Coordinated Entry System
Continuum of Care IL 510

Policies & Procedures Guide

Contents

Coordinated Entry System (CES) Overview

What is Coordinated Entry

Coordinated entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community, and is required by the U.S. Department of Housing and Urban Development for all Continuums of Care (CoC) as stated in 24 CFR 578.7 (a)(8) of the Continuum of Care Program Interim Rule. "HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present[1]." Such a system incorporates a community-wide Housing First approach to all programs and prioritizes resources for those with the most complex needs.

Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry also provides vital information to communities about service needs and gaps to help communities plan their assistance and identify needed resources.2 Utilizing a standardized assessment tool and practices, the goal is for the system to ensure that households experiencing homelessness have equal and fair access to resources that will end their homelessness.

All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws.

Chicago's CES Goal/Community Vision

Chicago's vision for coordinated entry is a community response to ending homelessness that accounts for the diversity of needs of people experiencing homelessness, urgently responds to these needs with permanent housing solutions, and successfully incorporates the housing, healthcare, and employment systems. This community response will ensure an accessible and navigable set of entry points; a universal assessment for all person requesting assistance; and effective and appropriate connections to housing and services for all populations. Chicago's CES will include a data driven approach to ensure that the system is able to measure and respond to current needs with a transparent framework of sharing progress.

Chicago's CES Lead Entities

CSH: Lead Entity and project manager of the CES, ChicagoCES@csh.org
All Chicago: HMIS Lead for the Chicago Continuum of Care, hmis@allchicago.org
Catholic Charities: System Administrator and Diversion, ChicagoCES@CatholicCharities.net
Center for Housing and Health: Coordinating Outreach and Housing, CenterCES@housingforhealth.org

Universal Data Platform: Homeless Management Information System (HMIS)

HMIS is the data platform utilized for CES activities. Skilled Assessors conduct the Chicago CoC Standardized Housing Assessment with persons experiencing homelessness and enter this data into HMIS. Housing providers will receive all matches through the CES via HMIS, along with the homeless programs the household has been or is currently enrolled in to support locating the Applicant. In addition, HMIS will be utilized to track the community's progress in ending homelessness.

[1] The Department of Housing and Urban Development, *Coordinated Entry Policy Brief*, (2015)
[2] The Department of Housing and Urban Development, *Coordinated Entry Policy Brief*, (2015)

Multiple Access Points and Consistency of Services

Access points ensure that people experiencing homelessness have the ability to meet with a Skilled Assessor to complete the Chicago CoC Standardized Housing Assessment, the first step towards movement to permanent housing coordinated through the CES. Chicago utilizes existing service providers as access points for the system and plans to expand access points to additional entities that encounter people experiencing homelessness. These access points cover and are accessible throughout Chicago and will be affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability or who are least likely to complete a Coordinated Entry System Housing Assessment in the absence of special outreach.

Various access points will accommodate cohorts within the population such as youth, Veterans, families, survivors of domestic violence, and adults experiencing either homelessness or chronic homelessness to ensure fair and equal access for all populations into the coordinated entry process. While marketing will encourage people who are part of a particular cohort to connect with particular access points, any person will be accommodated at any access point.

Please click here for a full listing of access points along with addresses and schedules.

This chart offers accessibility information for the Chicago CES access points:

Access Point Accessibility

Agency	Wheelchair Accessible (Y/N)	Language Interpretation (Y/N)	ASL
Teen Living Programs	Yes	No	Yes
Featherfist	Yes	Yes	Yes
Covenant House	Yes	Yes for Spanish only	Yes
Center on Halsted	Yes	Yes for Spanish only	Yes
Heartland Health Outreach	Yes	Yes (telephonic interpretation) for a wide variety of languages	Yes
North Side Housing & Supportive Services	No	Yes for French and Spanish only	Yes
Broadway Youth Center	Yes	Yes for a wide variety of languages	Yes
Matthew House	Yes	Yes for Portuguese only	Yes

Agencies Required to Use the CES

All Agencies serving households experiencing homelessness are encouraged to use the CES for referrals. Agencies receiving Housing and Urban Development (HUD) Continuum of Care (CoC) and City of Chicago Department of Family and Support Services Homeless funding must use the CES.

Roles, Targeting, and Populations

Roles

These are the roles in the CES process:

Applicant: People experiencing literal homelessness including individuals and households of more than one person needing permanent housing. Applicants must be in the City of Chicago, and their current living situation meet the definition of homelessness according to the Homelessness Emergency and Rapid Transition to Housing (HEARTH) Act. Youth under the age of 25 who are unstably housed will meet the homeless definition for programs funded to serve this population.

Applicant Rights
Applicants have the right to complete a Coordinated Entry standardized housing assessment and have the right to request a Skilled Assessor who speaks their native language or translation services.

As part of this process applicants will be asked to sign a Homeless Management Information System (HMIS) consent that will ask what level of sharing, if any, they approve of. This consent will be explained and the applicant has the right to ask questions related to how their data will be used or shared so that they can make an informed decision.

As needed, applicants have the right to update their Coordinated Entry Assessment either with the Skilled Assessor who completed the assessment with the household or with any Skilled Assessor.

- To update your contact your contact information, please either connect with the Skilled Assessor who completed your assessment or any Skilled Assessor at any project such as a shelter or drop-in center or Access Point. For a listing of Access Points, please visit www.csh.org/access or call 311 and ask for information about Coordinated Entry Access Points.

