

City of Chicago RACIAL EQUITY ACTION PLAN

Under the City of Chicago's Municipal Code (Ch. 2-4-100), all City of Chicago departments must create and maintain Racial Equity Action Plans (REAPs) "to articulate and guide strategy aimed at advancing equity and making it a permanent pillar in all departmental workstreams." Progress on all REAPs are accounted for annually as a part of the City of Chicago's budget process. This document outlines the components of the REAP and ensures that all strategies are aligned to Chicago's citywide vision: ***All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025)***

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THE CITY OF CHICAGO'S DEFINITION OF EQUITY

Equity is both an outcome and a process:

As an **outcome** equity results in fair and just access to opportunity and resources that provide everyone the ability to thrive. Acknowledging the present and historical inequality that persist in our society, equity is a future state we strive to create where identity and social status no longer predestine life outcomes.

As a **process**, equity requires a new way of doing business: one that

- (1) Prioritizes access and opportunities for groups who have the greatest need.
- (2) Methodically evaluates benefits and burdens produced by seemingly neutral systems and practices.
- (3) Engages those most impacted by the problems we seek to address as experts in their own experiences, strategists in co-creating solutions, and evaluators of success.

Further, our focus is on evaluating our own strategies, interventions and resources in a way that prioritizes those who are most negatively impacted by current policies, procedures & practices.

Racial equity focuses on the social construction of race and how it has been used (historically and presently) to unjustly distribute opportunity and resources based on a person's skin color, heritage, ethnicity, and/or national origin. Advancing racial equity requires an analysis of systemic racism inclusive of the ways harm is created at the individual, interpersonal, institutional, and structural levels. It also requires a commitment to dismantling systems that perpetuate racialized outcomes and rebuild systems that produce systemic inclusion.

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The coordination of the development and implementation of City of Chicago REAPs is led by the Office of Equity and Racial Justice. For more information about REAPs and/or the work of the office visit www.chicago.gov/equity.



RACIAL EQUITY ACTION PLAN

The City of Chicago's Vision: All people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and well-being. (HC2025 Vision)

1. Public Health & Services

Citywide Desired Result:

All Chicagoans are healthy and benefit from a full range of health and human services.☑

Community indicators:

What data can you examine to understand the status of the citywide desired result?

Food security, age, and life expectancy are data elements that help to provide support concerning food access for disabled black residents ages 22 to 64 years of age. Looking also at current efforts where our priority population and their needs are not well documented in current data collection.

Define the Problem

Identify the problem creating barriers to advancing the citywide desired result.

Be explicit about which populations or communities you need to focus on. Consider who is most negatively impacted and most marginalized on the issue.

A Greater Chicago Food Depository study shares what barriers the disability community experiences. The GCFD study Food Insecurity Among Adults with Disabilities in Cook County: Realities and Remedies, demonstrates the following:

An estimated 31 percent of Chicago metropolitan area households that include a working-age adult with a disability are food insecure, compared with 8 percent for households where there is no working age member with a disability

Food insecure adults with disabilities are more likely to experience very low food security, signifying multiple indications of disrupted eating patterns and reduced food intake with 38% of respondents indicating they had difficulty getting fresh produce and 75% of respondents indicated having a hard time making meals on their own.

Adults with disabilities in Cook County are also more likely to live in poverty, to face unemployment, and to earn less per year than adults without a disability.

We also know that 60-100 percent of people with disabilities living in low-income households reside in Chicago's West Side and South Side neighborhoods that are predominately populated by Black and Brown residents. Unfortunately, there is very little data on an overlay of these two communities as it relates food equity. In an effort to address the lack of data for people with disabilities experiencing food insecurity and Black and Brown residents within the same geographical areas, MOPD examined a sample of 19 West and South side community areas residents with disabilities access to fruits and vegetables. Our study showed that only 15-37 percent of adults in those areas eat five or more servings of fruit and vegetables daily (CDPH Health Atlas).

