

Coordinated Entry Leadership Team Agenda

September 22, 2020

- I. Welcome and Introductions
 - a. Welcome to new CE Leadership Team members Emi Santiago and Beatriz Albelo
- II. Reflection Time in Honor of Larry Smith
- III. HUD Exchange FAQ on Prioritization, Stephanie Sideman, CSH
 - a. Please see page 2
- IV. Temporary Prioritization Data, Bridget Doveatt, All Chicago
 - a. Please see pages 3-5
- V. Accelerated Moving Events, Karen Kowal, All Chicago
 - a. Updates
 - b. CE Integration
- VI. CE HUD Data Standards, Ben Darby, Center for Housing and Health
 - a. Please see page 6
- VII. Equity Demo – Beth Horwitz, All Chicago
 - a. The goal of this Equity Demo is to design and adopt a system-wide equitable assessment and prioritization process that helps to increase racially equitable housing stability outcomes.
 - b. There are many benefits to participating including:
 - i. Free racial equity learning opportunities for your team (topics to include cultural humility and disrupting implicit bias) as well as coaching
 - ii. More equitable process that takes into account your CoC demographics
 - iii. Long term: increased housing stability for disproportionate populations because they will be matched more appropriately up front
- VIII. Workgroup Announcements
 - a. Collaborative on Child Homelessness – Illinois, Laura Bass, Facing Forward
 - b. Transfer Workgroup
 - c. Domestic Violence/Human Trafficking Workgroup, Ronti Ghosh, CSH
- IX. Governance/Accountability, Laura Bass, Facing Forward
 - a. MOU and Reporting to the SOPC
- X. Adjourn

HUD Exchange Update on Prioritization and COVID-19

Question: Are there actions a Continuum of Care may take within its Coordinated Entry process to prioritize persons who are at increased risk of severe illness from COVID-19?

The full answer can be found [here](#). These are the highlights below:

Yes, a Continuum of Care (CoC) **may choose to incorporate specific factors into its Coordinated Entry (CE) process that will assist to identify and prioritize persons most at risk of severe illness from COVID-19.**

1. Made publicly available through written prioritization standards
2. Conducted according to the CoC's written prioritization policies and procedures
3. Applied consistently throughout the CoC to all households being prioritized

Additional Guidance on Prioritization

For CoCs that choose to prioritize these high-risk groups, the CoC must prioritize all identified subgroups. In other words, the CoC must prioritize households who meet the identified age factor as well as households where any household member has any of the identified underlying medical conditions.

With respect to people with underlying medical conditions, any inquiry in the CE process must be **focused on the presence of the medical condition, without asking intrusive or detailed questions. Extensive documentation of medical conditions should not be sought** and certain individuals cannot be held to stricter documentation standards. For example, an acceptable form of documentation would be for an intake worker may use the above list of underlying medical conditions and ask whether the person has any conditions that fall under any of those categories.

Additional Objective CE Factors to Address the Impact of COVID-19

In addition, CoCs may also choose to incorporate additional objective factors into their CE process to address the impact of COVID-19 on individuals and families who are homeless or at risk of homelessness. Permissible factors may include any of the following factors:

- Elevated risk of transmission at the location where the person is currently living (e.g., on the street, in a congregate setting such as a shelter, jail, or prison, or other arrangements)
- Inability to take steps to avoid transmission where the person lives or works (e.g., multiple people sharing a sleeping space, work or living environment with close physical interactions and inadequate personal protective equipment (PPE), or living in a place without access to running water)
- Lack of access to healthcare (e.g., lack of health insurance, lack of primary care provider, or use of ER for all medical care)

Coordinated Entry Temporary Prioritization Data

The CE Temporary Prioritization focused on households at high risk for COVID-19 and tested negative was implemented on May 11th, 2020. This plan was updated to more broadly include all households at risk of COVID-19 complications and this [CE Temporary Prioritization 2.0](#) began on August 3, 2020.

Demographics of Matched Participants

Week	Number of Matches
May 11 – 15	50
May 18-22	50
May 25-29	44
May Total	144
June 1 – 5	52
June 8 -12	100
June 15-19	56
June 22 – 26	40
June 29 – July 3	51
June Total	284
July 6 – July 10	64
July 13- July 17	57
July 20 – July 24	31
July 27 – July 31	47
July Total	214
August 3 – August 7	23
August 10 - 14	63
August 17 - 21	48
August 24 - 28	35
August 31 – Sept 4	69
August Total	174
Total	880

Housed Per the [HMIS Data Dashboard](#)

There have been 112 households with a CE match on or after May 11, 2020 who have moved into housing as of September 15, 2020. The average timeframe from match to move in date/housed for this cohort was 40 days.