Applicants may opt out of sharing information on HMIS and doing so will not prevent the household from being matched to housing. They may also opt out of completing an assessment while retaining the right to receive any and all necessary emergency services.
Applicant Responsibilities

While completing a housing assessment, applicants are responsible for sharing information as accurately as possible.
Applicants are responsible for updating their information such as contact information, new hospitalizations or the diagnosis of a disabling condition, change in family composition, and change in income. These updates allow for a more accurate understanding of eligibility for housing programs and when matched to housing, updated contact information allows the housing provider to reach the household.

When applicants are called by a housing provider, they are responsible for responding to the provider and should share if they need supports to connect such as for a housing intake appointment, accessing documents, etc.

If an applicant obtains housing without support by the Coordinated Entry System they should notify any project they are involved with or any Skilled Assessor to share this information including if the housing is subsidized, affordable, or market rate housing or if they have moved in with friends or family permanently or temporarily.

Authorized User Agencies: Housing providers who wish to or are required to participate in the CES.

Coordinated Access Steering Committee (CASC): This entity is the governing body of the CES. Previously, this steering committee served in a planning capacity and has shifted to oversight of the planning and implementation of CES.

Coordinated Entry Lead: CSH is the lead agency for the Coordinated Entry Supportive Services Only (SSO) grant. CSH serves as the project manager for CES implementation.

Emergency Services: Emergency services such as shelters and drop-in centers may serve as access points to the Coordinated Entry System by connecting people to a Skilled Assessor. People will be able to access emergency services independent of the operating hours of the system's intake assessment process for CES.

Diversion Specialist: Catholic Charities and Salvation Army will work to divert households from shelter as appropriate. People who cannot be assisted with identifying and accessing safe housing will be welcomed into the shelter system. The purpose of diversion is to prevent the need for homeless resources with connections to mainstream resources, support with identifying potential members of the Applicant's support network, and conflict resolution or mediation if needed.

HMIS Administrator: All Chicago is the CoC HMIS Lead. All Chicago provides training for new users of the HMIS system and Coordinated Entry System. All Chicago creates agency and staff new user profiles. All Chicago manages the CES by name list known as the One List, which is used to prioritize and match applicants to housing. All Chicago provides reporting on outcomes as requested by the Coordinated Entry Lead.

Homeless Prevention Call Center: The Homeless Prevention Call Center manages requests for homeless prevention resources. People should call 311 and ask for short term help.

Housing System Navigator: Once a housing option is identified, a Housing System Navigator assists the Applicant with reaching housing. Housing System Navigators may assist Applicants with gathering the necessary documentation needed to complete formal housing applications. Families and people experiencing chronic homelessness who require navigation support and are not already linked to an Outreach Worker or Case Manager able to provide this level of support will be matched to a Housing System Navigator as capacity allows.

Outreach Worker: Outreach Workers assist the Applicant in accessing the CES, including assisting the Applicant in getting to a drop-in center to complete a Standardized Housing Assessment. Outreach workers may also be Skilled Assessors. Once a housing option is identified, Outreach Workers may serve as a secondary contact between Agencies and Applicants. Outreach Workers may assist Applicants with gathering the necessary documentation needed to complete formal housing applications.

Shelters and Interim Housing: Access to emergency shelter and interim housing resources will not change. For households in need of emergency shelter, they may access resources via DFSS Service Centers, hospitals and police stations by calling 311. Crisis response programs will not create barriers to entry such as requiring a CES assessment for entry. Emergency services staff will connect households to the CES by offering space to Skilled Assessors, informing participants of the CES process and how to complete a CES assessment, and in some instances serving as an access point.

Skilled Assessor: Person who can complete the Standardized Housing Assessment with Applicants. Skilled Assessors are trained to complete the coordinated entry assessments, enter data into HMIS, and obtain signed required confidentiality agreements.

System Coordination – Matchers: Catholic Charities/matcher utilizes HMIS to review assessments and send appropriate matches to housing providers with vacancies and in need of referrals. The matching entity reviews the response to the referral and will connect the individual to subsequent housing options as needed.

System Coordination – Outreach Coordination: The Center for Housing & Health (CHH) manages the Outreach Coordination process. This will include leading System Integration Teams and supporting coordination between outreach and housing providers to efficiently house Applicants.

Targeting Resources: Standardized Housing Assessment

The CES is open to all households who meet the HUD definition of experiencing homelessness. The Coordinated Entry standardized assessment is open to all individuals/households experiencing homelessness and is separated into sections which assist in determining homelessness, vulnerability, barriers, and other criteria related to eligibility for housing programs.

The CES for permanent supportive housing uses vulnerability indices (described below) to rank Applicants in order of vulnerability, with the most vulnerable households at the top of the list. More directly, Applicants may be offered housing regardless of vulnerability score, but more vulnerable persons will likely be offered housing before less vulnerable persons. Applicants will be prioritized in the following order:

1) Chronic Homelessness first,

2) VI Score (descending) second,

3) Number of days homeless (descending) third,

4) Date of application last.

Chicago has adopted a practice of filling all supportive housing units with people facing chronic homelessness first. If no person facing chronic homelessness can be found for the unit the level of acuity will be taken into consideration as the next priority.

PSH referrals will not be assigned to different levels of service within PSH based on vulnerability scores. Instead, households will be matched based on availability, system-wide eligibility, and prioritization criteria.

Programs with a less intensive and ongoing service model can accommodate people with a lower VI score who may or may not be facing chronic homelessness. Those with lower acuity and facing chronic homelessness will be prioritized above those with lower acuity who are not facing chronic homelessness for permanent housing with short term supports and rapid rehousing programs.

