

Chicago Coordinated Entry Leadership Team Meeting

July 28, 2020

- I. Welcome and Introductions
- II. Domestic Violence/Human Trafficking Prioritization Proposal
 - a. Please see the attached document on pages 2 and 3
- III. CE Data Update of the CE Temporary Prioritization
 - a. Please the attached document on pages 4 and 5
- IV. Prioritization 2.0 Implementation Plans
 - a. CDPH Feedback, pages 6 -8 including the following main points:
 - i. The Individual VI can be a starting point but should not replace collecting new information from participants since this tool is not inclusive of all high risk criteria.
 - ii. CDPH supports the recommendations from ICAAP with a focus on continuing to follow CDC guidance (as ICAAP suggested) related to conditions for adults and children that cause high risk.
 - iii. The CE Leadership Team should determine how to allocate set-asides independent of COVID-19 risk
 - b. Implementation Considerations
 - i. CE Leadership Team Feedback
 1. Overwhelmingly the group felt we should collect new data and two people indicated we should also use existing data if it can speed up the route to housing people. Being 60 and above is an example of a CDC defined high risk category that is already collected.
 2. The group had conditions as the CDC shares new guidance and not ruling people out if their condition moves from being a risk factor to not being a risk factor according to the CDC.
 - ii. Data Collection Update
 - iii. Please see the draft handout with FAQ on pages 9 and 10

Prioritization Plan for CES Domestic Violence/Human Trafficking Housing Phase 1 (Current)

This prioritization plan was set up to be implemented for the first three months of housing interventions including housing location supports, rapid rehousing, and transitional housing starting in December 2019.

Rapid Rehousing & Joint Transitional Housing-Rapid Rehousing Prioritization

1. Enrolled in a DV shelter
2. Length of homelessness (high to low)
3. Tie Breaker: Assessment date

Housing Locator Prioritization

This intervention requires an income that can accommodate paying for the household's rent and utilities as eligibility criteria. This will take into consideration the gross income and size of unit required for the household and does not include financial assistance and targeted supportive services once the participant is housed.

1. Enrolled in a DV shelter
 - a. This is not a requirement if there are not enough households in DV shelter to meet the capacity of housing locators.
2. Length of homelessness (high to low)
3. Tie Breaker: Assessment date

Housing System Navigation Prioritization

Navigators will be assigned to households matched to rapid rehousing or transitional housing programs. If capacity allows, they can also be assigned to support households matched to a Housing Locator. The following prioritization applies to those with a housing provider referral through CE:

1. Enrolled in a DV shelter
2. Length of homelessness (high to low)
3. Tie Breaker: Assessment date

Next Steps

After three months of referrals made using this prioritization, the Coordinated Entry DV/HT workgroup will meet to review data and discuss future prioritization plans. When this team has solidified a prioritization plan, it must be approved by the Coordinated Entry Leadership Team.

Prioritization Plan for CES Domestic Violence/Human Trafficking Housing Phase 2 (Proposed)

The CES DV HT Workgroup – Prioritization Team assessed the outcome of Phase 1 Prioritization and identified additional populations to be assessed and other factors to be considered while prioritizing on the DV HT Housing Waitlist for Phase 2. The outcome of this analysis is the following Prioritization Plan for CES DV HT Housing – Phase 2.

Rapid Rehousing & Joint Transitional Housing-Rapid Rehousing Prioritization

This intervention includes a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

- Victim/Survivor of Domestic Violence and enrolled in a Domestic Violence shelter
- Victim/Survivor of Human Trafficking referred by an anti-trafficking agency or program specifically designated per funding to serve this population
- Length of homelessness (high to low)
- Tie Breaker: Assessment Date

Housing Locator Prioritization

- Victim/Survivor of Domestic Violence and enrolled in a Domestic Violence shelter
- Victim/Survivor of Human Trafficking referred by an anti-trafficking agency or program specifically designated per funding to serve this population
- Length of homelessness (high to low)
- Tie Breaker: Assessment Date

Housing System Navigation Prioritization

Navigators will be assigned to households matched to Rapid Rehousing or Transitional Housing programs. This intervention assists program participants in the various stages as they move from their position of homelessness to being housed in Rapid Rehousing or Transitional Housing.

