider priorities for the next several years (see Appendix A for a list of participants).

The Alliance had made considerable progress on its previous strategic plan, adopted on December 22, 2005. One of the main tenets of the previous strategic plan, for example, was

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[1] The Evanston Continuum of Care is being integrated into the Alliance, a process that will be completed in 2013.

creating more permanent supportive housing during the five year period of January 2006 to January 2011. The Alliance set a goal of creating 20 new permanent supportive housing beds for chronically homeless individuals and 20 new beds for families each year for those five years. The Alliance and its members exceeded that goal by creating 473 permanent supportive housing beds between January 2006 and January 2011, including 216 beds for chronically homeless individuals and 171 beds for families. Alliance members increased permanent supportive housing beds nearly fivefold—from 129 to 602 beds—during that time period.

Strategic planning was undertaken during a time of great uncertainty. The lingering effects of the national economic recession of 2008-2009 were reflected in high unemployment levels, budget crises at the state and county level, and continuing pressures on agencies to do more with less. While the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act presented potential new funding opportunities, Congressional budget-cutting proposals put those in jeopardy. There were clear pressures on the group to replace Homelessness Prevention and Rapid Re-Housing Program (HPRP) funds expiring in 2012 and to stabilize funding going forward. Increased funds promised in the Emergency Solutions Grant Program (ESG, formerly Emergency Shelter Grant Program) were expected to be insufficient to compensate for the end of HPRP funds. Because of these uncertainties, the Alliance ultimately decided to formulate a strategic plan for just 18 months, rather than 3 or 5 years.

The Alliance had recently invited the Evanston Continuum of Care to join the Alliance, a process that will be completed within the first timeframe of this plan.

During the retreat, participants were led through a series of exercises. First, they were asked to fast-forward to a time when all the issues that restrain progress on issues of homelessness were solved (the "miracle question"), as describe in Appendix A. Next they answered the scaling question: *If 0 is the worst things have ever been with regard to the Alliance's ability to respond to homelessness in Suburban Cook County and 10 is our vision of what it would be like "after the miracle," where are things right now?* Responses ranged from 3 to 7, clustering around 5. The next question was: *How do we get to 5.5?*

Participants were next asked to "choose the most important programmatic and operational goals." Their wide-ranging responses are the basis for the goals outlined in this strategic plan. Executive Director Jennifer Hill, former Program Coordinator Hallan Hanson, and the Continuum of Care Development Committee, including Sue Shimon, Chair, Kathie Cunningham, Millicent Ntiamoah, Debbie Pavick, Cynthia Schilsky, Lynda Schueler, and Courtney Suchor, provided guidance and made contributions to various drafts of the plan.

On June 8, 2011, two staff members and 18 members of the board and Continuum of Care Development Committee met to review the goals, consider a potential new committee structure, and put more meat on the bones of the strategic plan. Their contributions enriched the plan, which is intended to be a living document to guide the work of the Alliance over the next 18 months. The Alliance board adopted a new committee structure in its July 29, 2011 meeting to reflect the work program outlined in this plan, and it adopted the final draft of this strategic plan on December 16, 2011.

Driving Principles

The following principles guide the work of the Alliance in making decisions about housing goals and activities. These principles provide a framework for the strategic goals and objectives that follow.

Principle I: We will create a variety of interventions while prioritizing the hardest-to-house.

We will seek to create and maintain a variety of housing interventions suitable for individuals and families with different needs, while setting a priority on creating housing for the hardest-to-house and chronically homeless individuals and families, and keeping them housed.

Interventions will range from shallow (e.g., short-term rental assistance) to deep (e.g., long-term permanent supportive housing with a range of services) and will be delivered in the most cost-efficient and effective way possible.

Principle II: We will prevent homelessness whenever possible.

Prevention involves collaborating with other systems—child welfare, hospitals, psychiatric institutions, and correctional facilities—to ensure that housing planning is integrated into discharge procedures. We will work with those systems to improve their ability to prevent people from being discharged into homelessness.

In addition, we will place a priority on preventing eviction through short-term financial assistance as a cost-effective alternative to homelessness.

Principle III: We will promote collaboration and look for regional solutions to address housing needs and ensure that all resources are used to capacity.

Members of the Alliance will pursue housing goals with a spirit of collaboration. We will take advantage of opportunities for cooperative ventures among partners in suburban Cook, between suburban Cook and Chicago, and more broadly in the region or state. We recognize that collaborations can be challenging and will choose those that advance our Continuum of Care goals.