Permanent Housing with Short Term Supports, Permanent Housing without supports, and Rapid Rehousing programs are geared towards households with a lower vulnerability score who may or may not be experiencing chronic homelessness. Transitional housing programs can accommodate any person who meets their funder driven eligibility criteria with a preference for those fleeing domestic violence and prioritizing the most vulnerable.

Please see the Program Models Chart to view a full description of each model.

Single Adults – VI-Plus

The Vulnerability Index™ (VI) is an assessment tool used to identify members of the homeless population who are considered medically vulnerable and who will face an increased risk of mortality if

homelessness persists. Chicago adapted the VI to screen for and identify households with Severe Mental Illness (SMI) who are in need of the Safe Haven program model. Scores for single adults range from 0 to 8 with one point for each challenge listed below:

- Three or more hospitalizations or emergency room visits in a year
- Three or more emergency room visits in the previous three months
- Age 60 or older
- Cirrhosis of the liver
- End-stage renal disease
- History of frostbite, immersion foot, or hypothermia
- HIV+/AIDS
- Tri-morbidity: co-occurring psychiatric, substance abuse and chronic medical condition (asthma, cancer, diabetes, etc.)

Households with Children under 18 - Family VI

Family Vulnerability is characterized by length of literal homelessness and residential instability, involvement with child welfare and/or informal separation from children, number of children, and trauma history. The minimum score is 1 and there is no maximum score, as each child in the household receives .5 to 1 point. The Family VI assessment asks questions in the following areas to calculate the VI score:

- Homeless history
- Involvement with child welfare
- Parental risk factors
- Child risk factors

Unaccompanied Young Adults Age 18-24 – Youth VI

Unaccompanied youth vulnerability is characterized by likeliness to remain homeless for a long duration. The minimum score is 1 and the maximum is 6. The Youth VI assessment asks question in the following areas to calculate the VI score:

- Reason for homelessness
- History of juvenile detention
- History of drug use
- Mental health and trauma factors

Minors

Minors are youth under the age of 18. Minors will not be assessed with the Standardized Housing Assessment used for people 18 years and older. The first step will be to immediately connect a minor to a Minor Access Point:

NORTH: The Night Ministry: 877-286-2523
The Night Ministry - Pregnant and/or Parenting: 733-506-3120
WEST: Puerto Rican Cultural Center: 872-829-2654
SOUTH: Teen Living Programs: 866-803-8336

Targeting Beyond Vulnerability Assessments

Agencies that serve a specific target population may receive referrals of that target population. To target a specific population, agencies must provide documentation of receipt of funding that supports the unit and maintains funder-defined targeting criteria. Examples of targeting criteria include:

- Area Median Income
- Household Composition
- Gender
- Youth/Senior
- HIV/AIDS
- Veteran Status
- Disabling Condition (presence of, not specific condition)
- Dual Diagnosis (presence of, not specific condition)
- Domestic Violence provider
- CHA Waiting List

Agencies receive referrals from CES that meet the stated targeting criteria, following the same system wide prioritization for matches. Applicants experiencing chronic homelessness and those with the highest VI scores in the designated range will be matched first.

Up to 10% of the new and turnover units each year may be targeted to Frequent User Service Enhancement (FUSE) projects. In FUSE projects, data is used to identify a specific target population of high-cost, high-need individuals who are shared clients of multiple systems (jails, homeless shelters and crisis health services) and whose persistent cycling indicates the failure of traditional approaches. In order to be eligible for a FUSE project, non-HUD CoC resources must be utilized in conjunction with HUD CoC resources. Agencies apply to Catholic Charities for a FUSE exemption.

Please see the Appendix for the FUSE Exemption Request.

Coordinated Entry System Work Flow

Assessment

Households may receive an assessment at various points of entry within the homeless system. The most common entry points will be overnight shelters, interim housing programs, through an outreach team or at a drop-in center. Households are not required to be enrolled in a shelter or interim program to complete the CES assessment. Assessments can and should be updated as contact information or life circumstances change. Vulnerability Indices should be updated if life changes dictate this need such as emergency room visits, hospitalizations, learning about a new diagnosis, and involvement in the child welfare system, or juvenile detention center encounters. Please click here for a listing of Access Points for households not enrolled in shelter or outreach projects.

If a person is in crisis and requires shelter the first step will be to connect this person with a shelter as capacity allows and then follow up with a connection to a Skilled Assessor to complete this assessment. The goal is to have the assessment completed within two business days in shelters and within 7 business days in Interim housing to account for household who may be able to self-resolve. Skilled Assessors complete assessments via HMIS. Training for Skilled Assessors and agency staff serving as access points will be held at minimum annually and more frequently as needed.

All households facing homelessness should be assessed and may not be prevented from accessing the CES because of any barriers including but not limited to income, active or history of substance use, domestic violence history, lack of interest in services, disabling condition, evictions or poor credit, lease violations or any type of criminal record.

Applicants may refuse to answer assessment questions. However, doing so may limit the Applicant's possible permanent housing and service opportunities if the questions that are not answered are related to eligibility criteria for specific programs. The assessment process does not require that the Applicant share a specific disability if the Applicant does not wish to do so.

CES assessment procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Data will be protected by HMIS and only shared as allowed for based on the consent of the Applicant.

Diversion

Diversion is a strategy that prevents homelessness by quickly identifying safe ane immediate non-shelter based-housing solutions while connecting households with supportive services. Our goal is to keep the individual or family intact with their natural support system, and all non-shelter based resources will be explored to identify safe, stable, alternative solutions. While the goal is to prevent homelessness, the practice of diverting from shelter can take place within 14 days of entering a shelter.

