Coordinated Entry System Refinement Lab
Chicago Action Agenda and Continuum of Care
March, 2018

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Defining Coordinated Entry

In a coordinated entry system (CES), all providers of homeless housing and services in the community work together to ensure that from the moment a household first presents a housing crisis, there is a clear and consistent path towards ending their homelessness. A successful CES creates system change that shifts the focus of housing and service providers within the system from a strategy that says *"Should we accept this household into our program?"* to one that says *"What housing / service assistance is best for each household to quickly and effectively end their housing crisis permanently?"* Ultimately, the goals of a CES are to simplify access to housing and services for people experiencing homelessness, prioritize the most vulnerable households for the most intensive (expensive) housing/service resources, and improve overall system efficiency. CES provides a critical opportunity to intentionally collect and analyze system level data to inform and enhance decision-making and system function.

Although communities have been working for many years to coordinate access to housing and service interventions, HUD provided further impetus when they published the Interim Final Rule for the Continuum of Care (CoC) Program. The Rule states,

> *"[E]ach Continuum is responsible for establishing and operating a centralized or coordinated assessment system that will provide a comprehensive assessment of the needs of individuals and families for housing and services."*

HUD further defines this requirement to mean a

> *"Centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."*

HUD published CPD-17-01, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, on January 23, 2017*, which documents and details additional requirements and best practices of CES; and implemented a deadline for CES implementation of January 23, 2018.

Chicago Coordinated Entry Refinement Lab

Over the past year, the Chicago Continuum of Care (CoC) and CSH-Chicago completed the initial implementation of the Chicago Coordinated Entry System (CES). The CES was implemented at scale and the following had been accomplished at the time of the CES Refinement Lab:

- 12 access points built out and operational (4 general, 5 for youth ages 18-24, 3 for minors)
- 237 Skilled Assessors trained, from 70 organizations
- Comprehensive online and in-person training developed and rolled out for new Skilled Assessors
- 7001 people experiencing homelessness assessed
- 87% of unsheltered households have been assessed
- 520 households referred through CES housed
- 407 households enrolled in housing programs awaiting move-in
- New funding secured to employ housing system navigators and a youth diversion specialist
- Average days from match to housing for non-veterans: 45 days

The Chicago CoC and CSH-Chicago identified the focus of the next phases of CES implementation to be refinement. They wanted to engage the CES community in developing a workplan associated with the refinement phase of CES implementation. To achieve this goal, the CSH National Team led a one day CES Refinement Lab. The CES Refinement Lab was attended by 87 stakeholders from across the Chicago CoC. These stakeholders represented providers that serve within Chicago's CES as Skilled Assessors, Navigators, housing programs, access points, assessment locations, outreach, members of the workforce development sector, Lived Experience Commission (LEC), Youth Advisory Board (YAB), and Coordinated Access Steering committee (CASC). Together these stakeholders serve all subpopulations represented within the Chicago CoC: veterans, families with children, single adults, youth and young adults, survivors of domestic violence and other vulnerable populations experiencing homelessness. The goal of the CES Refinement Lab is to look at the CES as it currently exists with a very critical eye toward system performance, identifying system challenges, discussing and identifying solutions, and building out the next phase of work to further refine the CES. In an effort to build the most effective and efficient CES, Refinement Lab participants engaged deeply in the exercise of looking at the existing system. Most of the identified system challenges and solutions ultimately fall into the following four areas of system improvement:

- Increase the continuity of the Coordinated Entry System while simultaneously increasing the nimbleness of the system
- Increase the "referral to housed" ratio through the Coordinated Entry System
- Increase the real-time and automated functioning of the Coordinated Entry System
- Improve the overall performance of the Coordinated Entry System