Principle IV: We will use high-quality data to drive our decision-making and implementation of model practices.

The Alliance will strive for excellence in the collection and management of Homeless Management Information System (HMIS) data and other data resources. When setting goals regarding populations to be served, the mix of housing to be pursued, and strategies to be followed in pursuit of goals, we will use data as the basis for decisions.

Strategic Areas and Goals Summary

STRATEGIC AREA: COORDINATION

- **Goal 1: The Alliance will articulate the desired mix of housing types and populations to be served and choose strategies to be pursued to meet those goals.**
- **Goal 2: The Alliance will translate federal HUD goals and align with local system needs to create more permanent supportive housing.**
- **Goal 3: Suburban Cook County will have a centralized housing crisis response system with access to all available resources.**
- **Goal 4: The Alliance's relationship with Cook County and other governmental agencies will increase mutual commitment to ending homelessness and will identify both funding and efficiency opportunities.**

STRATEGIC AREA: QUALITY ASSURANCE

- **Goal 5: The Alliance will have accessible, relevant, accurate and timely data to inform decision-making and improve the system's response to homelessness.**
- **Goal 6: The Alliance will uphold the methods that result in fewer new homeless people, fewer people repeating homelessness, and shorter episodes of homelessness.**

STRATEGIC AREA: PUBLIC AWARENESS/ADVOCACY

- **Goal 7: Alliance members will raise local, county, state and federal elected officials' knowledge of homelessness issues and secure their commitment to provide the resources needed to end homelessness.**
- **Goal 8: The Alliance will increase public awareness of the problem of homelessness and increase the visibility and positive image of Alliance and its partner agencies.**
- **Goal 9: The Alliance will partner with statewide and national advocacy groups to promote solutions to end homelessness.**

STRATEGIC AREA: OPERATIONS

- **Goal 10: The Alliance will have resources sufficient to implement its goals.**
- **Goal 11: The Alliance will align its structure to respond to HEARTH Act changes.**
- **Goal 12: The Evanston Continuum of Care will be fully integrated into the suburban Alliance.**
- **Goal 13: The Alliance will have a diverse board of directors and an expanded membership.**
- **Goal 14: Alliance committees will align with goals of strategic plan.**

Strategic Areas and Goals

STRATEGIC AREA: COORDINATION

STRATEGIC DIRECTION – The Alliance will serve as the catalyst for greater coordination among member agencies to improve client access to necessary services, supportive housing and the crisis response system in suburban Cook County by demonstrating leadership of best practices, articulating the best possible system for ending homelessness in Suburban Cook County, providing technical assistance in addressing new provisions in the HEARTH Act and advocating for necessary resources.

- **Goal 1:** The Alliance will articulate the desired mix of housing types and populations to be served and choose strategies to be pursued to meet those goals.
- **Goal 2:** The Alliance will translate federal HUD goals and align with local system needs to create more permanent supportive housing.
- **Goal 3:** Suburban Cook County will have a centralized housing crisis response system with access to all available resources.
- **Goal 4:** The Alliance's relationship with Cook County and other governmental agencies will increase mutual commitment to ending homelessness and will identify both funding and efficiency opportunities.

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Goal 1: The Alliance will articulate the desired mix of housing types and populations to be served and choose strategies to be pursued to meet those goals.

- *Objective 1a*: Gather and analyze subpopulation data for goal-setting.

- *Objective 1b:* Discuss and adopt a framework for the desired mix of housing types and subpopulations targeted.

- *Objective 1c*: Develop and adopt policy on program outcomes by housing types (e.g., policy on recapture; policy/approach to vacancy levels).

- *Objective 1d*: Place priority on creation of more permanent supportive housing.

Action Steps	Responsible Parties
• Organize and present data to board (November 2011) • Coordinate meeting for board goal-setting (December 2011) • Engage outside technical expertise in articulating unmet need and desired outcomes (April 2012) • Set targets for mix of housing types and subpopulations (June 2012) • Develop target outcomes by housing type (July 2012)	Staff; Project Review & Prioritization Committee; Board
Success will look like	**How we will measure it**
Clear targets for mix of housing types by region Clear policies regarding expected outcomes by housing type	Annual housing inventory update

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Goal 2: The Alliance will translate federal HUD goals and align with local system needs to create more permanent supportive housing.

- *Objective 2a*: Coordinate Continuum of Care NOFA (Notice of Funding Availability) response.