- Victim/Survivor of Domestic Violence and enrolled in a Domestic Violence shelter
- Victim/Survivor of Human Trafficking referred by an anti-trafficking agency or program specifically designated per funding to serve this population
- Length of homelessness (high to low)
- Tie Breaker: Assessment Date

Next Steps

After three months of referrals made using this prioritization, the Coordinated Entry DV/HT workgroup will meet to review data and discuss future prioritization plans. When this team has solidified a prioritization proposal it must be approved by the Coordinated Entry Leadership Team.

Coordinated Entry Temporary Prioritization Data

Prioritization Overview

- Households at High Risk for Serious Illness due to COVID-19 and Tested Negative, as recommended by the Chicago Department of Public Health
- 10% Set-Aside for Youth (Ages 18-24, with or without children)
- 10% Set-Aside for Unsheltered Households
- 20% Set-Aside for Families

Matching Protocols

People at high risk of serious illness due to COVID-19 and tested negative are matched from the shielding hotel called Hotel 166. People not in this category including Veterans, families with children, and youth are matched from the One List or by name registry of people experiencing homelessness based on their length of homelessness with an unsheltered status as the first tie-breaker.

Demographics of Matched Participants

Week	Number of Matches
May 11 – 15	60
May 18-22	40
May 25-29	58
June 1 – 5	38
June 8 -12	100
June 15-19	56
June 22 – 26	40
June 29 – July 3	51
July 6 – July 10	64
July 12- July 17	57
Total	564

Race of Matched Participants	Number	Percentage
Asian	2	Less than 1%
Black	440	78%
Native Hawaiian or Other Pacific Islander	2	Less than 1%
White	109	19%
Did Not Answer	11	2%

Age of Matched Participants	Number	Percentage
18-24	67	12%
25-59	254	45%
60 and Above	232	41%

Gender of Matched Participants	Number	Percentage
Female	173	31%
Male	372	67%
Gender Fluid	3	Less than 1%
Transgender	4	Less than 1%

Veteran Status	Number	Percentage
Non-Veteran	403	72%
Veteran	150	27%

Set-Asides within CE Temporary Prioritization Plan

Set-Aside Population	Set-Aside %	Actual Number	Actual %
Youth	10%	67	12%
Families	20%	53	9%
Unsheltered	10%	211	37%

*The number of families matched reflects the number of openings that could accommodate families during this timeframe.

Hotel 166 Housing Update

As of July 22, 2020 there were 95 people at Hotel 166:

- 80 have a housing plan
 - 75 of the 80 have a housing plan through a CE match and 5 have an alternative permanent housing plan
 - Of the 15 people without a housing plan:
 - 9 were matched and require a rematch
 - 9 people waiting on a match are chronic and 6 are not
- 45 people have moved out of Hotel 166 into housing
 - 20 to RRH properties
 - 9 to PSH properties
 - 4 to affordable housing
 - 3 to CHA properties
 - 6 to a family member's or friend's home
 - 3 connected to the Front Door Diversion program

Written by Dr. Isaac Ghinai, CDC Epidemic Intelligence Service Officer, Chicago Department of Public Health

CDPH continues to support the Chicago Coordinated Entry Temporary Prioritization Plan, which includes:

- 60% of housing prioritized according to risk of severe COVID-19 illness,
- 20% prioritized for families (independent of COVID-19 risk)
- 10% prioritized for youth headed households, aged 18-24, with or without children (independent of COVID-19 risk)
- 10% prioritized for unsheltered households (independent of COVID-19 risk)

CDPH will continue to provide guidance on the 60% prioritized according to COVID-19 risk, and supports the remaining 40% being prioritized for the other groups outlined above according to recommendations from the Coordinated Entry Leadership Team independent of COVID-19 risk and CDPH guidance. The CDPH guidance below refers to the 60% prioritized according to risk of severe COVID-19 illness.