The CES Refinement Lab focused the stakeholders' attention on the major components of a coordinated entry system to draw out needed refinements:
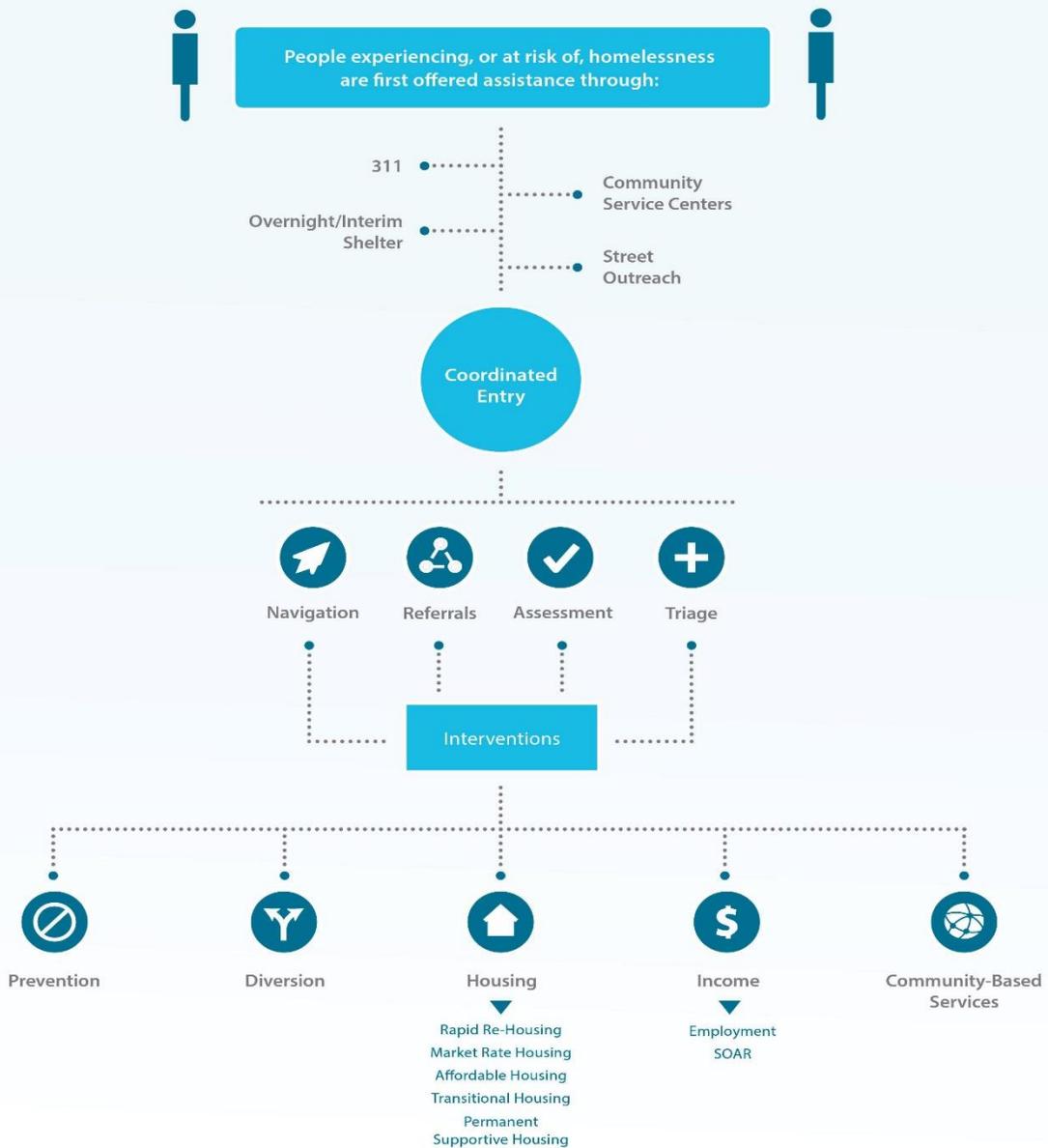
- **Access**: Entry points to a local housing and service system, which includes physical front doors, outreach teams, hotlines, virtual access, after-hours access, etc. Access also includes the staff that represent the CES and administer CES assessments and/or provide housing navigation services.

- **Assessment**: Standardized triage and assessment process that is adopted across the Continuum of Care (CoC) and intended to increase consistency and fairness in determining housing and service needs.

- **Assignment/Referral**: Process of referring & matching households experiencing homelessness to housing and/or service openings, utilizing a CoC prioritization policy.

- **Accountability**: Outcomes, measurements, and a set of operating guidelines that enable a CoC to know if stakeholders are meeting system expectations, and if the coordinated entry system is effective.