- *Objective 2b*: Achieve a CoC score high enough so that the Alliance is awarded an annual bonus to do what is determined necessary locally.

- *Objective 2c*: Provide technical assistance to partners in preparing applications.

- *Objective 2d*: Provide technical assistance to new projects in implementation and current projects seeking to convert to another model.

Action Steps	Responsible Parties
• Develop a plan to meet articulated unmet needs utilizing new NOFA bonus project funding, other new funding source opportunities, and shifting use of current NOFA funding. (Spring 2012) • Create a process for scoring applications that provides agreed-upon incentives for activities aligned with either federally articulated goals or locally asserted goals (Spring 2012) • Identify potential partnerships at the local north, south and west council level and across regions • Provide training and technical assistance to members on the Continuum's housing goals and desired outcomes. • Identify high-performing agencies within Alliance and enlist their help in providing training for all agencies.	Project Review and Prioritization Committee, with input on Exhibit 1 from Plan Committee; Staff; Training Committees
Success will look like	**How we will measure it**
Score above median Exhibit 1 score on HUD submission A new permanent supportive housing (PSH) project is funded each year that addresses unmet needs and aligns with local and federal goals.	Exhibit 1 score New PSH beds created

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Goal 3: Suburban Cook County will have a centralized housing crisis response system with access to all available resources.

- *Objective 3a*: Maintain and improve centralized response system that will survey and maintain information about available resources within region.

- *Objective 3b*: Develop universal assessment process.

- *Objective 3c:* Make a plan for contingencies as homelessness prevention funding is tightened, shifted and transformed.

Action Steps	Responsible Parties
• Convene Call Center partners to develop post-HPRP plan • Evaluate effectiveness of Call Center in meeting unmet needs and facilitating resource referral • Investigate different scenarios for maintaining homelessness prevention resources and a centralized response system • Understand HMIS potential role in housing-related information and referral • Explore using bed configuration within HMIS to share vacancy info. • Investigate local scenario planning for statewide 211 effort	Staff; Homelessness Prevention Committee

• Continue sharing vacancy information at three local councils (Community Based Service Areas). • Learn more about statewide resource databases (e.g., IDCFS; Making the Connection Illinois; others) and, if useful, encourage members to participate • Investigate centralized assessment tools like Chicago HOST and Indiana's IHOPE • Provide samples of HUD- and Alliance-created intake forms • Pursue alternative centralized response system if Call Center is not allowed use of ESG funds • Invite presentation on Chicago's central intake processes when in effect • Provide forums where agencies can align intake forms • Draft a universal intake form	
Success will look like	**How we will measure it**
People in housing crisis can find information to assist them. People are matched to programs according to their type and level of need. Centralized response exists after HPRP ends, with 100% participation by funded agencies. Universal intake form developed and used.	Volume of contacts Volume of referrals # of agencies using universal form

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Goal 4: The Alliance's relationship with Cook County and other governmental agencies will increase mutual commitment to ending homelessness and will identify both funding and efficiency opportunities.

- *Objective 4a*: Work with Cook County to get HPRP funds spent by August 2012 deadline.

- *Objective 4b*: Develop formal consultative relationship with Cook County and other entitlement communities in line with the HEARTH Act.

- *Objective 4c*: Advocate with Cook County for use of HOME Tenant-Based Rental Assistance (TBRA) to support efforts to rapidly re-house homeless people.

- *Objective 4d*: Provide information to local, county and state administrators about the value of services provided by Alliance members.

- *Objective 4e*: Continue relationship with state and federal agencies, e.g., Illinois Housing Development Authority (IHDA), Illinois Department of Human Services (IDHS) and U.S. Dept. of HUD, to ensure efficient communication about needs and resources.

Action Steps	Responsible Parties
• Meet on regular basis with Cook County staff to ensure efficient administrative process and distribution of funds • Build members' knowledge of and engagement with local Consolidated Plans and their relevance to homelessness • Research scenarios for using HOME TBRA to support rapid re-housing and present a proposal to Cook County planning officials. (November 2011) • Once HEARTH regulations are published, follow guidelines to formalize a consultative relationship • Investigate scenarios for use of new Emergency Solutions Grants and present recommendations to Cook County planning officials. (January 2012)	Staff; Plan Committee; Rapid Re-Housing Team; Executive Committee

• Meet with HUD staff at least once each year to provide Continuum update and gain their guidance • Monitor state initiatives as they relate to homelessness	
Success will look like	**How we will measure it**
HPRP funds spent by August 2012. Consultative relationship with Cook County is established. HOME TBRA proposal presented.	HPRP expenditures Progress implementing HEARTH guidelines

STRATEGIC AREA: QUALITY ASSURANCE

STRATEGIC DIRECTION - The Alliance will strive for excellence in the collection and management of high-quality data from its member agencies to drive decision-making and implementation of model practices resulting in fewer new homeless people, fewer people repeating homelessness and shorter episodes of homelessness. Suburban Cook County homeless agencies will strive for continuous improvement guided by high-quality data.