- This does not include all people who have moved into housing during this timeframe, as this is only specific to those with a match on or after May 11, 2020.

Race of Matched Participants	Number	Percentage
American Indian or Alaska Native	5	Less than 1%
Asian	3	Less than 1%
Black	681	77%
Native Hawaiian or Other Pacific Islander	2	Less than 1%
White	162	18%
Did Not Answer	27	3%

- 76% of households experiencing homelessness are Black, according to the [Data Dashboard from HMIS](#) as of September 15, 2020.

Age of Matched Participants	Number	Percentage
18-24	172	20%
25-59	406	46%
60 and Above	299	34%

- 5.3% of households experiencing homelessness are over 64 years old, according to the [Data Dashboard from HMIS](#) as of September 15, 2020.
- By comparison, 21% of matched households under the temporary prioritization (1.0 and 2.0) are age 64 or above.
 - All households who are experiencing homelessness and 60 or above are considered at high risk for COVID-19 complications.

Gender of Matched Participants	Number	Percentage
Female	294	33%
Male	561	64%
Gender Fluid	4	Less than 1%
Transgender	17	2%

Veteran Status	Number	Percentage
Non-Veteran	663	78%
Veteran	187	22%

Set-Asides within CE Temporary Prioritization Plan

Set-Aside Population	Set-Aside %	Actual Number	Actual %
Youth	10%	172	20%
Families	20%	124	14%
Unsheltered	10%	349	40%

- As of September 17, 2020, families made up 22% of the known population of people experiencing homelessness in Chicago.
- The number of families matched reflects the number of openings that could accommodate families.
- Below is a breakdown of the percentage of families matched by the month starting on May 11th when the temporary prioritization was implemented.

Family Set-Aside	Month	Actual % Matched
	May	8%
	June	9%
	July	14%
	August	15%

Hotel 166 Housing Update

The hotel program came to a close on September 3. Prior to that, CE matched households into Rapid Rehousing through the Expedited Housing Initiative as well as to supportive housing turnover units. Some households had other plans or housing was arranged by Lawndale Christian Health Center staff.

- 104 moved out of Hotel 166 into permanent housing
 - o 53 to Rapid Rehousing (RRH)
 - o 32 to Permanent Supportive Housing (PSH)
 - o 4 to other affordable housing
 - o 4 to CHA properties
 - o 7 to a family member's or friend's home
 - o 4 to Front Door Diversion
- 24 moved into temporary housing
 - o 14 to a hotel extension
 - o 7 to bridge housing
 - o 3 to a hotel through Supportive Services for Veteran Families (SSVF)
- 31 former hotel guests have an active match
 - o 11 to RRH
 - o 3 to SSVF Rapid Rehousing
 - o 17 to PSH
- 4 people who did not exit the hotel into permanent housing have since been permanently housed with 2 to RRH and 2 to PSH

HUD CE Data Standards Implementation Update

Background

HUD finalized Coordinated Entry (CE) data elements to standardize this process nationally. The timeline indicates all three should be collected starting October 1, 2020, and the elements include:

- Current Living Situation
 - These questions will replace the Housing History Tool.
- CE Assessment Element
 - The CE Assessment Element tracks what type of assessment was completed and whether the client meets prioritization standards.
- CE Event Element
 - This element looks at events that happen in the client's timeline, including referrals to access and referral events.

Previously, the CE Leadership Team determined that the CE Assessment Element can be implemented without the prioritization piece at this time, with that data point to follow.

Challenge

All Chicago requested that the HMIS Vendor migrate the Housing History Tool data into the Current Living Situation questions and paid for this migration out of CE HUD SSO funding. This was meant to take place prior to October 1st and has not occurred. Additionally, the vendor is not able to commit to a timeline. Without this migration, it is not possible to remove the Housing History Tool from the CE Standardized Housing Assessment and this complicates plans to add the Current Living Situation section.

Recommendation

Implement the CE Event Element on time as it was scheduled and delay both the Current Living Situation and CE Assessment Element.

The Current Living Situation data element can be introduced when Housing History Tool data is transferred to prior assessments, and the CE Assessment Element (without the prioritization piece) can be adopted at that time so that Skilled Assessors can be trained once on all upcoming changes that will be immediately adopted following the training.

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