It is important to note that the specific challenges and solutions included in this report are applicable and targeted to the refinement of Chicago's CES. HUD continues to allow for flexibility in choosing a model that works best for an individual community based on geography, population, level of need, and other local factors. All of the sections identified as "*solutions*" throughout this report were specifically identified by Refinement Lab participants. The "*recommendations*" sections throughout this report were developed and are suggested by the CSH National Team. It is also important to recognize that the CES design will require continued improvements and adjustments based on monthly/yearly data and changes in population needs over time. CES will likely never be a "finished product"-it is a dynamic system.

Below is an infographic that communicates the vision for how Chicago ends homelessness and how CES is incorporated into the larger homeless response system:

The CoC
ACTION
Agenda

THE VISION FOR
HOW CHICAGO ENDS HOMELESSNESS

People at risk of, or experiencing homelessness, are identified, assessed,
and referred for services and housing within 90 days of their crisis.

People experiencing, or at risk of, homelessness
are first offered assistance through:

311

Overnight/Interim
Shelter

Community
Service Centers

Street
Outreach

**Coordinated
Entry**

Navigation   Referrals   Assessment   Triage

Interventions

Prevention   Diversion   Housing   Income   Community-Based
Services

Rapid Re-Housing   Employment
Market Rate Housing   SOAR
Affordable Housing
Transitional Housing
Permanent
Supportive Housing

Access

CES Front Doors/Access Points/Assessment Locations

<u>Challenges</u> - Specific challenges were identified with the fact that the current CES has 237 Skilled Assessors and 70 organizations operating as access points and/or assessment locations. Participants concluded that there are too many locations and too many assessors creating too unwieldy a system to manage for the CES Lead Entity. Participants identified the following challenges with the current number of locations and assessors.

- o The Lead Entity's ability to advertise and market to both clients and providers the CES assessment locations and times across the city.
- o The system's ability to make system level adjustments to the CES quickly and easily in real-time; training and re-training CES staff, re-messaging across the system to so many people and organizations, etc.
- o The Lead Entity's ability to manage the quality of the completed assessments across the CES consistently.
- o The Lead Entity's ability to manage and standardize the messaging and tone coming from the CES.

<u>Solutions</u> – Refinement Lab participants engaged in the following process to determine how to reduce the number of assessment locations and assessors to simplify the CES for the benefit of clients and the system. Participants were asked the following question, "If you needed to assess 96% of the population of those experiencing homelessness in Chicago in the next 10 days with a team of 20 or 30 Skilled Assessors where would you go? Don't restrict yourself by where CES is today, think about where large numbers of people experiencing homelessness go already. How can you insert yourself in their path without creating a new pathway and talk to as many people as possible with each stop that you make?" The second step in the process was to ensure that the locations they identified covered all subpopulations experiencing homelessness in Chicago and a reasonable geography. The final piece that participants identified was the need to coordinate CES outreach to fill in all of the gaps that are left by reducing the number of locations. Moving forward new assessment locations would only be added to the system if the volume of assessments that would be completed at that location would justify a full-time Skilled Assessor; otherwise the requested location would be included through CES outreach. Below are the assessment locations identified by the Refinement Lab participants as critical locations to achieving full CES coverage.

CES Assessment Locations

Assessment Location	Geography	Populations
CRRC/Jesse Brown VAMC	West	Veterans
10 S. Kedzie/EHARC	West	All
Mathew House	South	All
Pacific Garden Mission	Near South	All
Featherfist	South	All
Heartland Health Outreach or North Side Housing	North	All
Broadway Youth Center	North	Youth/Young Adult
Teen Living Programs	South	Youth/Young Adult
La Casa Norte	West	Youth/Young Adult
Cornerstone	North	Families
Coordinated Outreach Teams	All	All

<u>Recommendations</u>
- Refinement Lab participants were concerned about a lack of adequate coverage in the north part of Chicago-it is recommended that the CES Implementation Workgroup determine which of the following locations would have a higher volume of assessments and therefore be best suited to be a CES assessment location-HHO or Northside Housing.
- Given Chicago's geography and the CoC's intention to bridge to other systems (healthcare, child welfare, criminal justice, etc.) within the community, it is recommended that a call-in component be added to the Chicago CES. A call-in option will be critical to building a robust CES that can connect to other systems and cover a large geography without having to add a large number of Skilled Assessors, potentially compromising the overall quality of the CES. The CES Leadership Workgroup should design a framework, an implementation strategy, and identify resources to build out a call-in component.