1. Using the vulnerability index to assess COVID risk:

- a. [CDC](#) now splits out medical conditions where there is good evidence of an increased risk compared to where they 'might' increase risk. These apply to people of any age.
 - i. The conditions that most definitively increase risk are: Chronic kidney disease, COPD, immunocompromised from solid organ transplant, obesity, serious heart conditions, sickle cell disease, type 2 diabetes and children who are medically complex
 - ii. The conditions that "might" increase risk are: asthma, cerebrovascular disease, cystic fibrosis, high blood pressure, immunocompromised from other reasons (including HIV), dementia, liver disease, pregnancy, pulmonary fibrosis, smoking, thalassemia, type 1 diabetes.
- b. A few of the more definitive conditions (e.g. chronic kidney disease, emphysema (COPD), heart disease, diabetes) and a few of the less definitive ones (e.g. asthma, liver disease, HIV/AIDS) are captured in the vulnerability index, but by no means all.
- c. Therefore the checking the vulnerability index may be a helpful starting point using readily available data to identify some people at increased risk, but will not be able to capture all those who would benefit from housing due to COVID-19 risk, and therefore cannot replace some level of new assessments from shelters/primary care providers.

2. ICAAP recommendations

- a. We have received two sets of ICAAP recommendations. The first suggested two tiers of prioritization which we broadly agree with and support.

- i. Tier 1 referred to children who are medically complex and those with sickle cell disease. This broadly aligns with CDC's assessment of individuals who are at high risk of severe disease, regardless of age. For those prioritized for housing based on COVID-19 risk, we have always advised that this prioritization should follow current CDC guidelines, acknowledging that these may change as more evidence becomes available. These groups would therefore already be covered under our existing recommendation to prioritize those that CDC define as at high risk for severe COVID-19 disease, and I do not think a change in the recommendation is needed to capture these individuals.
 - ii. Tier 2 referred to children under 12 months of age and pregnant women.
 - Pregnant women are recognized by CDC as a group that "might be" at increased risk. In line with our previous recommendations, this group could be prioritized for housing according to COVID-19 need once all those with conditions which more definitively increase their risk of severe disease have been offered housing.
 - Children under 12 months are not currently recognized by CDC as an at-risk group. Although [CDC acknowledge](#) children under 1 year account for 15% of pediatric COVID-19 cases in the US, this age group is still underrepresented among COVID-19 cases in patients of all ages (0.3% of COVID-19 cases compared to 1.2% of the population), and children aged under 18 account for just 2% of confirmed cases of COVID-19 in the US. Relative to adult patients with COVID-19, fewer children required hospitalization or ICU admission and severe complications appear to be infrequent. Children with underlying conditions such as chronic lung disease, cardiovascular disease and immunosuppression - which increases the risk of severe disease - would be captured under our existing recommendation to follow CDC guidance about identifying who is at risk of severe disease. As mentioned above, these apply to individuals of any age.
 - b. ICAAP's later recommendation was to follow the updated CDC guidelines in determining risk of severe COVID-19. We fully support this recommendation and continue to recommend that prioritization according to COVID-19 risk is updated as new evidence becomes available, per that publicly posted by CDC on their website.
3. Prioritization among other groups:
 - a. As mentioned above, CDPH advice refers to the 60% of housing allocated to those at increased risk of COVID-19. Those at risk of COVID-19 could be of any age, and may overlap with some of the other groups for whom housing is allocated (e.g. an unsheltered individual may also have conditions that increase their risk of severe COVID-19). In this instance, we support them being offered housing within the 60% allocated to those at high risk of severe COVID-19.