In evaluating Black and Brown residents' lack of access to food, this access is further limited by additional barriers, including inaccessible food pantries (often in church basements without elevator/Lift access for example), communication access barriers (lack of ASL interpretation, materials in inaccessible format, creating barriers for blind/low vision individuals), and programmatic barriers. These barriers can result in little to no food access for people with disabilities. There is scarce data available on the intersection of food access and people with disabilities. The CDPH Health Atlas illustrates that Black and Brown individuals residing in predominantly West and South Side neighborhoods experience low access to food by 52 to 85 percent, compared to the city-wide average of 21 percent that experiences low access to food. Black and Brown individuals represent up to 45 to 95 percent of the our City's population.

Identify Root Cause(s)

How has systemic and structural racism shaped historical and current events related to the problem?

Contributing to the problem is the lack of local investment, antiquated infrastructure, redlining, abandoned homes, and high crime rates that have caused people of color with disabilities to be overlooked in employment, transportation, and healthcare.

The antiquated infrastructure has continued to contribute to the lack of access to food pantries and other food programs being located in facilities, not in compliance with accessibility laws and regulations. Unemployment results in limited resources necessary to purchase healthy or nutritious food. Limited accessible transportation options reduce how far a black or brown person with a disability is able to travel for healthy or nutritious food. Limited health resources also exacerbate the situation. All these elements contribute to the lack of equitable food access.

Black and Brown communities and communities of people with disabilities both experience systemic and structural discrimination. However, for those that are in both Black and Brown and disability communities, the discrimination is doubly compounded, making the lack of equitable food access more problematic.

Lack of healthy investments in areas increases mortality rates. Moreover, the absence of healthy investments in Black and Brown communities has resulted in high mortality rates, as indicated by CDPH's Health Atlas.

Define the Opportunity

Identify opportunities for your department to advance the citywide desired result.

Be explicit about which populations or communities you need to focus on. Consider who is most negatively impacted and most marginalized on the issue.

MOPD is striving to make Chicago a world-class, disability-friendly city. Accessibility is the foundation of MOPD's work. MOPD's priorities also include increasing access to nutritious and healthy food within the Black & Brown disability community. As such, MOPD's work will begin to create and collect data centered around food equity access and people with disabilities. Additionally, MOPD plans to advocate and work with partners to integrate new findings and data into the plans of the Equity Food Council and other programs. Increasing food equity for residents will require that these options are accessible and meet ADA standards. Specifically, it is our intent to ensure that establishing uniform practices will result in identifying and ensuring that those entities receiving public support through grants, loans, cooperative agreements, etc., meet accessibility standards from inception – through both physical and programmatic services access.

| Department Strategy: <i>What are the department's overarching strategies to advance equity for this priority area?</i> Actions <i>What steps will the department take to advance each strategy?</i> | Timeline <i>By when will the department achieve this?</i> | Performance Measures <i>How will the department know if it achieved its goal? Identify metrics that indicate success. (e.g., staff composition and # of organizations served)</i> | Implementation Plan <i>What specific steps will the department take to carry out each action? Identify necessary stakeholders to advance this action, e.g., internal department divisions/bureaus, other government agencies, community organizations, etc.</i> | Status <i>Departments will report the status of each action annually at budget time.</i> |
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| A. Department Strategy: Create a vetting process for expansion of food programs that requires listing ADA accessibility | | | | |