Skilled Assessor Support

<u>Challenges</u>
- Incomplete assessments
- Inconsistent client messaging at assessment
- Unclear role and responsibility of the Skilled Assessor as it relates to housing navigation and document collection

<u>Solutions</u>
- Reduce the number of Skilled Assessors to a number that provides for reasonable system coverage while still being manageable to achieve quality in the CES
- Create dedicated Skilled Assessor positions at assessment locations and make CES assessments integrated into assessment location existing processes
- Develop Skilled Assessor scripts to begin to standardize messaging and tone (see Appendix I for script content recommendations from participants)
- Have regular (bi-weekly or monthly) in-person meetings with all Skilled Assessors
- Share average timelines to access housing to be able to communicate more accurate timelines with clients across the whole system
- Training refreshers and ongoing training topics as identified by group
- Make assessment and/or HMIS adjustments based on Skilled Assessor feedback
- Develop a CES assessment guide that more clearly defines the questions that can be interpreted in multiple ways by different assessors and/or clients to achieve more consistency.

<u>Recommendations</u>
- A solution was not identified to resolve the issue of clarifying the responsibility of document collection to enter housing, but it was made clear that the housing navigation responsibilities need to be defined and assigned within the system. It is recommended that the issue of developing a strategy to support the role and responsibilities of housing navigation be taken to the CES Leadership Workgroup. After they have developed a strategy, the CES Implementation Workgroup should move to implement that strategy. This issue came up many times throughout the Refinement Lab and was identified as one of the biggest challenges facing the existing CES. Without resolving the issue of who is responsible for housing navigation responsibilities the Chicago CES will continue to experience bottlenecking throughout the system.

Assessment

The Chicago Continuum of Care adopted the Vulnerability Index™ (VI) as the Coordinated Entry standardized assessment tool to identify members of the homeless population who are considered medically vulnerable and who will face an increased risk of mortality if homelessness persists. There is a VI tool for single adults, a VI for families, and a VI for youth. Each VI tool is separated into sections which assist in determining homelessness, vulnerability, barriers and other criteria related to eligibility for programs.

The CES for permanent housing uses the VI to rank Applicants in order of vulnerability, with the most vulnerable households at the top of the list. Chicago has adopted a practice of filling all supportive housing and rapid rehousing units with people facing chronic homelessness first.[1] Households facing chronic homelessness with greater challenges are generally matched to more service intensive housing programs and those with fewer barriers are generally matched to shorter term service enriched housing programs.

The CES refinement lab participants identified challenges they have experienced in the first year of using the assessment tool and the assessment process in general. Overall, participants were generally satisfied with the VI tool for individuals and families. There were challenges identified with the youth VI assessment tool, primarily with whether or not there were appropriate matches based on the information contained in the assessment.

Challenges
- o Incomplete answers to questions on the VI pose a problem for making an appropriate match.
- o The youth VI assessment tool is not getting appropriate information for an appropriate match to housing interventions for youth.
- o The assessment tool does not take into consideration the disproportionate impact of health conditions based on race.
- o Individuals are asked too many times throughout the assessment and referral process to give the same information or repeat their story.
- o There is still more information needed for matching individuals to the appropriate housing model.
- o No real-time assessment results in the field for Skilled Assessors to share with Applicants

Solutions
- o Develop a fact sheet for consumers on what documents can be helpful to bring for assessment and what to expect after the assessment is complete.
- o Include information in the notes section to assist with appropriate matching and give more information to the referring project.
- o Review the entire electronic assessment and HMIS enrollment process to ensure that every opportunity to remove duplication is done.
- o Strengthen collection of information on chronic homelessness at assessment. Work with the CES Implementation Workgroup to develop more effective sets of questions that get at chronicity while still being self-report.
- o Add more health questions to the assessments to elicit health factors that disproportionally affect African-Americans
- o Refine the Youth Assessment tool to better match youth to the appropriate housing intervention.

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[1] Coordinated Entry System Continuum of Care IL 510: Policies & Procedures Guide.

Recommendations
- o The assessment tools should only be refined to more accurately match people in alignment with the system's program models. Any adjustments to the CES assessment tools or intervention matching should be vetted with both a CES workgroup and the intervention type workgroups to ensure all aspects of an adjustment are accounted for appropriately. (For example; CES Leadership Workgroup and Youth Implementation Workgroup should be consulted to make an adjustment to the youth assessment tool)
- o It is recommended that the CES Leadership Workgroup & HMIS team work together to develop ways that Skilled Assessors are more equipped, in the field, to share an appropriate level (as determined by the workgroup) of matching information with Applicants.