Youth

People between the ages of 18-24 will be screened for diversion through the standardized housing assessment and referred to Catholic Charities when in need of diversion supports. The contact information for this referral includes the following phone number and e-mail address:

Catholic Charities Diversion for Youth: 312-655-7165 or diversion@catholiccharities.net

When screened for diversion, Catholic Charities will only work with youth who are not facing chronic homelessness as this cohort will be prioritized for permanent housing.

Families

Families seeking shelter by appearing at 10 S. Kedzie will be screened for diversion by Salvation Army and enrolled in this project when appropriate. Families placed into shelter from outside of 10 S. Kedzie by Salvation Army will be assessed in the shelter within three days and shelter staff will refer families to Salvation Army for diversion supports when appropriate.

Observational Assessment

In cases where a person is impacted by a severe and persistent mental health condition and is unable to complete a CES Housing Assessment, a Skilled Assessor from a designated outreach team may be called upon to complete an Observational Assessment. The Center for Housing and Health coordinates this process.

When to Complete an Observational Assessment

Observational Assessments can only be completed on behalf of individuals who (1) display signs of a severe and persistent mental health condition, (2) who are not able to complete a Standardized Housing Assessment due to their mental health condition. People who sleep in places not meant for human habitation will be prioritized for this approach.

Three attempts must be made to complete the Standardized Housing Assessment and can be made by different staff members. In cases where professionals have made three attempts prior to requesting an Observational Assessment, assigned outreach professionals must make an additional attempt to complete a

Standardized Housing Assessment before completing an Observational Assessment. These attempts demonstrate that this practice of observing people and completing an assessment on their behalf is the last resort.

How to Request an Observational Assessment

Outreach professionals taking on this responsibility may complete the Observational assessment after three attempts to engage a person with the standard process.

Skilled Assessors may request an Observational Assessment after two attempts have been made to complete a Standardized Housing Assessment by completing a request form located on HMIS in the Skilled Assessor entry. Skilled Assessors should also e-mail ChicagoCES@housingforhealth.org after completing this HMIS request.

How to Complete an Observation Assessment

Identified outreach professionals serving as Observational Skilled Assessors will complete this assessment on paper and only non-identifying information will be transferred to HMIS without an HMIS consent. In these cases a Naming Convention will be assigned by the Skilled Assessor. All information may be transferred if the person consented to share their basic information and assessment details on HMIS. Observational Skilled Assessors must transfer the information from the assessment to HMIS within one business day after completing this assessment.

Record Keeping

Observational Skilled Assessors will securely store assessments.

VI Scoring System

Points will be assigned for observations made in the following areas:

- Mental health
- Alcohol and/or substance use disorder
- Physical health disability
- Risk of harm to self and/or others
- Frequent hospital and/or jail utilization
- Age 60 or older

Prioritization

Those who are unable to complete a Standard Housing Assessment due to the severity of their mental health condition will be prioritized above Applicants with the same VI score with the date of application as the tie breaker.

For example, if ten people have a score of a 6 on the Standardized Housing Assessment Vulnerability Index and two people have a score of 6 on the Observational Assessment, the first person to have the Observational Assessment submitted on their behalf will be first, the person with the next date of application in chronological order for the Observational Assessment will be second, followed by the person with Standardized Housing Assessment VI score of 6 who has the longest history of homelessness.

One List

A by name registry called the One List is a report run through the Homeless Management Information System (HMIS) that records all households experiencing homelessness in Chicago. This list can only be

viewed with identifying information by the CES managing entities including All Chicago, Catholic Charities, the Center for Housing and Health, and CSH.

This list includes an active and inactive list.

Active List

People who stay longer than one night at a shelter and are currently enrolled in a program or have been within the last 90 days are part of the active list. People who are not enrolled in a project outside of the one associated with their assessment such as the Skilled Assessor Project or Ending Veteran Homelessness Initiative remain active as long as they have a minimum of one update every 90 days.

Inactive List

- People who only stay one night in a shelter or are entered into the Catholic Charities Mobile Outreach project due to accepting a ride to a shelter without enrolling that night in a shelter and do not connect with any other homeless program within 30 days will be moved to the inactive list on the 30th day following their shelter exit.
- People with at least one enrollment in any homeless program or a minimum of two nights of a shelter stay will be moved to the inactive list on the 90th day after being exited from a homeless program unless they enroll in any other homeless program in Chicago.
- Households only enrolled in the Coordinated Entry System Skilled Assessor Project, Ending Veteran Homelessness Initiative, or Coordinated Access Project will move to an inactive status after 90 days of no enrollments into any other project and no updates to their assessment.

Only people on the active list within the One List will be matched to housing providers. This practice allows our community to connect people thought to be experiencing homelessness to housing providers while accounting for the inconsistency of updates regarding people who may no longer face homelessness or live in Chicago. If a person moved to the inactive list due to not having any contact with any HMIS reporting agency in 90 days re-engages with any part of the system reporting to HMIS, the person will be moved back onto the active list.

Applicants are removed from the One List when they move into housing such as transitional housing, rapid rehousing, permanent housing with short term supports, permanent supportive housing, affordable or market rate housing or move out of the City of Chicago and this is known by providers updating HMIS with his information.

Matching

Catholic Charities (CC) utilizes HMIS to review assessments and connect Applicants to housing providers with vacancies. Agencies complete an online matching survey each time a new unit or set of units becomes available to indicate they require Applicants to be matched to their program. CC matches Applicants to housing opportunities based on the established system-wide prioritization standards.

One Applicant from the active list is matched to each vacancy with a 1:1 ratio.

A follow up e-mail will be sent by Catholic Charities to the Skilled Assessor, Housing Provider, and any Case Managers listed in the assessment. This note will include the HMIS history of current and past programs if the Applicant has signed the HMIS release allowing for sharing this information.