- **Goal 5:** The Alliance will have accessible, relevant, accurate and timely data to inform decision-making and improve the system's response to homelessness.
- **Goal 6:** The Alliance will uphold the methods that result in fewer new homeless people, fewer people repeating homelessness, and shorter episodes of homelessness.

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Goal 5: The Alliance will have accessible, relevant, accurate and timely data to inform decision-making and improve the system's response to homelessness.

- *Objective 5a*: Devise and implement Data Dashboard (data snapshot).

- *Objective 5b*: Improve utility of HMIS so that it can be a persuasive tool for funders.

- *Objective 5c*: Improve utility of HMIS so that it can be a persuasive tool for providers.

- *Objective 5d*: Ensure data quality and relevance.

Action Steps	Responsible Parties
• Monitor and improve HMIS usage to ensure 95% data completeness to ensure HIC, AHAR, PULSE and other HUD-required reports are complete and accurate. (December 2011) • Develop indicators, benchmarks and criteria for Data Dashboard, such as vacancy rates, recapture, etc., based on national averages and Alliance history (January 2012) • Collect baseline data on key indicators and pilot Dashboard (June 2012) • Prepare quarterly Dashboard for periods ending 9/30/12 and 12/31/12. • Integrate ServicePoint (HMIS) upgrades as they become available • Review HMIS data-sharing and other policies and make changes as necessary annually • Provide HMIS user groups 3-4 times per year • Provide user training for users 3-4 times per year. • Provide report training as needed.	HMIS Committee; Plan Committee with Board
Success will look like	**How we will measure it**
HMIS data 95% complete and accurate 12/31/11 Select elements and design dashboard by 1/31/12 Dashboard created and piloted by 6/30/12 Quarterly Dashboards created for 9/30/12 and 12/31/12	% completeness of HMIS data; % completeness of dashboard data

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Goal 6: The Alliance will uphold the methods that result in fewer new homeless people, fewer people repeating homelessness, and shorter episodes of homelessness.

- *Objective 6a*: Promote best practices/standards for programs of various types and various populations.

- *Objective 6b*: Provide ongoing training on the skills needed to address unmet needs, e.g., intensive service models for chronically homeless and hardest-to-house, more inclusive eligibility criteria, program conversions, and other topics.

- *Objective 6c*: Ensure all stakeholders have the training and tools to understand how data are used to improve program quality and system quality.

- *Objective 6d*: Incorporate and strengthen project review scoring incentives for less restrictive eligibility criteria, low-demand service models, minimizing funds recaptured, and operating at capacity.

Action Steps	Responsible Parties
• Using Data Dashboard, previous years' OE Tool reports, and other aggregate data and reports, define the scope of best practices to uphold, e.g., prevention, supportive services, employment access, less restrictive options, discharge planning, financial management, operations management • Use Supportive Housing Providers Association (SHPA) Dimensions of Quality as a starting point for best practice standards. • Survey agencies about training topics that are desired • Support training committees in each Community Based Service Area (CBSA). • Keep a training calendar and distribute training notices. • Communicate guidelines and best practices throughout Alliance • Participate in Regional Roundtable and share with Alliance • Attend national conferences and share new trends and techniques with Alliance	Project Review Committee; CBSA Training Committees; Plan Committee; Staff
Success will look like	**How we will measure it**
Alliance members know what best practices are in selected areas Regular trainings occur on best practices Project review standards clearly and objectively set expectations for new projects, identify struggling existing projects, and provide a mechanism for improvement.	Quarterly trainings in 2012; evaluations; Project Review Tool results

<div align="center">**STRATEGIC AREA: PUBLIC AWARENESS/ADVOCACY**</div>

STRATEGIC DIRECTION – The Alliance will increase its visibility and image as the leader in ending homelessness in suburban Cook County through ongoing public awareness activities that promote and advocate for solutions and resources that meet the continuum's goals.