Assignment

Catholic Charities uses a spreadsheet downloaded daily from HMIS called the One List that is set up based on the prioritization metrics, to connect Applicants to housing providers with vacancies, taking eligibility criteria into account in this process. Agencies complete an on-line matching survey each time a new unit or set of units becomes available to indicate they require Applicants to be matched to their program. Catholic Charities matches Applicants to housing opportunities based on the system-wide prioritization standards. Applicant from the One List is matched to each vacancy with a 1:1 ration. A follow-up email is sent by Catholic Charities to the Skilled Assessor, Housing Provider, and any Case Managers listed in the assessment. This note includes the HMIS history of current and past programs if the Applicant has signed the HMIS release allowing for sharing of this information.[2]

At the CES Refinement Lab, the participants discussed several facets of the assignment/matching process, including the low "referral to housed" ratio (contacting clients and client refusals), the use of electronic referrals, real time availability of units, the One List, and the prioritization process.

Electronic Referrals

Challenges
- o Users don't understand the system
- o Providers are not getting timely referrals for vacancies
- o There are too many forms to fill out for vacancies or mismatch/waiting period
- o There is confusion about the factors that go into reporting of vacancies, such as the number of referrals that are available for the vacancies
- o There are too many referrals that are rejected
- o The housing provider is not seeing the health details of the assessment and that may be what is affecting the match
- o There is no way to track the referral outcome or timelines after it is sent
- o Not all supportive housing in the city is using the CES (Non-CoC funded)

Solutions
- o Send more than 1 referral to housing providers. Consider a pilot to send 3 referrals for every one vacancy which could yield some information on whether that would improve the matching and vacancy rate.
- o Build in another waitlist after 3 attempts at finding the client

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[2] Coordinated Entry System Continuum of Care IL 510: Policies & Procedures Guide

- o Build the electronic referral through CES
- o Create automation for notification of vacancies so there is less room for error
- o Enhance handoff for referrals – case manager contact information should be included
- o Expand access to the VI score through HMIS
- o Do more training for staff using HMIS
- o Develop and implement a referral outcome form in HMIS to track and timestamp each step following an initial housing referral, to track denial reasons, and to track denial rates.

Recommendations
- o Develop and implement a strategy to increase the non-CoC funded supportive housing and affordable inventory into CES by the end of 2019. The CES Leadership Workgroup should determine an appropriate target to achieve by the end of 2019.

Client Contact

After a referral is made it is the responsibility of those in the system to contact the Applicant to inform them of the match and schedule an appointment to begin the enrollment process. Finding clients is one of the most difficult things most communities struggle to overcome.

Challenges
- o Clients are reluctant to share contact information
- o Programs aren't entering their primary contact in HMIS
- o Client contact information changes regularly

Solutions
- o Include the importance of contact information in the Skilled Assessor script when they are matched to housing
- o Explore confidential ways of communicating with youth via social media
- o Get primary contact information in HMIS for every CES participating program
- o Advertise to the entire CoC the importance of "program exits" to the system and their impact on the One List. Drive up program exits being done within a set period of time from exit.
- o Develop a "How to Find Someone Resource Guide" for CES purposes only. This guide would be used by anyone that was looking for someone that had been matched to a housing program. Chicago has a network of outreach providers that can be notified when someone is attempting to be contacted and these providers frequently know where to find these clients.
- o Explore the possibility of using texting apps to notify clients of housing matches. This solution could pose some challenges, but participants felt that it was worth exploring before it was completely ruled out.
- o Begin utilizing the "flagging" capability in HMIS to notify the entire homeless response system that a specific client has matched to housing, that they are trying to be contacted, and who they should contact to get into housing.

Client Refusal

After a referral is made there is a fairly high rate of clients refusing to accept the program and/or unit that they have been matched to through the CES. After they refuse a referral their name is added back to the One List and they wait for the next vacancy to come up. This is problematic for the CES because the process of moving through multiple people to get to someone that accepts a vacancy adds additional time to a unit sitting vacant and others remaining homeless.