Housing providers must follow the Housing Provider Contact Protocol when receiving a match.

Housing providers may request a new match after 10 days if they have followed all contact protocol and cannot locate the Applicant or at any time if the housing provider verifies the applicant is not

eligible for the housing program. Requesting a rematch when needed involves submitting a Rematch Form which is a Google survey.

Please see the Housing Provider Workflow for additional instructions related to viewing assessments, updating the needs status for applicants and more.

Referrals from the CES may not be denied unless a household does not meet the standardized eligibility criteria. However, households may decline a housing referral and may move to the next available option. If no other options are available, the household will go back onto the Coordinated Entry One List based on their prioritization score.

Veteran Matching

Supportive Services for Veteran Families (SSVF) providers do not need to request matches as Veterans assessed who are eligible for this program will be matched to providers each business day. In cases where an SSVF grantee does not have the capacity to accept matches, a pause can occur at any time and this need is communicated by the SSVF grantee submitting an SSVF Request to Pause and Re-Start Google form. No matches will be sent to the requesting provider until this form is submitted again to re-start matching.

Self-matching is allowed for the Supportive Services for Veteran Families Rapid Rehousing Program only. In cases when the SSVF staff member self-matches the Veteran to their program they will complete the self-referral in HMIS and update the need status the same day the assessment is completed. Staff members identified to self-match must complete the webinar, SSVF Self-Matching Workflow. This webinar includes information on how to score the Individual, Family, and Youth Vulnerability Index, how to make the match in HMIS, and communication expectations. Please click here for a tool to walk through this process on HMIS.

Housing System Navigation

People matched to a housing intervention may require supports in connecting with the housing provider. In cases where the household is enrolled in an outreach project, the outreach team will be responsible for assisting the household in connecting with the housing provider and offering supports around documentation and matters related to accessing the offered housing. Some people may access these types of supports through a case manager they already work with at a shelter or service partner.

People facing chronic homelessness and families with barriers who do not already work with an outreach professional or case manager who can play this role can be assigned to a Housing System Navigator (HSN) as capacity allows. HSNs walk with people on their journey into housing by providing transportation to appointments, assisting with documentation collection, help households complete applications, and perform other duties related to assisting the household to ensure they are able to access permanent housing.

Requesting a Housing System Navigator

Housing Providers may request a Housing System Navigator to assist an Applicant with making appointments including providing transportation, obtaining documentation, or other needs directly related to reaching the permanent housing provider's program. To make this request, please complete the Housing System Navigator Request Form in HMIS when the program is available. Housing System Navigation is expected to begin in October, 2017 and providers will be notified on how to access this form through HMIS.

Special Populations

Domestic Violence Survivors

People who are currently fleeing domestic violence and human trafficking along with those who have previously experienced domestic violence and/or human trafficking require a path through the CES that promotes and protects their confidentiality and safety. The following policies and procedures are incorporated into the Chicago CES to protect the safety of every person and household impacted by domestic violence. The first set of protocols relates to DV providers serving survivors of domestic violence and the second set of protocols relates to mainstream, non-DV providers serving survivors of domestic violence.

Domestic Violence Provider Protocols

DV Providers do not enter data directly into the Homeless Management Information System (HMIS). When a household working with a DV provider is attempting to flee or experiencing literal homelessness having already fled domestic violence, the applicant shall be connected to a Skilled Assessor.

Coordinated Entry System Roles

DV Provider

- Request consent to participate from the applicant.
- Link Applicant to a Skilled Assessor to review all consent options and complete the Coordinated Entry Assessment.
- Anticipate and respond to communication from Catholic Charities and housing providers as part of the process of linking households to housing, when contact information in the assessment includes the DV provider as a contact source.
- Attempt to notify the Applicant of a potential housing opportunity if/when contacted by CC.
- If/When the Applicant is reached, link them with the housing provider identified for their household.

Skilled Assessor

- Review all HMIS consent options with the Applicant
- Complete Coordinated Entry Assessment and follow protocol to lock the file
- Follow protocol regarding not using names of DV programs the Applicant participates in within the Standardized Housing Assessment

Catholic Charities

- Match households as appropriate.
- Communicate with housing providers and DV providers to foster a linkage for households by e-mail after the match has been made via HMIS.

Housing Providers

- Accept referrals from the Coordinated Entry System and follow up with Applicant
- Follow up with Applicant and linked providers if the applicant shared contact information to request support with a linkage to the household within two business days.
- Follow CES protocols including protecting the confidentiality of the household such as not disclosing to an emergency contact any information shared in the Standardized Housing Assessment.

Non-Domestic Violence Provider Protocol

The HMS files of all Applicants presenting as survivors of domestic violence are locked in HMIS so that they can only be seen by the Coordinating Entities for the purpose of matching the household to a housing and/or service intervention.

The same protocol as above applies though non-DV providers may use HMIS and directly enter information while following protocol to lock the Applicant's file and other measures in place for safety and confidentiality. These protocols will be reviewed in Skilled Assessor training sessions and included in the workflow.
**Please see HMIS Skilled Assessment Workflow in the Appendix.*

Ending Veteran Homelessness Initiative

Chicago's Veteran Initiative was formed in 2014 as a pilot to coordinate entry into housing for the men and women who served in the United States military. Members of the Leadership Team guiding this effort include the City of Chicago Department of Family and Supportive Services, Housing and Urban Development Regional Office, Jesse Brown VA Medical Center, All Chicago, CSH, the Chicago Housing Authority, and Supportive Services for Veteran Families. Additionally, this includes a System Integration Team that regularly meets to case conference Veterans and Community Team that implements practices on the ground to strengthen efforts to reach functional zero.