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| <p>Action #1 Work with the Food Equity Council to develop an accessibility assessment of Food Program providers, such as a Self-Evaluation of ADA accessibility compliance as part of the required process. As a starting point, GCFD can provide its most current list of Food Program Providers.</p> | <p>Timeline to be dictated by the Food Equity Council</p> | <p>Will be tracked by the number of completed assessments compared to the total number of known Food Program providers</p> | <p>Notice will be disseminated to existing Food Program Providers with the new assessment tool along with timelines for completion and explaining the rationale. New Food Program providers will be required to submit an ADA self-assessment as part of their vetting process.</p> | |
| <p>Action #2 Develop ADA accessibility self-assessment for food providers to complete.</p> | <p>Estimated time frame - 3 months, utilizing available models and modifying for this purpose.</p> | <p>Track completion of assessment; the final step will be the completion of an assessment, along with a review of any accessibility barriers.</p> | <p>Assessment tool modified for use by food providers, utilizing existing Self-Evaluations and Assessments.</p> | |
| <p>Action #3 Once completed assessments are received, responses will be reviewed. Technical Assistance will be provided to any food providers who may need to make modifications. The final step will be to mark each location with the type of accessibility and the level of accessibility in the GCFD provider listings with symbols that denotes a specific type of access. Prioritize search results based on ADA accessibility and type of access sought.</p> | <p>Time Line TBD. Process of reviewing, categorizing, and listing, with a dedicated staff- 3 months.</p> | <p>Compare the total number of assessments received to the number distributed and obtain the response rate. Looking for 100% completion response rate as our goal.</p> | <p>GCFD will be the entity to input data into their web-based map and list. MOPD and others will use the GCFD map to assist clients to identify accessible food program providers</p> | |
| <p>B. Department Strategy: Maximize available delivery models to increase home delivery of food program products</p> | | | | |
| <p>Action #1 Design and implement a home meal delivery program for people with disabilities</p> | <p>estimated implantation to begin May-June 2022</p> | <p>10+ residents in the identified demographic and community areas will receive nutritious meals from GCFD in 2022; lessons learned will help to develop the future expansion of this program.</p> | <p>MOPD Disability Resource Unit staff will work with Access Living to identify residents in need based on community indicators (demographics, age, and disability) Partner with GCFD to provide food access in Englewood, Pullman, South Deering, and Garfield Park for black disabled residents ages 22 to 64</p> | |
| <p>Action #2 Providing for portability of meals provided by MOPD/GCFD so participants can take meals with them to employment, activities, or other locations they may be on any given day.</p> | <p>Under investigation</p> | <p>Meal is taken with participant</p> | <p>In Discussion</p> | |

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| Action #3 Study feasibility of partnering with existing food delivery providers to expand food delivery | long-term 1 yr.+ | Tracking delivery times, client satisfaction and the state of the food at delivery times. | In Discussion | |
| Action #4 Food insecurity in the Austin community for those people with a disability | Pilot Program partnering with the Thierer Foundation and seeing 150 participants | Pilot includes ONLY these four zip codes 60644, 60639, 60651, and 60707. | On-line application process | |
| C. Department Strategy: Address participants that are not eligible for the provided meal programs | | | | |
| Action #1 Design and implement a home meal delivery program for people with disabilities | MOPD and Greater Chicago Food Depository 10 MOPD clients from the Independent Living Program who live on the South and West side (preferred) | 10+ residents in the identified demographic and community areas will receive nutritious meals; In December 2022, clients will be identified and screened, and Launch home delivered meal program in January 2023. Lessons learned will help to develop the future expansion of this program. | MOPD Disability Resource Unit staff will work with Access Living to identify residents in need based on community indicators (demographics, age, and disability) Partner with GCFD to provide food access in Englewood, Pullman, South Deering, and Garfield Park for black disabled residents ages 22 to 64 | |
| Action #2 Providing for portability of meals provided by MOPD/GCFD so participants can take meals with them to employment, activities, or other locations they may be on any given day. | Currently researching | Meal is taken with participant | In Discussion | |

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2. Housing

Citywide Desired Result:

All Chicagoans have healthy, affordable, accessible homes.

Community indicators:

What data can you examine to understand the status of the citywide desired result?

