Chicago Coordinated Entry System (CES)
Skilled Assessor Training

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Coordinated Entry System Implementation

CSH Project Manager

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All Chicago HMIS

Center for Housing & Health Outreach Coordination

System Navigation for Chronic

System Navigation for Families

Coordinated Access Steering Committee (Oversight)
Coordinated Entry System Process

Engage → Assess → Triage → Match → Navigate → House
Skilled Assessors

Build relationships of trust with applicants and help them unpack their story

AND

Enter this information into the assessment on HMIS, including updates as they are reported
Access Points
The One List

HMIS data shared by providers informs the Chicago One List, a by name registry.

Catholic Charities uses the One List to match people to housing programs based on availability, eligibility, and priorities.

This includes notifying the Skilled Assessor and Housing Provider and including HMIS entries in the follow up note.
Chicago CES Website

www.csh.org/chicagoces

**Training**

Register for a Training Session
Sessions targeted to housing providers, access point staff, skilled assessors, shelter and transitional housing providers, as well as general training for others.

▶ More

**Access**

CES Assessments for Housing
Skilled Assessors are available at Access Points for youth, individuals, and families to assess people facing homelessness. Learn how to become an Access Point.

▶ More

**Documents**

Download Forms
Click below to be linked to all CES related materials including disability and homeless verification forms, paper assessments, and more!

▶ More

**Outcomes**

Community Dashboards
Learn about our progress and identified gaps by reviewing community dashboards. Coming soon!

▶ More
New Consent Form & Privacy Practices Notice
One Consent Form for All Clients

One Form for All -- with 3 Parts:

Part 1 - Answers to client questions
Part 2 - Data sharing options
Part 3 - CoC interaction and data sharing if applicable

Start using for all Youth Assessed through the Coordinated Entry System
Focus on Data Sharing - Part 2

Client Options

Basic Information:

- Name
- Social Security Number
- Date of Birth
- Gender
- Veteran Status
- Photo

Entry Details: Project Name and Entry and Exit Dates

Recipient Identification Number

Contact Information
Focus on Data Sharing - Part 2

Coordination of Care and Housing Information:

Military Service Details:

If YES to U.S. Military Veteran:

What was the character of your discharge?

Honorable

Experience with homelessness and living situation

<table>
<thead>
<tr>
<th>Length of Homelessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Residence/Living Situation</td>
</tr>
<tr>
<td>Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)</td>
</tr>
<tr>
<td>Length of Stay in Previous Place</td>
</tr>
<tr>
<td>One week or more, but less than one month</td>
</tr>
<tr>
<td>Approximate date homelessness started:</td>
</tr>
<tr>
<td>01 / 01 / 2016</td>
</tr>
<tr>
<td>Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today</td>
</tr>
<tr>
<td>One time (HUD)</td>
</tr>
<tr>
<td>Total number of months homeless on the street, in ES or SH in the past three years</td>
</tr>
<tr>
<td>More than 12 months (HUD)</td>
</tr>
</tbody>
</table>

Income and Sources

<table>
<thead>
<tr>
<th>Income &amp; Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does anyone in your household currently receive income from any source?</td>
</tr>
<tr>
<td>-Select-</td>
</tr>
<tr>
<td>If yes, what is/are the household’s current income source(s)?</td>
</tr>
<tr>
<td>-Select-</td>
</tr>
<tr>
<td>If yes, what is/are the household’s current income source(s)?</td>
</tr>
<tr>
<td>-Select-</td>
</tr>
<tr>
<td>If yes, what is/are the household’s current income source(s)?</td>
</tr>
<tr>
<td>-Select-</td>
</tr>
<tr>
<td>What is your household’s gross monthly income from all income sources?</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

all Chicago
making homelessness history
Focus on Data Sharing - Part 2

Coordination of Care and Housing Information:

Medical insurance and/or primary care provider information

<table>
<thead>
<tr>
<th>Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the participant currently covered by Health Insurance?</td>
<td></td>
</tr>
<tr>
<td>-Select-</td>
<td>G</td>
</tr>
<tr>
<td>If yes, please indicate type of insurance?</td>
<td></td>
</tr>
<tr>
<td>-Select-</td>
<td>G</td>
</tr>
<tr>
<td>If yes, what health plan are you enrolled in?</td>
<td></td>
</tr>
<tr>
<td>-Select-</td>
<td>G</td>
</tr>
<tr>
<td>Where have you gone most often to seek medical care in the past 12 months?</td>
<td></td>
</tr>
<tr>
<td>-Select-</td>
<td></td>
</tr>
<tr>
<td>Have you visited your Primary Care Physician within the past 6 months?</td>
<td></td>
</tr>
<tr>
<td>-Select-</td>
<td>G</td>
</tr>
</tbody>
</table>
Focus on Data Sharing - Part 2
Four Choices

Option 1:

**Basic Information** with the "Collaborative"
(A group of stakeholders that coordinate their efforts to end homelessness in Chicago)

AND

**Basic Information** and **Coordination of Care and Housing Information** with agencies selected to serve the client and their household members
Focus on Data Sharing - Part 2

Four Choices

Option 2:

**Basic Information** and **Coordination of Care and Housing Information** with agencies selected to serve the client and their household members.

Client data will be shared only with the Coordinated Entry System Team working to connect the client and/or household member to housing and the identified housing provider.
Focus on Data Sharing - Part 2

Four Choices

Option 3:

Basic Information shared with the Collaborative

The Collaborative will not be able to connect the individual and/or household members to a housing provider using HMIS. Assessment data should be completed on “hard copy” and not entered into HMIS.
Focus on Data Sharing - Part 2
Four Choices

Option 4:
Client does not share any information in HMIS with any members of the Collaborative

The Collaborative will not be able to connect the individual and/or household members to a housing provider using HMIS
Assessment data should be completed on “hard copy” and not entered into HMIS
Focus on Data Sharing - Part 2

Options 1 and 2
Focus on Data Sharing - Part 2

Options 3 and 4

Process to be created soon!
Consent Part II: Revoking Client Consent

Clients will have the option to re-sign this consent form to change the level of data that is being shared in HMIS, moving forward.

Note: You may revoke your consent permitting information about you to continue to be shared with other service providers within the Collaborative by signing a new copy of this Consent and selecting an alternative.
Supplemental Client Consent for Sharing of Certain Disability Data and Health Information

Consent is required by law to share certain disability information. Sharing this information will allow the client to be connected to as many housing and care options as possible.

I consent to share information relating to my experience with the following conditions with the Chicago HMIS Collaborative: (Please initial)

____ Mental Health Condition
____ HIV/AIDS
____ Alcohol and/or Drug Abuse

____ I decline to share the above information
____ I do not presently experience the above conditions.
HMIS Training Site

https://sp5.servicept.com/chicago_demo

All Chicago Computer Passwords:
Training14!

Wifi Passwords:
homeless or homelessness
Thank you!