Challenges
- Geography preferences
- Lack of understanding of the intervention types at assessment
- Frequently declining SRO's
- Frequently declining shared bathroom programs
- Frequently declining programs that don't allow visitors

Solutions
- Add geography questions to the assessment (exclusionary areas; "which of these areas will you not live in?")
- Add specific program requirement questions to the assessment (exclusionary questions; "which of these living environments will you not accept?")

Recommendations
- Adding "exclusionary questions" can be very helpful to achieve a better first-time match, but they can be challenging to manage. There needs to be a significant amount of training and scripting that go along with these types of questions. The system has to be confident that all Skilled Assessors are asking the questions in the same way with everyone being assessed. A discussion of including exclusionary questions to the CES assessment should be taken up by the CES Implementation Workgroup and be vetted by the CES Leadership Workgroup.

Real-Time Unit Availability

This concept was introduced at the refinement lab so there were many questions about how it would be implemented.

Challenges
- Have to enter exits on PSH in a very timely fashion
- Have to do data entry both on a Google sheet and HMIS and people forget to do one or the other
- Family vs individual units fluctuate and are not easy to predict

Solutions
- Need a better explanation of how real-time availability would work
- Must have shared definitions built into system of vacancy-such as when does a provider report - 14 days ahead of time?
- Structure HMIS form to include a pop-up sharing if you failed to complete the other form
- Build in a bed list to categorize between individual/HIV/families, etc.
- Provide training on how to use bed inventory

Recommendations
- o Work with the CES Implementation Workgroup and HMIS to build out the full capacity of real-time unit availability for the purpose of being able to manage vacancy in real-time and "push" referrals as opposed to waiting for referral requests. With real-time unit availability the potential exists for referrals to be automatically pushed to vacancies which can ultimately speed up the housing process. Real-time unit availability also gives the system the ability to monitor and improve unit vacancy rates as an entire system.

One List

A By-Name registry called the One List is a report run through the Homeless Management Information System (HMIS) that records all households experiencing homelessness in Chicago. The list can only be viewed with identifying information by the CES managing entities, including All Chicago, Catholic Charities, the Center for Housing and Health and CSH.[3] The participants at the Refinement Lab had questions about the One List, but are generally satisfied with the functioning of Chicago's One List.

Questions
- o What feeds the One List? Figure out how to increase transparency without risking confidentiality/privacy
- o How does One List manage people who drop out of housing and need new placement?

Recommendations
- o To increase transparency around how people are added to One List, prioritized, matched, and ultimately referred to a housing program, a webinar or other training medium should be developed that clearly and simply shows people how the CES process works "behind the curtain".

Prioritization

The Chicago CES uses the vulnerability indices to rank Applicants in order of vulnerability, with the most vulnerable households at the top of the list. More directly, Applicants may be offered housing regardless of vulnerability score, but more vulnerable persons will likely be offered housing before less vulnerable persons. Applicants will be prioritized in the following order:
1) Chronic homelessness first,
2) VI Score (descending) second,
3) Number of days homeless (descending) third,
4) Date of application last.

The prioritization chart can be found here: http://www.csh.org/chicago-coordinated-entry-system/documents/

At the Refinement Lab, the discussion ranged from how the prioritization decisions were made to how transitional housing figures in and the acknowledgement of the lack of housing resources.

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[3] Coordinated Entry System Continuum of Care IL 510: Policies & Procedures Guide

<u>Challenges</u>
- o Not complete transparency around the prioritization of One List
- o Transitional Housing – for those in medical respite housing that includes some HUD TH funding, all participants are currently losing chronic homeless status and don't get prioritized for permanent housing, even though other sources of funding primarily fund this program such as ESG and funds from hospitals.
- o Limitations of HUD funding/insufficient housing resources- system needs more housing resources
- o We are not using data to adjust the assessment tools that we use or determine the inventory that we need
- o People with very low scores that will likely never access a housing resource waiting on the One List for a very long time

<u>Solutions</u>
- o Review HUD priorities and local prioritization chart; use data to inform the priorities (beyond HUD's recommendations) and assure transparency in the review process by completing these processes in CES workgroups
- o Explore additional respite housing and how do individuals with high vulnerability get housing if they are not chronic
- o Look at hospital/health investment for housing; find other affordable housing resources and start to build a pipeline for development

<u>Recommendations</u>
- o It is recommended that the CES Leadership Workgroup determine at what point (assessment score) Skilled Assessors should be referring Applicants to income resources as the primary intervention to resolve their housing crisis instead of adding them to the One List for a housing intervention. This would potentially happen in the field if assessment score are able to be calculated and posted immediately following the assessment.