HomeMod has been the focus of studies performed by the Woodstock institute and HUD. HomeMod maintains robust data collection of clients and services provided. The City of Chicago's HomeMod Program provides home modifications for people with disabilities who meet federal poverty level guidelines. HomeMod provides accessibility that allows people with disabilities to live independently in their homes, predominantly people with mobility disabilities. The modifications typically address one of two barriers: making front entrances accessible to enter/leave the unit (about 48 percent of projects), and also the lack of an accessible bathroom (about 33 percent of projects). Most homes in Chicago were built before 1960, and not likely to have first floor accessible units where the bathroom and bedroom are on the first floor. HomeMod's services include 100+ new accessible construction projects per year to provide immediate access to homes, but can also lead to the long term impact of allowing a person with a disability to live independently for a longer duration in their own homes. Based on a Joint Center for Housing Study we find that just 3.5% of all homes in the US had basic accessible features. In Chicago alone there are over 520,000 residents reporting they have a disability, 10.1% of the total population. There is no clear indicator that tracks the total number of accessible units in the City of Chicago. In an attempt to evaluate the lack of data on accessible and or partially accessible unit counts within Chicago we have reviewed our own data and found that while accessible new units do exist within the city, the cost of these units is oftentimes inaccessible to our Brown and Black residents. In fact we have data that indicates the average household income for Brown and Black individuals looking for accessible units is just \$28,000 annually in 2022. This income disparity is a primary driver for inequality when it comes to accessible housing. We have also discovered the average household income for this group of individuals has largely stayed the same or slightly decreased for the last ten years. In 2011 the household income average was \$29,900. Over the past 10 years 47-62% of our clients have been black or brown of which roughly 30% are Hispanic as well. The average cost of an accessible modification to a home in Chicago in 2022 is \$22,000 and often times multiple modifications are required to make a home truly accessible.

Define the Problem

Identify the problem creating barriers to advancing the citywide desired result.

Be explicit about which populations or communities you need to focus on. Consider who is most negatively impacted and most marginalized on the issue.

People with disabilities of any age are most impacted here, and this group can include elderly individuals who acquire a disability due to age, individuals who become disabled as a result of gun/community violence, and many others. Estimates project that between 2020 and 2030, the number of people with mobility impairments will increase from 12.0 million to 15.6 million. Currently less than 4 percent of housing units are accessible for people with moderate mobility difficulties, and less than 0.2 percent are accessible for a person in a wheelchair living alone. Roughly 47% - 60% of our clients are black or brown. Some possible solutions to increase accessible housing include building more accessible units and/or modifying existing units to make them accessible. Often, people with disabilities unable to find accessible housing along with any needed support end up living in a nursing home. Some possible data metrics can include looking at the reduced costs of moving to an assisted living facility or nursing home, the cost of in-home personal care attendants or home health aides, or the cost of using emergency services for transportation to healthcare appointments. Many of the homes we visit to provide accessible modification are deteriorated badly from an upkeep, modernization, repair, and structural perspective, presenting additional barriers to adding safe and accessible modifications. There is also a shortage of individual funding available to maintain homes and can be difficult for clients on fixed incomes. People with low to extremely low incomes are disproportionately affected, and we have data to conclude that black and brown individuals and family units are most affected. In fact, we have data that indicates the average household income for brown and black individuals looking for accessible units is just \$28,000 annually in 2022. This income disparity is a primary driver of inequality when it comes to accessible housing. We have also discovered the average household income for this group of individuals has largely stayed the same or slightly decreased for the last ten years. In 2011 the household income average was \$29,900. Over the past 10 years, 47-62% of our clients have been Black or Brown, of which roughly 30% are Hispanic as well. The average cost of an accessible modification to a home in Chicago in 2022 is \$22,000, and often times multiple modifications are required to make a home truly accessible.

Identify Root Cause(s)

What is contributing to the problem?

How has systemic and structural racism shaped historical and current events related to the problem?

The disability community experiences a number of barriers to financial mobility and access to communities. To add to this, the disabled community has high unemployment rates that stem from bias against people with disabilities which is also compounded further when considering intersectional identities, especially for people of color. Lack of employment, housing resources, financing, and community involvement all contribute to poverty and compound systemic racism on a cultural and institutional level.

Define the Opportunity

Identify opportunities for your department to advance the citywide desired result.