- **Goal 7:** Alliance members will raise local, county, state and federal elected officials' knowledge of homelessness issues and secure their commitment to provide the resources needed to end homelessness.
- **Goal 8:** The Alliance will increase public awareness of the problem of homelessness and increase the visibility and positive image of Alliance and its partner agencies.
- **Goal 9:** The Alliance will partner with statewide and national advocacy groups to promote solutions to end homelessness.

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Goal 7: Alliance members will raise local, county, state and federal elected officials' knowledge of homelessness issues and secure their commitment to provide the resources needed to end homelessness.

- *Objective 7a:* Help CBSA's to form and maintain legislative advocacy committees and host events and visits to engage local elected officials.

- *Objective 7b*: Help CBSAs to engage a diverse group of intermediaries in their regions, including townships, municipal leadership and county, state and federal elected officials.

- *Objective 7c*: Raise awareness about the implications of the HEARTH Act by commenting on regulations as they are published and educating local partners about potential effects and opportunities.

Action Steps	Responsible Parties
• Form legislative advocacy committees at CBSA level • Meet with newly elected suburban officials and incumbents to discuss issues and propose policy solutions • Sponsor/participate in legislative forums to discuss issues and communicate policy solutions • Distribute policy solution proposals and Calls to Action to clients, partner boards, staff, and other stakeholders • Register comments on the HEARTH regulations and disseminate comments to Alliance partners	Staff; CBSA Advocacy Committees
Success will look like	**How we will measure it**
Face-to-face appointments with 1-3 public officials in each of north, west and south Three legislative forums each year Government officials understand HEARTH implications	# of visits; thank you letters following visits; attendance records of forums; report of results of visits/forums

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Goal 8: The Alliance will increase public awareness of the problem of homelessness and increase the visibility and positive image of Alliance and its partner agencies.

- *Objective 8a*: Develop marketing and communications plan, with timeline for implementation.

- *Objective 8b*: Increase the accessibility and utility of website.

- *Objective 8c*: Develop concise and powerful messages to be used with different audiences to convey urgency of solving homelessness.

Action Steps	Responsible Parties
• Develop an 18-month marketing and communications plan • Assess and improve the Alliance website • Maximize our strategic use of social media tools to advance the marketing and communication plan objectives • Engage marketing consultant or volunteer services (e.g., Taproot Foundation) to define target audiences and messaging • Create one written promotional piece • Develop communications plan to be implemented over several years	Staff; Resource Development Committee; Consultant
Success will look like	**How we will measure it**
An informative, highly used and user friendly website Relevant, concise issue content distributed via social media and other tools One written promotional piece	Board/user survey Number who "like" Alliance on Facebook or join the Cause

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Goal 9: The Alliance will partner with statewide and national advocacy groups to promote solutions to end homelessness.

- *Objective 9a*: Advance solutions to homelessness through participating in the policy and action initiatives of Housing Action Illinois (HAI), Supportive Housing Providers Association (SHPA), the National Alliance to End Homelessness (NAEH) and other advocacy partners.

- *Objective 9b*: Facilitate advocacy role at the CBSA level by sharing advocacy messages from HAI, SHPA, etc.

- *Objective 9c*: Advocate to prevent the discharge of persons from institutional settings into homelessness.

- *Objective 9d*: Advocate for adequate government funding for the homeless system.

Action Steps	Responsible Parties
• Purchase membership in HAI, SHPA, and NAEH when the budget permits. • Include HAI, SHPA and NAEH messaging in Alliance communications. • Participate in advocacy group task force meetings, trainings and advocacy efforts • Involve those advocacy groups in Alliance initiatives and events. • Advocate with correctional, mental health, and other systems to prevent	Staff; Board of Directors; CBSA Advocacy Committees

people from being discharged into homelessness • Distribute state/federal advocacy materials among Alliance members and CBSAs	
Success will look like	**How we will measure it**
Alliance and its members recognized as active in advocacy campaigns Suburban officials are engaged in state/federal initiatives that improve housing resources and relevant services Government officials and administrators seek Alliance input in policy development Sufficient government funding to support the homeless system	Participation; event attendance; correspondence with legislators; increases to appropriations

STRATEGIC AREA: OPERATIONS

STRATEGIC DIRECTION – The Alliance operations will grow to meet future demands and opportunities by building the necessary organizational infrastructure, improving its fund development capacity, diversifying the board of directors and restructuring committees to achieve its strategic goals.