Accountability

In the spirit of holding the system and all participating organizations accountable, the Chicago CoC and CSH are committed to continuing to look at the CES critically, monitor the performance of the system regularly, and adjust strategically. To that end, the Refinement Lab participants identified the following refinements in the area of accountability as critical to the continued success of the Chicago CES:

- o Develop and publically post a CES specific performance dashboard
  - ▪ Average # of days from Assessment to Move-In
  - ▪ % of Rematches
  - ▪ % of People Assessed
  - ▪ % of People Moving to Inactive
  - ▪ Average Vacancy Rate
- o Set targets for each of these outcomes

<u>Recommendations</u>
- o There was a discussion about including an outcome that looks at those that exit programs as a result of a "poor match". By "poor match" participants were suggesting that in some cases the reason people exit a housing program unsuccessfully is due to the fact that they were inaccurately matched to a housing program that was not able to adequately meet their needs. For example, some someone that was matched to RRH that would have been better served in a PSH housing intervention. This is a very difficult outcome to capture and participants were not able to determine an appropriate measure to include. It is recommended that the CES Leadership Workgroup consider the possibility of including this as a measure on the CES Performance Dashboard.
- o It is recommended that the Chicago CoC also include program denial rates and client refusal rates on the CES Performance Dashboard.
- o It is recommended that the CES Performance Dashboard be a system dashboard, but also be able to be provided at the program level regularly to all CES participating agencies.

Taking Chicago's CES to the Next Level

In addition to discussing the refinement of Chicago's CES, the Chicago CoC and CSH wanted to take advantage of the opportunity, with so many stakeholders in the room, to discuss ways to take the Chicago CES to the next level. Included in the Refinement Lab were discussions about further build out and integration of prevention, diversion, and income resources in Chicago's CES.

Prevention and Diversion

Prevention

The CES Refinement Lab participants had many questions about prevention. As with Diversion, there was some confusion about the difference between Prevention and Diversion. The group settled on the following key points:
- o Complete a crosswalk of Prevention resources and providers to begin to align all resources; include, eligibility, funding streams, time limits, etc.
- o Prevention resources need to be accessed through CES; the Prevention call-in center and CES need to merge
- o Prevention funding is reactive not proactive (it waits for a crisis or must manufacture a crisis to be eligible) –we must figure out an opportunity to be proactive
- o We need to pair Prevention resources with a service package that is provided by other systems (the anti-poverty system)
- o Funding – We need to determine the Prevention need and develop a strategy to build the needed resource

Diversion

Diversion is a strategy that prevents homelessness by quickly identifying safe and immediate non-shelter based housing solutions while connecting households with supportive services. The goal is to keep the individual or family intact with their natural support system, and all non-shelter based resources will be explored to identify safe, stable, alternative solutions. While the goal is to prevent homelessness, the practice of diverting from shelter can take place within 14 days of entering a shelter.[4]

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[4] Coordinated Entry System Continuum of Care IL 510: Policies & Procedures Guide.

The participants in the CES Refinement Lab did not know much about Diversion resources or how Diversion works in the assessment process. Much of what happens in Diversion occurs before a referral would get to a housing provider. The City Department of Family and Support Services is overseeing the Diversion efforts along with Catholic Charities who screens for youth and the Salvation Army who works with families. The biggest challenge may be whether or not all Diversion resources are funneled through the CES or whether CoC agencies can have access to Diversion resources.

Challenges
- o Lack of knowledge about what Diversion is and how people access it
- o Case management needs in Diversion are not being covered

Solutions
- o Define Diversion and the process.
- o Complete a crosswalk of Diversion resources and providers to begin to align all resources
- o Share best practices on Diversion and available resources with everyone in the CoC
- o Build in linkages with all the Diversion initiatives including criminal justice, mental health, health care, child welfare, etc.
- o Give intake workers at projects access to Diversion resources
- o Have Diversion training for at least all intake staff at projects and training for the other systems who are interacting with homeless
- o Identify funding for general case management services for households who need additional support with Diversion resources