- b. CDPH supports the remaining 40% of housing being allocated as determined by the Coordinated Entry Leadership Team independent of COVID-19 risk.
- c. Thus for the 10% allocated to youth aged 18-24, typical prioritization could be used (as guided by the Coordinated Entry Leadership Team).

Chicago Coordinated Entry Temporary Prioritization Plan 2.0

CDPH Approved Priority Population	Households at high-risk of severe complications from COVID-19 as defined by the Centers for Disease Control
Program Participants	Households currently enrolled in a homeless program such as shelter, outreach, drop-in, supportive services, or housing system navigation programs will be prioritized above people not enrolled in any program.
Set-Asides	*10% Set-Aside for Youth (Ages 18-24, with or without children) 10% Set-Aside for Unsheltered Households 20% Set-Aside for Families

High Risk Criteria

- The CDC defines individuals at high risk of serious illness due to COVID-19 as those who:
 1. Are over the age of 60 and/or
 2. Are any age and have underlying health conditions including asthma that is difficult to control, chronic lung disease, organ transplant, diabetes, serious heart conditions, chronic kidney disease, severe obesity, liver disease, serious blood problems, stroke or mini-strokes, high blood pressure, HIV or AIDS, long term steroid use, neurologic problems, such as dementia, dependent on oxygen or a breathing machine, or people who are immunocompromised.
 3. Children are considered high risk with the above or multiple serious and complicated health problems requiring special doctors and services, Brain or nerve problems like cerebral palsy, multiple seizures a day, or ongoing loss of the ability to do normal things for their age, a major genetic condition like Down Syndrome, a major problem with the heart present at birth (congenital heart disease), or a condition which is considered life limiting

Housing Set-Asides

Youth, families with children, and unsheltered participants can qualify for the above priority population and are also part of cohorts with housing set-asides independent of COVID-19 risk. The set-asides are meant to ensure housing commitments for these sub-populations while this temporary plan is in effect.

Racial Equity

Racism permeates systems and this plan must account for systemic racialized inequities and work to create equitable access for people of color. The CE Leadership Team will review disaggregated data to ensure people of color are identified, assessed and housed at a rate that is proportionate to their makeup of homeless households in Chicago. This team will make adjustments to the CE temporary prioritization plan as needed to make certain it is racially equitable.

Coordinated Entry Temporary Prioritization 2.0 Frequently Asked Questions

Q: When does this temporary prioritization plan begin?

A: This plan begins during the first week of August, 2020

Q: How are people being identified?

A: Providers will collect and share data related to if the household is at high risk for COVID-19 complications to determine who should be prioritized of those assessed along with the matching team utilizing the age of participants to inform who else can also qualify for the COVID-10 prioritization.

Q: How will information be collected?

A: Providers will be asked to share information through HMIS. As this piece is finalized this document will be updated and providers will be notified of the route to share if participants are at high risk for COVID-19 complications. Skilled Assessors will also begin collecting this data as they assess participants so that those not enrolled in programs have this data collected as well.

Q: Does this mean people who are not enrolled in a program will not be matched?

A: This is not an eligibility criteria but a prioritization factor meaning all prioritized people who are enrolled in programs will be matched for housing opportunities that they are eligible for above those who are also in a prioritized group but not enrolled in a homeless program.

Q: Are people who are unsheltered considered part of the high risk category?

A: There are people who are unsheltered who are at high risk due to their age and/or conditions and can be included in the 60% of matches for those at high risk. Others may be matched under the 10% set-aside that is not dependent on being at high risk for COVID-19 complications.

Q: Are families with multiple high risk household members considered to be more at risk than families with one high risk household member?

A: All families with at least one high risk household member are considered to be high risk and all families in this category should be prioritized for housing without further medical tie-breakers.

Q: How long will this temporary plan last?

A: The CE Leadership is monitoring the data and practices on a monthly basis and will continue to discuss metrics for shifting back to the prior plan based on length of homelessness. As an example, this could be most appropriate as Illinois moves to Phase 5 or something related that indicates this plan is no longer necessary.