- **Goal 10:** The Alliance will have resources sufficient to implement its goals.
- **Goal 11:** The Alliance will align its structure to respond to HEARTH Act changes.
- **Goal 12:** The Evanston Continuum of Care will be fully integrated into the suburban Alliance.
- **Goal 13:** The Alliance will have a diverse board of directors and an expanded membership.
- **Goal 14:** Alliance committees will align with goals of strategic plan.

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Goal 10: The Alliance will have resources sufficient to implement its goals.

- *Objective 10a*: Secure adequate resources to maintain current level of staffing.

- *Objective 10b*: Assess resources needed to expand operations to meet future demands.

- *Objective 10c*: Hire resource development consultant or staff when resources permit.

Action Steps	Responsible Parties
• Develop Alliance budget that covers operational costs and addresses sources of revenue (annually) • Research additional prospective funding sources (ongoing) • Establish a fundraising plan that will address budget needs (annually) • Hire and supervise consultant for writing grants if necessary (2012) • Submit grant proposals to prospective funders (ongoing)	Staff; Finance Committee; Resource Development Committee
Success will look like	**How we will measure it**
Alliance annual revenue exceeds expenses Alliance grows its private funding support Board members support the Alliance annually	Monitor budget Grant calendar Progress toward fundraising plan

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Goal 11: The Alliance will align its structure to respond to HEARTH Act changes.

- *Objective 11a*: Build internal capacity to respond to Alliance role as a collaborative applicant as defined in the HEARTH Act and regulations yet to be developed.

- *Objective 11b*: Understand the implications of becoming a Unified Funding Agency (UFA) as defined in the HEARTH Act.

- *Objective 11c*: Develop a plan to improve or modify Alliance governance and systems to align itself with HEARTH goals and expectations.

Action Steps	Responsible Party
• Articulate HEARTH-related technical assistance needs, such as HEARTH clinic provided by NAEH or technical assistance from the Corporation for Supportive Housing (CSH) • Assess pros and cons of becoming a UFA in light of HEARTH Act regulations • Convene HEARTH clinic and/or get other HEARTH-related technical assistance from outside experts • Assess governance, systems and data to organize around HEARTH goals and expectations • Devise systems to respond to new regulations regarding homeless definitions	Plan Committee; Finance and Operation Committee; Governance Committee; Staff; Board of Directors
Success will look like	**How we will measure it**
Alliance fully prepared for HEARTH Act implementation	Success on NOFA applications

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Goal 12: The Evanston Continuum of Care will be fully integrated into the suburban Alliance.

- ▪ *Objective 12a*: Integrate Evanston Continuum of Care into Alliance.

- ▪ *Objective 12b:* Integrate Evanston Alliance members into AHAND (Association of Homeless Advocates in the North District).

Action Steps	Responsible Party
• Board member to represent Evanston for 2 years • Invite and encourage Evanston agency participation in AHAND, the Alliance, and its committees. • Continue integration of data systems. • Funding requirements and caps accommodated in 2011 NOFA • Data system integration completed (12/31/12) • Any HMIS funds remaining after merger re-allocated to Evanston permanent supportive housing program	Governance Committee; Project Review Committee; HMIS Committee; Staff; Board of Directors
Success will look like	**How we will measure it**
Evanston Continuum incorporated into 2011 NOFA application, and members involved in CBSA and committee work of Alliance.	Board list; committee list/attendance

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Goal 13: The Alliance will have a diverse board of directors and an expanded membership.

- ▪ *Objective 13a*: Develop and implement strategy for involving non-provider stakeholders (corporate, governmental) in Alliance activities.

- ▪ *Objective 13b*: Develop and implement strategy for involving more consumer voices in Alliance activities and governance.

- ▪ *Objective 13c*: Support CBSAs in engaging diverse constituencies.

Action Steps	Responsible Parties
• Review recommendations regarding board restructuring in 2009 Millennia Consulting organizational assessment (December 2011) • Make changes to bylaws as necessary (April 2012) • Identify and recruit additional non-provider stakeholders (May 2012) • Recruit additional consumer involvement. Investigate consumer payment for participation. • Host consumer focus groups when planning January 2013 homeless count (December 2012).	Governance Committee
Success will look like	**How we will measure it**
Board members added to reflected desired constituencies Bylaws updated as necessary	Analysis of board composition

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Goal 14: Alliance committees will align with goals of strategic plan.

Objective 14a: Re-organize committees to align with strategic plan.

