

## Chicago Coordinated Entry Leadership Team Meeting

June 23, 2020

- I. Welcome and Introductions
- II. Expedited Housing Initiative – Karen Kowal, All Chicago
- III. Temporary Prioritization Review – Stephanie Sideman and Betsy Benito, CSH
  - a. Data updates (please see attached)
  - b. Progress of recommendations (please see attached)
    - i. Two groups have submitted written recommendations to CDPH, All Chicago, DFSS, and CSH that are attached, and CSH has not heard a response from CDPH as June 22, 2020:
      1. Illinois Chapter of the American Academy of Pediatrics
      2. Chicago Homelessness & Health Response Group for Equity – Prioritization Work Group
  - c. Discussion of next steps
- IV. Learning from Rematches – Laura Bass, Facing Forward
  - a. Discussion
  - b. Next steps
- V. Succession Planning – Stephanie Sideman, CSH
  - a. CSH recommends the following when a CE Leadership Team member leaves the group prior to the end of the year:
    - i. The opening is shared with the broader community with an opportunity for anyone to share if they are interested by completing a brief questionnaire.
    - ii. The CE Leadership Team selects the new member/s after reviewing the current makeup of the team and accounting for representation gaps
- VI. Adjourn

## Coordinated Entry Temporary Prioritization Data

June, 2020

### 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 (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
<b>Total</b>	<b>196</b>

Race of Matched Participants	Number	Percentage
Asian	1	0.5%
Black	153	78%
Native Hawaiian or Other Pacific Islander	2	1%
White	37	19%
Did Not Answer	3	1.5%

Age of Matched Participants	Number	Percentage
18-24	17	9%
25-59	89	45%
60 and Above	90	46%

Gender of Matched Participants	Number	Percentage
Female	61	31%
Male	131	67%
Gender Fluid	1	0.5%
Transgender	3	1.5%

Veteran Status	Number	Percentage
Non-Veteran	129	66%
Veteran	67	34%

### Set-Asides within CE Temporary Prioritization Plan

Set-Aside Population	Set-Aside %	Actual Number	Actual %
Youth	10%	15	8%
Families	20%	17	9%
Unsheltered	10%	76	39%

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

In the first two weeks of matching the CE Matching Team honored the preferences of people at Hotel 166 including those who stated they would not live in a traditional SRO, or not live in a certain side of the City. It was then discovered that a large number of guests were being skipped and the team began matching people regardless of assessment preference to offer a housing opportunity.

### COVID-19 Response Temporary Prioritization

There are 137 people in total at Hotel 166 as of June 11, 2020.