Please click here to view the current and evolving version of the Veteran Initiative Policy and Procedure Guide.

Providers

Crisis Response Providers

Connecting People to the Coordinated Entry System

The first step in connecting Applicants to CES involves completing an HMIS consent. Shelter, Interim, and Outreach providers must be trained on the HMIS consent and engage all Applicants in the process of completing this consent to share or not share their information with importance placed on their understanding the levels of sharing that are required to be matched via HMIS to a housing provider.

The second step will be that each Applicant should be assisted in connecting to a Skilled Assessor to complete a Standardized Housing Assessment.

Entering and Exiting Participants

The CES relies on accurate information from crisis response providers for several reasons. Only people currently enrolled in a homeless program and those who have been enrolled within the last 90 days will be matched to housing. Further, HMIS data can be used by housing providers to verify homelessness and/or chronic homelessness. Timely exits for those not currently staying in shelter or interim programs are critical as this data impacts who is matched to housing and accurate data is required by HUD to ensure chronic homeless verification is valid.

Connecting Applicants to Housing Providers

CES staff will connect all partners listed on the Standardized Housing Assessment including the Skilled Assessor with the Housing Agency when a match is performed. This communication will also include the homeless programs the Applicant is currently or has previously participated in. Crisis response providers are required to follow the Program Model Chart's CES roles in connecting Applicants with housing providers.

Transitional and Permanent Housing Providers

Referrals

All Agencies serving households experiencing homelessness may and are encouraged to use the CES for referrals. These referrals will be based on an individual's reported needs and will be sent via HMIS. The referral will include assessment details collected to help the housing provider immediately begin to locate, engage and work to house the identified individual or household. Referrals will be updated by the housing provider throughout the housing process to ensure that the system is able to quickly assess progress and areas for intervention in the CES. Agencies receiving Housing and Urban Development (HUD) Continuum of Care (CoC) funding must use the CES.

The first step to requesting a referral is to complete an eligibility form. This should be updated if eligibility criteria change. The second step is to complete a survey each time a referral is needed.

Transitional Housing providers are not required to request matches in cases when beds are funded by non-HUD sources such as the Housing Opportunities for Persons with AIDS program or when serving identified minors. HMIS should be updated to reflect bed usage in these cases so it will be clear to CES staff that the beds are being utilized. While it is not required, Transitional Housing providers can request matches for eligible Applicants for beds funded by non-HUD sources with the same protocols listed above to share eligibility and request matches.

Follow Up to Referrals

Providers must follow the contact protocols listed in the appendix to update CES staff on the steps being taken to serve the household and to share if the Applicant is not eligible.

Verifying Chronic Homelessness

Important: Please click here for the Verifying Chronic Homelessness Packet for all needed forms.

Housing providers will work with Applicants to document their length of homelessness and disabling condition in order to verify chronic homelessness. To do so, housing providers should use the Chronic Homelessness Verification Packet. The ability to document chronic homelessness will rely on the data documented in HMIS by emergency services, shelter, outreach, and other providers.

HUD Defines Chronic Homeless as:

- (1) A "homeless individual with a disability," as defined in the Act, who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - Has been homeless (as described above) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months
  - Occasions separated by a break of at least seven nights
  - Stays in institution of fewer than 90 days do not constitute a break
- (2) An individual who has been residing in an institutional care facility for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

All steps listed below are to be completed by the housing provider.

Step 1: Complete Section 1/Chronic Homelessness Referral Worksheet

Part 1	CES System Coordination Matchers notify housing providers of a match made over the Homeless Management Information System (HMIS) and this information should be entered into **Section 1: Referral**.
Part 2	If HMIS includes disability verification such as an uploaded Verification of Disability Form or other acceptable forms of disability verification, check the appropriate box in **Section 2: Disability Documentation Checklist** and move on to Step 3.
Part 3	If the applicant's disability has not been verified through HMIS move on to Step 2.

Step 2: Complete Section 2/Disability Documentation Checklist, and collect appropriate disability documentation as provided by the applicant

Part 1	If the applicant does not have disability documentation, ask the applicant to complete the Exhibit I Authorization of Release of Information to verify his/her disability.
Part 2	Request third party verification from the appropriate licensed professional by using **Exhibit 1 Verification of Disability Form**. *Note: The Verification of Disability Form does not expire and must be used as documentation regardless of the date it was completed.
Part 3	If third party verification cannot be obtained at this time, an agency identified staff person may observe the qualifying disability to temporarily verify the disability. This must be confirmed by one of the approved methods listed in **Section 2: Disability Documentation Checklist** within 45 days of the applicant moving into housing per HUD regulations. In the event there is difficulty in obtaining written verification of the observed qualifying disability within 20 days of being housed, contact Nora Lally at HUD at nora.lally@hud.gov.

Step 3: Complete Section 3, Time Accumulation Worksheet

Part 1	In **Section 3: Time Accumulation Worksheet** complete Category A for an applicant who has experienced homelessness for at least 12 continuous months or Category B for an applicant with occasions of homelessness and check the corresponding box. If the occasions add up to (1) one continuous year of homelessness until the present or four episodes of homelessness over the past three years totaling a minimum of 12 months (with breaks of at least seven days) without requiring self-certification to document any period of time move on to Step 4. • This worksheet will help determine what documentation is still required to verify length of homelessness. • If the length of homelessness offered through HMIS equals 12 continuous months or four occasions in three years totaling 12 months, move to Step 4.