Action Steps	Responsible Parties
• Adopt new committee structure (July 2011) • Committees report to board on activities as they align with strategic plan (ongoing) • Amend bylaws as necessary to reflect changes to standing committees (April 2012)	Board of Directors Committee chairs Governance Committee
Success will look like	**How we will measure it**
Committee chair positions full Adequate committee membership to carry out committee responsibilities All committees have regular meetings as needed, with timely submission of reports to the board of directors	Calendar; board reports; Progress on strategic plan tasks
Bylaws reflect the operating structure of the Alliance	Bylaw review

Appendix A: Visioning Exercise, March 25, 2011 Retreat

The Miracle Question

We know that the Alliance faces many challenges in implementing its mission over the next five years. It might even have some organizational problems that should be tackled. Later we will grapple with some of those big external and internal challenges. But for now I want you to engage in an exercise.

Imagine that you leave here today, go home, eat a good dinner, enjoy your evening and go to sleep. While you are sleeping a miracle occurs and all of those challenges are conquered and problems are solved. But it was a miracle so you don't know it happened.

What is the first thing that you will notice that tells you this miracle occurred? What is the second thing? Etc.

After the Miracle

Our communities. . .
. . .would be progressive in thinking and action. Communities, policymakers and the media would be focused on preventing homelessness. There would be adequate housing and services for everyone in need. Benefits could be accessed through a smart phone app, while services, including childcare, job counseling, life skills training, mental health and substance abuse treatment, would be available at a community center nearby. All people needing housing or other services, including undocumented immigrants, young adults transitioning out of foster care, and individuals leaving prison, would be treated with dignity and respect and receive housing and other help quickly. Job opportunities and affordable housing would be plentiful. Children would be rested and well fed when they arrived at school and their lives would be stable. Everyone would be entitled to a minimum standard of living, and the social services budget would be equal to or greater than the defense budget.

The Alliance. . .
. . . would be a highly effective Continuum of Care uniquely adapted to its suburban environment and subject to only limited rules under HUD guidelines. It would shine in the areas of project management, coordination, collaboration and communication among provider agencies and governmental bodies throughout the region. Homeless Management Information System (HMIS) data would be not only accurate and timely but also useful in decision-making, public awareness campaigns, and resource development. The Alliance would have adequate funding for its own operations and to distribute to member agencies.

The Call Center would be able to direct people straight to services and housing, since there would be plenty of both. There would be a steady stream of funding for a one-stop centralized intake and referral center, as well as scattered full-service community centers. The Alliance would disseminate best practices and issue reports that would be highly regarded by policymakers. It would also be an advocacy organization, working with partners to raise awareness among the public and policymakers about all of the issues around homelessness, including employment, education, and affordable housing.

Appendix B: Attendees at March 25, 2011 Retreat

Alvarez, Jose	Town of Cicero
Banks, Tracy	The Center of Concern
Baxter, Bill	Hines VA Hospital
Bookler, Tom	Homeless Education Liaison
Brady, Hugh	NAMI Illinois
Carroll, Laura	Cook County
Condon, Dennis	Community Representative
Cunningham, Kathie	Catholic Charities
Curran, Teri	Pillars
Flores, Sol	La Casa Norte
Galassini, Tom	United Way of Metropolitan Chicago
Hanson, Hallan	Alliance to End Homelessness
Heyboer, Jeremy	Alliance to End Homelessness
Higgins, Eileen	Catholic Charities
Hill, Jennifer	Alliance to End Homelessness
Jensen, Scott	Community Representative
Jordan, Ron	CEDA Northwest
King, Sharon	Alliance to End Homelessness
McCullough, Terry	Thornton Township
McManaman, Brian	Emergency Fund
Munro, Susan	SBM Solutions for Nonprofits (consultant)
Murray, Sandi	Homelessness Prevention Call Center
Newson, Lorri	Housing Authority of the County of Cook
Nickele, Khen	Illinois Department of Human Services, Div. of Mental Health
Robinson, Ericka	Cook County
Rubenstein, Eric	Single Room Housing Assistance Corporation
Schilsky, Cynthia	Community Representative
Schmitt, Ken	YMCA Network
Schueler, Lynda	West Suburban PADS
Selden, Paul	Connections for the Homeless
Shimon, Sue	New Foundation Center
Smith Armando	Vital Bridges
Stull, Todd	Journeys from PADS to HOPE
Suchor, Courtney	South Suburban Family Shelter
Troyer, Peggy	Alliance to End Homelessness
Ward, Pam	Illinois Dept of Corrections
Wasserberg, Mike	South Suburban PADS
Wood, Jennifer	YMCA Network

Appendix C: Revised Committee Structure, adopted July 29, 2011

Executive Committee
NO CHANGE

RE-NAME: GOVERNANCE COMMITTEE
Formerly known as: Rules & Procedures Committee (and Nominating Committee)
Dennis Condon (or current Past Chair), Chair
This committee will still lead bylaw and governance discussions. The Nominating Committee
will be formally merged into it. The group will see the Evanston merger through to completion
and respond to Strategic Plan goals around board diversity and cultivation.