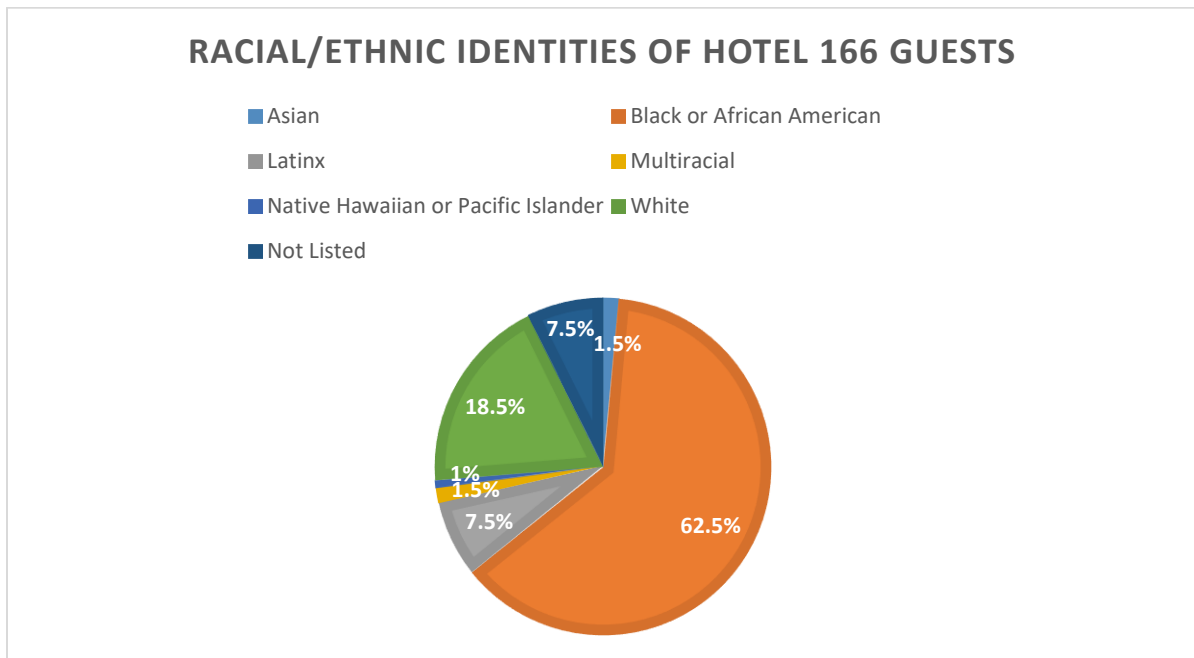
Singles (Including Couples)	Families with Children	Youth
136	1	0

- 121 have a plan to move into housing
  - 112 households were matched to housing through CES
  - 9 households have a housing plan outside of CES
- The remaining 17 households will receive a housing match if they remain in the hotel, and the assumption is that new people will move into the hotel and require housing.
- There are four people who are not included in this total because they were discharged from Hotel 166 into permanent housing.

## Demographics of People at Hotel 166

134 Guests as of 6/17/20

Race/Ethnicity	Number of Identifying Guests	Percentage of Overall Hotel 166 Population
Asian	2	1.5%
Black or African American	84	62.5%
Latinx*	10	7.5%
Multiracial	2	1.5%
Native Hawaiian or Pacific Islander	1	1%
White	25	18.5%
Not Listed	10	7.5%



\* Breakdown of racial identities for those who identified as Latinx:

Race/Ethnicity	Number of Identifying Guests	Percentage of Latinx Hotel 166 Population
Black or African American	2	20%
Other	1	10%
White	6	60%
White and American Indian or Alaska Native	1	10%

## Hotel 166 Matches

Current Hotel 166 residents' matches as of 6/17/20:

Type of Match	Number of Current Matches
Only PSH	28
Only RRH	60
Both PSH and RRH	15
SSVF	2
Not matched (other housing plan in place)	16
Not matched (waiting for match)*	13

\* Of these 13, 4 had previously been matched and turned down the match.

Past Hotel 166 residents' matches as of 6/17/20 (these individuals were matched to housing providers before exiting the hotel):

Type of Match	Number of Current Matches
Only PSH	2
Only RRH	2
Both PSH and RRH	0
SSVF	1
Not matched (other housing plan in place)	1
Not matched (waiting for match)*	0

Current Hotel 166 resident's participation in Expedited Housing Initiative (EHI):

Cohort/ Event Date	Number of Participants
Cohort 1 (6/9/20)	14
Cohort 2 (6/9/20)	28
Cohort 3 (6/16/20)	32

To: Chicago Department of Public Health, Chicago Department of Family & Support Services, All Chicago, CSH, Coordinated Entry Leadership Team

From: Chicago Homelessness & Health Response Group for Equity – Prioritization Work Group

Date: June 19, 2020

RE: Prioritization Recommendations for Expedited Housing Initiative

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Chicago Homelessness & Health Response Group for Equity (CHHRGE) applauds the efforts of the City of Chicago and Chicago Continuum of Care in the creation and implementation of the Expedited Housing Initiative (EHI). Securing housing for persons experiencing homelessness during the COVID-19 pandemic is a key piece of the public health strategy to contain the disease. CHHRGE members are proven front-line partners in working with the City of Chicago to implement these efforts.