Part 2	Complete **Exhibit II Chronic Homelessness Self-Certification** with applicant. *Note: The Chronic Homelessness Self-Certification does not expire and must be used as documentation regardless of the date it was completed. Please note HUD Guidance released in November, 2016 • 100% of households served can use self-certification for three months of their 12 months • 75% of households served need to use 3rd party documentation for 9 months of their 12 months • 25% of households served can use self-certification as documentation for any and all months **HUD Guidance:** Homeless documentation should be obtained within 180 days of the household moving into their unit per HUD regulations and does not need to delay housing the applicant. It is considered best practice in Chicago to obtain homeless verification within 45 days of housing the applicant.
Part 3	HUD requires due diligence in attempting to access any third party verification that can be documented. Ask the applicant to sign the **Exhibit II Authorization for Release of Information** form to request third-party homeless verification for missing periods.
Part 4	Request third party homeless verification from all appropriate sources using the **Exhibit II Third Party Homelessness Verification** form. *Note: The Third Party Homeless Verification Form does not expire and must be used as documentation regardless of the date it was completed.
Part 5	Revisit the **Section 5: Time Accumulation Worksheet** to ensure it is complete including method of verification for periods of homelessness.

Step 4: Complete Section 4, Chronic Homelessness Determination

Part 1	Select Homelessness Verification Pending if appropriate. IF PENDING, continue to work towards accessing documentation and revisit this chronic homelessness determination form to update the status once verified. A Household may be housed with pending verification that will be collected within 45 days of moving into a unit for disability documentation and 180 days of moving into a unit for length of homelessness documentation
Part 2	Select Chronic Homelessness Verified when applicable
Part 3	Select Applicant Determined Ineligible if appropriate An HMIS status update must follow this determination to alert CES System Coordination Matchers that this person will not be housed by your program due to not being eligible if that is the case. The needs status should read “CES: Ineligible: Not Chronic” with a note included as to why the applicant is not eligible.
Part 4	Upload pages one through three to the Applicant’s HMIS record Once this has been accomplished a Rematch request should be submitted to Catholic Charities.

Maintaining Chronic Homeless Status

Rapid Rehousing

Households receiving Rapid Re-Housing Assistance through programs such as the Emergency Solutions Grants (ESG) Program, the Continuum of Care (CoC) Program, the Supportive Services for Veterans Families (SSVF) Program, or the Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their chronically homeless status for the purpose of eligibility for other permanent housing programs dedicated to serving the chronically homeless, such as HUD-VASH and CoC-funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Program participants maintain their chronically homeless status during the time period that they are receiving the rapid re-housing assistance. [3]

It is important to note that although the program participants in rapid re-housing are considered to be experiencing chronic homelessness for purposes of eligibility for other programs, the housing itself is still considered permanent housing; therefore, these program participants are not considered to experience chronic homelessness (or homeless) for counting purposes, and must not be included in the CoC's sheltered point-in-time count.[4]

Transitional Housing

Households who are facing chronic homelessness and are accepted into a supportive housing program do not lose their chronic homeless status if they enter Transitional Housing (TH) as a bridge while waiting for their supportive housing unit to become available.

Permanent Housing with Short Term Supports

Generally, households lose their chronic homeless status upon entering a permanent housing with short term supports program, however in limited circumstances they do not. Specifically, HUD recognizes that once a household experiencing chronic homelessness has been determined eligible and accepted into a CoC Program-funded permanent supportive housing program, a unit is not always immediately available. HUD has determined that after an individual or family has been accepted into a program but before an appropriate unit has been identified, a household may stay with a friend or family or in a hotel or motel without losing their eligibility for the permanent supportive housing program in which they have already been accepted.[5]

Program Transfer Policies & Process

A sound and successful Coordinated Entry System takes into account the need for transfers between program types to better meet the preferences and needs of a household. A key component to any transfer process is an on-going assessment of a household to determine whether the levels of service are appropriate or need to be increased or reduced.

A household may need to transfer to another program within the CES for a myriad of reasons including, though not limited to, changes to family composition, the defunding of an agency or program, criminal record for state-mandated restrictions, service needs, or others. Moreover, a successful CES will engage in ongoing assessment focused on ensuring that the levels of assistance are most appropriate for the need.

Please click here to view an information video for housing providers on how to request a transfer.

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[3] The Department of Housing and Urban Development. *CoC FAQs*, FAQ ID 529 (2013), https://www.hudexchange.info/faqs/529/is-an-individual-or-family-that-is-receiving-rapid-re-housing-assistance/

[4] Id.

[5] The Department of Housing and Urban Development. *CoC FAQs*, FAQ ID 1913 (2015), https://www.hudexchange.info/faqs/1913/if-a-person-is-accepted-into-a-permanent-housing-program-but-the-project/

Chicago's CES program transfer policies are focused on providing a flexible strategy to structure assistance to meet a household's needs and employing ongoing assessment to determine those needs.

Transfers between Programs within the Same Program Model

When a current household must transfer to another program within the same program model (PSH to PSH, RRH to RRH, or PHwSS to PHwSS) the household will be prioritized via the CES. The provider should complete the Transfer Request update on HMIS. Coordinated Entry staff will review the request and make a determination on whether to transfer within one week and communicate this decision with the housing provider. If the transfer is approved, the household will be placed back on the One List and a new match will be made. This cohort will be prioritized.

Transfers from One Program Model to Another

Transfers from Rapid Re-Housing to Permanent Supportive Housing

Rapid re-housing is a model for helping individuals and families who are experiencing homelessness to obtain and maintain permanent housing, and it can be appropriate to use as a bridge to other permanent housing programs.[6] Program transfers may be made from rapid re-housing to permanent supportive housing so long as the household meets the eligibility criteria under the specific program and the requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.

