Chicago Coordinated Entry System
Supportive Housing Providers
Verifying Chronic Homelessness

www.csh.org/chicagoces
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 is where you come in. Welcome.
Coordinated Entry System
Lead Entities and Roles

Coordinated Access Steering Committee (Oversight)

CSH Project Manager

All Chicago HMIS

Catholic Charities
Matching & System Administrator

Center for Housing & Health
Outreach Coordination

Family System Navigation TBD

Heartland Health Outreach Chronic System Navigation
Target Population

**Youth**
- Category 1: Literal homelessness
- Category 2: Imminent risk of homelessness
- Category 4: Fleeing Domestic Violence
- Unstably Housed: Moving from one place to the next without the means to secure stable housing

**Adults**
- Category 1: Literal Homelessness
- Category 4: Fleeing Domestic Violence
Coordinated Entry System Process

Engage → Assess → Triage → Match → Navigate → House
Coordinated Entry Assessment Through HMIS to Determine Housing Strategy

- Transitional Housing
- Rapid Re-Housing
- Permanent Supportive Housing
- Permanent Housing w/ Short Term Support
- Diversion
- Community Supports
## Coordinated Entry System Timeline

<table>
<thead>
<tr>
<th>April</th>
<th>May – June</th>
<th>July - August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth Ages 18 – 24 with or without children</td>
<td>Single Adults</td>
<td>Families</td>
</tr>
</tbody>
</table>
The Central Referral System is being phased out and replaced by HMIS

- No new applications will be accepted on the CRS
- Information will not be transferred from the CRS to HMIS
- This means people not connected to a housing path must be assessed and entered into HMIS to be matched to a housing intervention
The One List

▪ HMIS uses data shared by all providers to create the One List, a By Name List of all individuals and households currently experiencing homelessness

▪ This list includes people considered to be active, meaning enrolled in a homeless project or exited from one within the last 90 days
Matching – The One List

The Match

- Catholic Charities uses this One List to match people to housing programs based on availability, eligibility, and prioritization
  - This process includes notifying providers working with the household via email
  - Housing Providers will receive an individual and/or household’s history of program Entries recorded in HMIS
Case managers, outreach professionals, and housing system navigators will all play the important role of supporting people matched to housing in connecting with housing providers.
Verifying Chronic Homelessness Overview

Nora Lally
Sr. Community Planning & Development Representative
U.S. Dept. of Housing and Urban Development
Section 1: Referral

Kimberly Schmitt
Systems Implementation and Training Manager
All Chicago
Matching Details from HMIS:

Information is provided through three means:

1. Email notification
2. Referral via Service Transaction Tab in HMIS
3. Assessment details on Entry into CES Skilled Assessors Project

Email Notification
Matching Details from HMIS:

Data provided via Email Notification:

HMIS Project Entries and Exits
- Emergency Shelters
- Transitional Housing
- Street Outreach
- Safe Havens

Number of days enrolled in each project
Number of months enrolled in each project
Project Type (TH identification)
Matching Details from HMIS:

<table>
<thead>
<tr>
<th>Client - (326692) Balboa, Rocky</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong>: Balboa, Rocky</td>
</tr>
<tr>
<td><strong>Date of Birth</strong>: 04/01/1970 (Age 47)</td>
</tr>
<tr>
<td><strong>Social Security</strong>: 444-44-4444</td>
</tr>
<tr>
<td><strong>Gender</strong>: Doesn't identify as male, female, or transgender</td>
</tr>
<tr>
<td><strong>Primary Race</strong>:</td>
</tr>
<tr>
<td><strong>Secondary Race</strong>:</td>
</tr>
<tr>
<td><strong>U.S. Military Veteran?</strong>: No (HUD)</td>
</tr>
<tr>
<td><strong>Entry/Exits</strong></td>
</tr>
<tr>
<td><strong>Program</strong>: All Chicago - SSVF</td>
</tr>
<tr>
<td><strong>Type</strong>: VA</td>
</tr>
<tr>
<td><strong>Entry Date</strong>: 10/03/2016</td>
</tr>
<tr>
<td><strong>Exit Date</strong>:</td>
</tr>
</tbody>
</table>
Matching Details from HMIS and the Time Accumulation Worksheet:

Continuously homeless for past 12 months

4 Occasions of homelessness over the past 3 years
Section 2: Disability Documentation Checklist

Tawanda Acosta
Program Supervisor
Christian Community Health Center
Person who can be diagnosed with one or more of the following conditions:

- Substance use disorder,
- Serious mental illness,
- Developmental disability
- Post-traumatic stress disorder,
- Cognitive impairments resulting from brain injury, or
- Chronic physical illness or disability

Eligible Disability Types listed on the Verification of Disability Form
Disability Checklist

- Written verification from a professional licensed by the state to diagnose and treat the disability;
- Written verification from the Social Security Administration;
- The receipt of a disability check

OR

- An agency identified staff recorded observation of a disability. This must be documented by one of the above means no later than 45 calendar days from the applicant’s move-in date.
Section 3: Time Accumulation Worksheet

Jessica Smith
Senior Program Manager
CSH
In addition to having a disability, HUD defines chronic homelessness as:

- A person experiencing homelessness and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

- (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter **continuously for at least one year or on at least four separate occasions in the last 3 years;** and
HUD defines chronic homelessness as:

- (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
HUD defines chronic homelessness as:

- (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 paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
HMIS History

**HMIS history of Entries and Exits replaces homeless letters from agencies using HMIS**

- Example of HMIS project entries shared:

<table>
<thead>
<tr>
<th>Provider</th>
<th>Entry Date</th>
<th>Exit Date</th>
<th># Days Enrolled</th>
<th>Exit Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heartland Health Outreach - PATH Program(1163)</td>
<td>4/24/2017</td>
<td></td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>North Side Housing &amp; Supportive Services - Interim Housing Uptown(1045)</td>
<td>3/15/2017</td>
<td>5/1/2017</td>
<td>47</td>
<td>No exit interview completed (HUD)</td>
</tr>
<tr>
<td>Pacific Garden Mission - Men's Transitional Resident Program(1300)</td>
<td>5/5/2016</td>
<td>6/5/2016</td>
<td>31</td>
<td>No exit interview completed (HUD)</td>
</tr>
</tbody>
</table>
Steps in Verifying Length of Homelessness

Time Accumulation Worksheet

Chronic Homelessness Self Certification

Release of Information

Third-Party Homeless Verification
Section 4: Chronic Homelessness Determination

Kimberly Schmitt
Systems Implementation and Training Manager
All Chicago
Chronic Homelessness Determination: Three Options

Chronic Homelessness Verification Pending

Chronic Homelessness Verified

Applicant Determined Ineligible
Applicant appears to meet the definition of experiencing Chronic Homelessness

Housing provider can move forward with housing the applicant

All Third Party Documentation must be collected in 180 days of applicant’s move-in date

All Disability Documentation should be collected within 45 days of applicant’s move-in date
Chronic Homelessness Determination: Chronic Homelessness Verification Pending

Please note HUD guidance released in November 2016 regarding homeless documentation:

- 100% of households served can use self-certification for 3 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.
Chronic Homelessness Packet is complete and applicant meets the definition of experiencing chronic homelessness
Chronic Homelessness Determination: Applicant Determined Ineligible

Upon careful review, this applicant does not meet the definition of experiencing chronic homelessness based on the following criteria:

☐ A. The applicant has **not** experienced 12 continuous months of homelessness nor 4 distinct occasions of homelessness in the past 3 years that total 12 months.

To the best of my knowledge, the applicant has experienced _________ occasions of homelessness in the past 3 years totaling _________ months. (Please see the Time Accumulation Worksheet for further details.)

☐ B. The applicant has not reported nor has staff observed a qualifying disabling condition.

I recommend the applicant’s chronic homeless status be further reviewed by the CoC Coordinated Entry Entity/Referring Agency.