CHHRGE strongly recommends that presence of a positive COVID-19 test be removed from the Temporary Prioritization Criteria for access to Rapid ReHousing and Permanent Supportive Housing resources allocated to the Expedited Housing Initiative. Making COVID positivity a point of deprioritization has the potential to reinforce inequalities we are trying to counteract. At a population level, controlling for age and health risk factors, vulnerable populations were more likely to get COVID over the past several months (e.g. Black & Latinx populations, people in Cook County Jail during the pandemic). Understanding that housing is healthcare, prioritization of housing based on COVID-19 status further reinforces and systematizes these health inequities.

We find the following features of the policy that deliberately deprioritizes individuals who tested positive for COVID-19 to be problematic:

1. The policy favors individuals who do not have the presence of a positive COVID-19 test. Some individuals who followed public health recommendations about testing and isolation will be unduly penalized for their cooperation. When a person understands that a positive test will deprioritize them from a housing placement - this may lead one to refuse testing which could intensify shelter and encampment outbreaks. Such a pattern of harm may weaken trust in all agencies working to promote public health goals at a time when such trust is critical.
2. The policy may inadvertently reinforce racial and ethnic disparities due to the disproportionate number of cases among the Black and Latinx populations, who face more socioeconomic barriers to reducing their exposure risk. Deprioritizing individuals who contract COVID-19 may systematically reduce racial and ethnic minorities from the eligible pool of candidates for housing, undermining the goals of equity.
3. The policy creates a new and potentially arbitrary barrier to housing, in subversion of the Chicago CoC's commitment "to reduce barriers for people trying to access long-term subsidized units."
4. According to international and national studies and our own observations in caring for the population - many in recovery from COVID-19 continue to experience medical complications months afterwards. We are concerned about deterioration and worsening outcomes if housing is deprioritized for those who have contracted COVID-19.

At this time, CHHRGE affirms the EHI temporary prioritization for single adults:

- Centers for Disease Control (CDC) identified risk factors for COVID-19 related complications.

- (1) persons over the age of 60 (and/or)
- (2) persons at any age with underlying health conditions identified by the CDC as risk factors, including moderate to severe asthma, chronic lung disease, poorly controlled diabetes, serious heart conditions, chronic kidney disease, severe obesity, liver disease or people who are immunocompromised.

Although the policy evokes a rationale to reduce mortality related to COVID-19, a narrow focus on this single disease at the exclusion of other potentially housing-sensitive conditions, may not serve broader public health objectives. The policy represents a substantial departure from the existing prioritization scheme -- designed over years of active multi-stakeholder engagement -- without strong evidence of its public health impact. We encourage you to consider the disease burden across the population of persons experiencing homelessness when prioritizing for PSH resources. Please see disease specific mortality rates in Chicago by race:

<b>Mortality rate per 100,000 in Chicago, IL</b>						
	COVID 19	Cancer	Heart Disease	Tobacco-Related	Drug Overdose	Injury
<b>Latinx</b>	95	175	140	201	17	53
<b>Black</b>	136	223	258	333	44	137
<b>White</b>	51	156	189	227	23	53
<b>Asian</b>	63	133	125	189	3	25
<b>Other</b>	15					

Thank you for the consideration of our proposal. We are happy to speak in person to talk through these issues further.

Steve Brown, UIHealth  
 Sam Carlson, Chicago Coalition for the Homeless  
 Christine Haley, Cook County Health  
 Keiki Hinami, MD, Cook County Health  
 Beth Horwitz, All Chicago  
 Brandi Jackson, MD, Rush University Medical Center  
 Jess Lynch, IL Public Health Institute  
 Evan Lyon, MD, Heartland Alliance Health  
 Sabina Wong, MD, PCC Community Wellness/The Boulevard