Requests for transfers from rapid re-housing to permanent supportive housing must be for Applicants who are experiencing chronic homelessness and will be prioritized via the CES. The housing provider must fill out a Transfer Request Form in HMIS detailing the need for the household to be transferred. Coordinated Entry staff will review the transfer request and make a determination on whether to transfer. If the transfer is approved, the household will be placed back on the One List and a new match is made. Decisions will be made and communicated within one week.

Transfers from Permanent Housing, Short Term Supports to Permanent Supportive Housing

Within the Chicago CoC, the term "Permanent Housing with Short Term Supports" refers to HUD- and non-HUD funded rapid re-housing projects and CoC funded transitional housing projects whose program design and operation follow a rapid re-housing model rather than a traditional transitional housing model. However, it should be noted that if a program is funded by HUD and the grant agreement indicates that the project component type is transitional housing, then transitional housing eligibility and other applicable requirements apply.

Program transfers may be made from permanent housing with short term supports to permanent supportive housing so long as the household meets all eligibility criteria under the specific program and requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded and is prioritized above others for permanent housing entry based on prioritization standards per Notice CPD 14-012.

The provider should fill out a Transfer Request Form and provide information to the designated Coordinated Assessment staff regarding why the household should be transferred. CES staff will conduct a review of the transfer request and make a determination on whether to transfer. If approved the household is placed back on the One List and a new match is made. This decision will be made and communicated within one week.

[6] The Department of Housing and Urban Development. *CoC FAQs*, FAQ ID 530 (2013), https://www.hudexchange.info/faqs/530/is-an-individual-or-family-that-is-receiving-rapid-re-housing-assistance/

Transfers from Permanent Housing with Short Term Supports to Rapid Re-Housing

Program transfers may be made from permanent housing with short term supports to rapid re-housing so long as the household meets all eligibility criteria under the specific program and requirements for the rapid re-housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.

Requests for transfers from permanent housing with short term supports to rapid re-housing will be prioritized via the Coordinated Entry System.

The housing provider should follow protocol designated for HMIS to communicate the need for this transfer with Catholic Charities to request this transfer, providing information to the designated regarding why the household should be transferred. CES staff will conduct a review of the transfer request and make a determination on whether to transfer. If approved the household is placed back on the One List and a new match is made when capacity allows. This decision will be made and communicated within one week.

Non-Discrimination

The coordinated entry system is intended to serve all individuals, regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, marital status, political believe, medical condition, or military status. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law.

At any time during the coordinated entry process, Applicants have the right to file a complaint, should they feel that this principle has been violated. All Applicants, whether individuals or families, will be provided with the process for filing a complaint. All complaints will be addressed and resolved in a timely and fair manner. The following contacts will be provided to address discrimination or grievance related concerns:

- For nondiscrimination complaints, contact the Department of Housing and Urban Development:
  - By phone- Chicago Regional Office: (800) 765-9372
  - Online: https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint
- For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.
- For complaints with Coordinated Entry policies or procedures, either contact CSH: ChicagoCES@csh.org or click here for the CES Grievance Form

Data Management

The HMIS is key to the centralization of information to help measure outcomes and determine client need through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, there are certain agencies, usually the service provider agencies that are directly interacting with people facing homelessness that actively use and contribute to the HMIS. Any agency with access to the HMIS is required to sign an Agency Partnership agreement and is known as a “participating agency”. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS Standard Agency Privacy Policy Notice. Collectively, the HMIS Lead and all participating agencies make up the Chicago HMIS Collaborative (“Collaborative”, “we”, or “us”). All personnel in the Chicago HMIS Collaborative with access to HMIS must receive and acknowledge receipt of a copy of the Notice, agree

in writing to comply with it, and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless and dependents and the services that are provided, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting ("inferred consent") to the use of the HMIS to store this information. The clients have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason; however, this may severely impact the ability of any participating agency throughout the Collaborative to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing ("disclosure"). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of the Collaborative to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of the information the HMIS is governed by data access control policies and procedures. Every user access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and is outlined in detail in the HMIS Standard Operating Procedures (SOP).

Additionally, any computer, tablet, smartphone or other such device used to enter data into the HMIS or to access data already in the HMIS must meet the minimum technical and connectivity specifications and comply with applicable data security and privacy requirements established in the SOPs.

Services will not be denied if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data.

Please click here for the Privacy Notice and HMIS Consent.

Evaluation

The coordinated entry system will be regularly evaluated to analyze effectiveness and identify areas for improvement. System performance metrics will be examined quarterly, to monitor adherence to system benchmarks. Length of time on priority list, placement rates, and recurrence are sample metrics that will be used to understand system capacity and determine where additional resources are needed.

In addition, feedback will be solicited from applicants and participating agencies, through regular satisfaction/feedback surveys. Participating agencies will be surveyed at least annually. All applicants who utilize the coordinated entry system will be offered the chance to complete the survey upon successful housing match and placement. The surveys will cover all domains of the coordinated entry process, including intake, assessment and referral, and will be used to gage participant and agency perception of system quality and effectiveness.

The HMIS administrator will evaluate system performance, while the CE lead will collect and analyze participant and agency surveys. These agencies will use the information collected to recommend updates to the CE system, in consultation with a committee of relevant stakeholders. This committee will meet at least annually to adopt and implement system changes.

All data analyzed through HMIS will be de-identified, and feedback surveys will not require a name or other identifiable information. This will be used to ensure participant privacy during the evaluation process.