*Signature of Verifying Worker*

*Date*

**For all referrals determined ineligible, sections 1-4 of this Packet should be securely faxed back to the CoC Coordinated Entry Entity/Referring Agency from whom the referral was sent.*

Packet Faxed to CoC Coordinated Entry Entity - Catholic Charities

Applicant has not reported nor has staff observed a qualifying disabling condition.
## Disability Verification

<table>
<thead>
<tr>
<th>Client Name</th>
<th>HMIS ID Number</th>
<th>Did the team member observe a disability? (Yes or No)</th>
<th>Client’s Move-in Date</th>
<th>Date 45 Days from Move-in Date</th>
<th>Days remaining to limit of 45-Day period</th>
<th>Date Documentation received to verify disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
<td>326692</td>
<td>Yes</td>
<td>5/1/2017</td>
<td>6/15/2017</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Example 2</td>
<td>123456</td>
<td>No</td>
<td>5/3/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example 3</td>
<td>333333</td>
<td>Yes</td>
<td>4/4/2017</td>
<td>5/19/2017</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Example 4</td>
<td>444444</td>
<td>Yes</td>
<td>3/1/2017</td>
<td>4/15/2017</td>
<td>32 days overdue</td>
<td></td>
</tr>
<tr>
<td>Example 5</td>
<td>151515</td>
<td>Yes</td>
<td>2/1/2017</td>
<td></td>
<td></td>
<td>3/15/2017</td>
</tr>
</tbody>
</table>
### Third Party Documentation

<table>
<thead>
<tr>
<th>Client Name</th>
<th>HMIS ID Number</th>
<th>Is there a need for Third Party Homelessness Documentation (Yes or No)?</th>
<th>Client’s Move-in Date</th>
<th>Date 180 Days from Move-in Date</th>
<th>Days remaining to limit of 180 Day period</th>
<th>Date Third Party Homelessness Documentation received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 2</td>
<td>123456</td>
<td>No</td>
<td>5/3/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Example 3</td>
<td>333333</td>
<td>Yes</td>
<td>4/4/2017</td>
<td></td>
<td></td>
<td>4/8/2017</td>
</tr>
<tr>
<td>Example 5</td>
<td>151515</td>
<td>Yes</td>
<td>2/1/2017</td>
<td>7/31/2017</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Example 4</td>
<td>444444</td>
<td>Yes</td>
<td>11/21/2016</td>
<td>5/20/2017</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Example 1</td>
<td>326692</td>
<td>Yes</td>
<td>10/1/2016</td>
<td>3/30/2017</td>
<td>48 Days Overdue</td>
<td></td>
</tr>
</tbody>
</table>
### Self-Certification

<table>
<thead>
<tr>
<th>Client Name (All Currently Enrolled Clients)</th>
<th>HMIS ID Number</th>
<th>Was self-certification used as documentation (Yes or No)?</th>
<th>Client's Move-in Date</th>
<th>Client's Exit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1</td>
<td>326692</td>
<td>Yes</td>
<td>10/1/2016</td>
<td></td>
</tr>
<tr>
<td>Example 2</td>
<td>123456</td>
<td>No</td>
<td>5/3/2017</td>
<td></td>
</tr>
<tr>
<td>Example 3</td>
<td>333333</td>
<td>No</td>
<td>4/4/2017</td>
<td></td>
</tr>
<tr>
<td>Example 4</td>
<td>444444</td>
<td>No</td>
<td>11/21/2016</td>
<td></td>
</tr>
<tr>
<td>Example 5</td>
<td>151515</td>
<td>Yes</td>
<td>2/1/2017</td>
<td></td>
</tr>
</tbody>
</table>

**Self-Certification: 40.0% Over 25%**
**CSH**  
ChicagoCES@csh.org

**All Chicago**  
ChicagoCES@allchicago.org

**Catholic Charities**  
ChicagoCES@catholichcharities.net

**Center for Housing and Health**  
ChicagoCES@housingforhealth.org