Be explicit about which populations or communities you need to focus on. Consider who is most negatively impacted and most marginalized on the issue.

MOPD provides direct services to individuals with disabilities, specifically serving people with disabilities. From a structural racism perspective, we have predominantly served Black/African Americans located in the South side of the city. The Asian race has been the most difficult for our program to reach in the past, and that may be due to institutional and cultural barriers. Our data indicate that while a majority of our services go to the areas on the South and west of the city, they are also directly related to the needs of individuals in those areas. That need is generated by generational inequalities for people of color. Our analysis has found five measures that we are focusing on, they are listed below in our actions.

| Department Strategy What are the department's overarching strategies to advance equity for this priority area? Actions What actions will the department take to advance each strategy? | Timeline By when will the department achieve this? | Performance Measures How will the department know if it achieved its goal? Identify metrics that will indicate success. (e.g., staff composition and # of organizations served) | Implementation Plan What specific steps will the department take to carry out each action? Identify necessary stakeholders to advance this action e.g., internal department divisions/bureaus, other government departments/agencies, community organizations, etc. | Status Departments will report the status of each action annually at budget time. |
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| A. Department Strategy: Maximize outreach and staffing efforts within the HomeMod program | | | | |
| Action #1 Train recently assigned MOPD staff on HomeMod procedures | Dec 2022 - Jan 2024 | Will be tracked by our service deliverables in marginalized communities | HomeMod will train recently assigned staff by cross-promoting our services on the south and west sides of Chicago and learning about the needs of various community areas from neighborhood organizations. | |
| Action #2 Develop new ways of reaching our underserved clientele in marginalized communities by coming up with new ways of outreach and continuing existing outreach efforts. | Dec 2022 - Jan 2025 | Client demographic results will be tracked by gathering client data as part of the application process and compiling our new tracking methods through the development of the ECM system for HomeMod's use. | New efforts to partner and outreaching DCFS, DOH, CHA, CFD, DSCC, UIC, all 50 Alderman's offices, Pace/CTA, VRO BCBS and many more, along with increasing language access for HomeMod materials | |
| B. Department Strategy: Maximize the construction and repair of accessible modifications to homes to increase accessible housing stock and reduce the future cost of services to aid people with disabilities, such as home health aides or nursing home care. | | | | |
| Action #1 Add additional data metrics to measure the impact of HomeMod services short-term and long-term. | current into YE 2024 | Evaluate data metrics | Measuring success using data metrics obtained by our inclusion into the New ECM (enterprise case management system) 2023 Feb start | |

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| <p>Action #2 Evaluate data-sharing collaboration with other agencies to access data, such as Medicaid service and payment records, to get a better understanding of short and long-term impacts of HomeMod, such as measuring percentage of people with disabilities who can delay moving to an assisted living facility or nursing home following the installation of modifications.</p> | <p>current into YE 2024</p> | <p>More data analysis is needed to be able to quantify this measure and be able to evaluate service to Brown and Black clients on any data set.</p> | <p>We are currently providing this service as we outreach to the least-served parts of the city to provide an equitable deliverable. Measuring success using data metrics obtained by our inclusion into the New ECM (enterprise case management system)</p> | |
| <p>Action #3 Identify additional funding so that increased HomeMods can be provided to Chicago residents for people with disabilities who are below federal poverty level guidelines and those that are most in need in marginalized areas.</p> | <p>current into YE 2024</p> | <p>Track funding along with the number of homes made more accessible in the areas we are cross promoting due to marginalization.</p> | <p>The expansion may be funded through additional CDBG allocations or from other state-level resources. HomeMod has absorbed another city program from which we will expand our services with.</p> | |
| <p>Action #4 Find ways to modify existing policy so that multiple modifications can be provided to an applicant at one time, to better meet their needs. Currently, only one modification can be provided per year and requires a multi-year effort to address all accessibility barriers one may have in their home. A substantial percentage of HomeMod Program participants received multiple modifications over a period of years, and, in some instances, doing all of the needed work at one time might be more cost-effective and meet the participants' needs more efficiently.</p> | <p>current into YE 2024</p> | <p>Time duration and number of services will be measured. Providing 2x the service to the clients most in need.</p> | <p>Evaluating what funding is needed and any change in process to try to provide this service</p> | |
| <p>Action #5 Identify funding so that repairs and ongoing maintenance of the modifications installed can be provided so that modifications do not become ineffective or inoperable. One common modification was a vertical power lift to allow people with mobility impairments to get in and out of their homes without assistance. The lifts, however, need periodic maintenance to remain in working order, and clients served typically lack funding and resources for needed maintenance. Data supports our findings that black and brown marginalized communities require more support in this area.</p> | <p>current into YE 2024</p> | <p>Number of maintenance or repairs provided to Black and Brown clients tracked by location and age of building.</p> | <p>HomeMod is in the process of developing a repair and maintenance component that is both timely and easy to access for all our current clients and former clients. Measuring success using data metrics obtained by our inclusion into the New ECM (enterprise case management system) 2023 Feb start</p> | |