Project Review Committee
Khen Nickele, Chair
The committee will still carry out the project review process as outlined in the Tenets of Project
Review, adopted in January 2009. In addition, it will lead a discussion of the right mix of
housing model types and the relative priority of targeted subpopulations informed by data on
unmet need in our Continuum.

RE-NAME: PLAN COMMITTEE
Formerly known as: Continuum of Care Development Committee
Susan Shimon, Chair
This committee will still lead strategic planning implementation, Exhibit 1 goal-setting, and
homeless count preparation. It will also respond to the Strategic Plan's quality assurance goals
by meeting jointly with HMIS committee 2-4 times a year.

Finance & Operations Committee
Mike Wasserberg (or current Treasurer), Chair
This committee will keep its current functions. Periodically, the committee will also review
Human Resource policies. If applicable, this committee will oversee the process of becoming a
Unified Funding Agency.

RE-NAME: RESOURCE DEVELOPMENT COMMITTEE
Formerly known as: Fundraising Committee
Paul Selden, Chair
This committee will still advise on developing and carrying out a fund raising plan each year. It
will also advise on communications-related activities outlined in the Plan.

HMIS COMMITTEE
Jennifer Wood, Chair
This committee will continue to review HMIS Policies & Procedures for the Alliance. It will
continue to cultivate ways in which data measurement can fulfill the goals of our Strategic Plan.
In consultation with the Plan Committee and the Board, it will also draft and develop a Data
Dashboard and then review it quarterly before presenting it to the board of directors. It will
recommend areas for improving the measurements, meeting jointly 2-4 times a year with the
Plan Committee to analyze the data and recommend system improvements.

Homelessness Prevention Committee
Dennis Condon, Chair
The committee will continue to advise on HPRP and call center implementation, developing with staff a final report on the stimulus program that can be used to advocate for how the Emergency Solutions Grant is implemented. In the near term, the committee focus will include ramping down HPRP, advocating for state and other prevention funding, and investigating centralized referral and intake options.

- In the new committee structure, the Alliance will encourage all CBSA's to maintain current **Training** and **Advocacy Committees**, and the Alliance will support these efforts, offer those committees the opportunity to coordinate with each other, and continue to pass information between outside groups and CBSA membership.

- The suburban Alliance and the Chicago Alliance will continue to work together in supporting a shared **Discharge Planning Committee**.

- **Rapid Re-Housing Team** will sunset in mid-2012.
- **Nominating Committee** – To be merged into the Governance Committee, above.
- **Chronic Homelessness Committee** – To be phased out.
- **Outcome Evaluation Committee** – To be phased out; Quality Assurance taken on by Plan & HMIS committees.

Summary of Strategic Plan Goal Assignments

Committees	Strategic Plan Goal #'s Assigned
Executive Committee	4: County/Entitlement Community relationship
Governance Committee	11: HEARTH governance implications 12: Evanston merger (board/bylaws) 13: Board diversity; Nominations 14: Committee changes reflected in bylaws
Project Review Committee	1: Desired mix housing/subpopulation targets 2: Project scoring; project technical assistance 6: Scoring incentives for best practices 12: Evanston merger (scoring, reallocation)
Plan Committee	2: Exhibit 1 completion 4: Con Plan advocacy; New ESG 5: Data Dashboard interpretation 6: Promoting best practices/standards 11: HEARTH technical assistance
Finance & Operations Committee	10: Develop and monitor budget 11: HEARTH collaborative applicant/UFA
Resource Development Committee	8: Communications 10: Resource development
HMIS Committee	5: Data Dashboard and HMIS data quality 12: Evanston merger (data integration)
Homelessness Prevention Committee	3: Centralized housing crisis response system
CBSA Training Committees	2: Training on desired housing types/targets 6: Promoting best practices/standards
CBSA Advocacy Committees	7: Advocacy with local elected officials 9: Partner with larger advocacy campaigns