RACIAL EQUITY ACTION PLAN

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3. DATA

Citywide Desired Result:

All Chicagoans can obtain, view, or use public-facing data from the City of Chicago.

Community indicators:

What data can you examine to understand the status of the citywide desired result?

The Mayor's Office for People with Disabilities collects robust data, tracking clients along with which services are provided to each client. With this data, we can evaluate how individual programs help our clients and their ability to continue to live independently in our communities, gain employment and have their homes modified for accessibility. The ECM (Enterprise Case Management) system is a current City of Chicago client data tracking system, we also use our data to identify neighborhoods we are not serving and target our outreach efforts accordingly so that residents in those communities have the opportunity to learn about our services. Our data also provide a data set allowing us to examine the long-term impacts of our work - for example, by installing a lift to allow someone to easily enter/exit their home or adapt a kitchen, a person with a disability may not need the assistance of a Personal Assistant or avoid being placed in a nursing home for long term care. This allows us to demonstrate the efficiency and impact of our CDBG funding in improving the lives of Chicagoans with disabilities and people of color. With the Inclusion of the ECM system and its ability to sort and create data sets, we will over time, be able to isolate areas of inequality and tailor our services to marginalized Black and Brown communities.

Define the Problem

Identify the problem creating barriers to advancing the citywide desired result.

Be explicit about which populations or communities you need to focus on. Consider who is most negatively impacted and most marginalized on the issue.

MOPD has worked closely with ECM to develop data metrics for all MOPD Programs and services. In our research of general data metrics, disability is often not included or measured in standard data metrics. MOPD is actively working on evaluating data metrics to ensure broad data collection around disability, race, ethnicity and age. Data can then be linked to community areas to determine the effectiveness of our services and ascertain how MOPD as a department is addressing racial and equitable deliverables to black and brown clients. There are gaps in data that could help our programs work more efficiently and strategically once addressed and demonstrate their effectiveness. ECM is a new data collection tool for MOPD in general so we are not yet able to determine the quantifiable data we may obtain from it.

Identify Root Cause(s)

What is contributing to the problem?

How has systemic and structural racism shaped historical and current events related to the problem?

Systemic and structural racism has had an adverse impact on disability disclosure, as systemic racism does not encourage sharing of additional/intersectional identities. Further, there is bias against disability including assumptions around what people with disabilities can do, that has led to people with disability not feeling safe about disclosing disability.

MOPD launched a Career Center to help Chicagoans with disabilities in finding employment and is also providing guidance on disability disclosure. This will lead to more people feeling comfortable about disclosing their disability and increasing accurate counts around disability. Many others may not realize that they have a disability - more awareness is needed among the disability community about civil rights protections including under the Americans with Disabilities Act.

Define the Opportunity

Identify opportunities for your department to advance the citywide desired result.

MOPD will work to add additional metrics to our data collection so that we can better study the short-term and long-term impacts of providing services including the impact on employment, local communities, property values, and other government services utilized. For example, one suggested data point is measuring the number of hours one uses a Personal Assistant before and after receiving a HomeMod, and how those tasks performed may change. We can then study the intersectional impact our services have on people of color in geographic areas of Chicago. This will allow us to collect longitudinal data to determine the impact that HomeMods have on allowing people of color to delay moving to more institutional residential settings and for what duration.

| <p>Department Strategy <i>What are the department's overarching strategies to advance equity for this priority area?</i></p> <p>Actions <i>What action will the department take to enact each strategy?</i></p> | <p>Timeline <i>By when will the department achieve this?</i></p> | <p>Performance Measures <i>How will the department know if it achieved its goal? Identify metrics that will indicate success. (e.g. staff composition and # of organizations served)</i></p> | <p>Implementation Plan <i>What specific steps will the department take to carry out each action? Identify necessary stakeholders to advance this action e.g. internal department divisions/bureaus, other government departments/agencies, community organizations, etc.</i></p> | <p>Status <i>Departments will report the status of each action annually at budget time.</i></p> |
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A. Department Strategy: The MOPD Career Center understands the importance of having accurate data. Through the development of our program, we plan to incorporate ways to collect the data we need to share more informed information about disability employment. This is done through the development of our case management software and partnerships with Rush University to evaluate data and the effectiveness of our program.

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| <p>Action #1 MOPD Career Center staff work closely with the Department of Assets, Information, and Services (AIS) to ensure that disability metrics are counted accurately for the Career Center case management system (Enterprise Case Management System - ECM).</p> | <p>MOPD collects information in real-time from clients and runs reports monthly to ensure data collection provides accurate and timely metrics on the status of disability employment in the City of Chicago, for clients served at the MOPD Career Center.</p> | <p>Building and utilizing the ECM data, increased data on disability employment in the City of Chicago will be available.</p> | <p>MOPD and AIS continue to work together to review and add data metrics based on data collected, which will allow us to understand disability employment in Chicago, including in geographic regions of the City.</p> | |
| <p>Action #2 MOPD Career Center has partnered with Rush University Medical Center to work together on best practices around disability data collection along with program evaluation. Data metrics include efforts to measure success such as tracking: the number of people with disabilities who obtained jobs, the number of people with disabilities who obtained career readiness services, number of people with disabilities who enrolled in job training programs.</p> | <p>Rush University Medical Center will provide reports tracking the effectiveness of MOPD's Career Center program. The first report will be completed after the first full year of the program.</p> | <p>After evaluating data collected in ECM – Rush is able to confirm that our first year of programs at the Career Center were effective and provided valuable services to the disability community seeking employment</p> | <p>Once results are shared from the program evaluation report, MOPD will consider the information provided and discuss areas of improvement as well as celebrate accomplishments.</p> | |

B. Department Strategy:

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| <p>Action #1 Collaborate with other agencies including DCFS, DOH, CHA, CFD, DSCC, UIC, Aldermanic offices Pace/CTA, and VRO BCBS on data collection to assess long-term impact of our programs and services on black and brown residents of the city of Chicago.</p> | <p>Starting Feb 2024 on the inclusion and implementation of HomeMod in ECM.</p> | <p>The use of ECM in HomeMod will be able to provide measurable data of our services to community areas in need.</p> | <p>We will identify specific data metrics and collaborate with partners to discuss areas of improvement as well as the next steps based on quantifiable data.</p> | |
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| <p>Action #2 I Implement short and long-term data metrics and specific types of data required within ECM to highlight services to marginalized black and brown community areas.</p> | <p>Starting Feb 2024 on the inclusion and implementation of HomeMod in ECM.</p> | <p>The use of ECM in HomeMod will be able to provide measurable data on our services to community areas in need.</p> | <p>MOPD and our vendors will review our data and add metrics based on service deliverable. We will gain an understanding of needs based on an assessment of the service areas we outreach.</p> |
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