Recommendations
   Strengthen Diversion and Prevention efforts. Diversion is an important national strategy targeting households who come to the front door of the homeless system in need of immediate shelter. To reduce inflow into the homeless system and provide support for those not experiencing literal homelessness, define, refine and incorporate a Diversion strategy across Chicago. All recommendations identified in this report related to Diversion should be explored, developed, and implemented through the Chicago's existing Diversion Workgroup. Strengthening prevention efforts – those on the verge of losing their housing - will also help to reduce the inflow into the homeless system.
- o Define Diversion and Prevention and outline the process in CES P&P
- o Compile a comprehensive list of diversion resources, identify best practices and disseminate to CoC and mainstream partners
- o Train all front-line staff on diversion and the CES diversion process
- o The Homeless Prevention Call Center should refer youth requiring Diversion supports to the Catholic Charities diversion project for these services

Incorporating Access to Income

Accessing income services through Chicago's CES is in the very beginning planning phases. Some questions have been added to the assessment, but only those that self-identify as interested in employment are contacted and provided workforce referrals. The Employment Taskforce is very committed to driving the work further along this year. Below are the recommendations and strategies that were developed with members of the Employment Taskforce and the Refinement Lab participants.
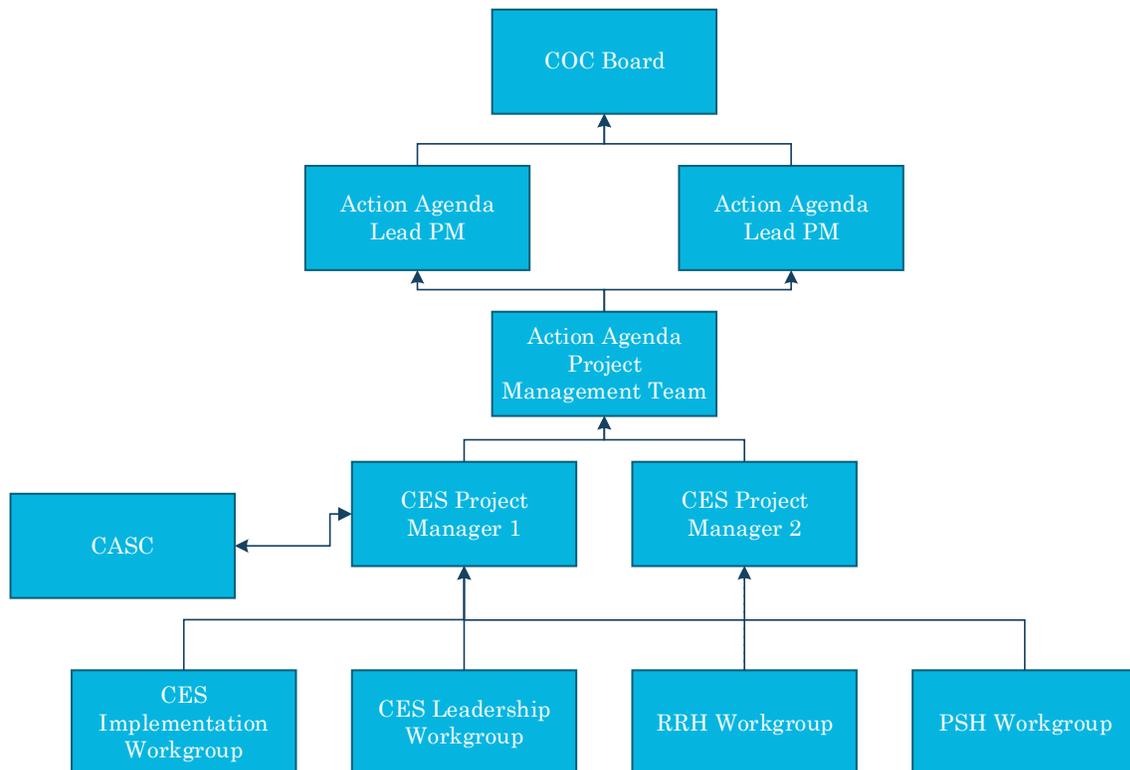
- o Train all current Skilled Assessors on existing income component of CES, assessment questions and referral processes
- o Develop and implement the systems to close the side doors and begin referring people through CES to SOAR
- o Develop and implement the systems to close the side doors and begin referring people through CES to the public workforce system
- o Develop and implement a training series throughout the homeless response system to drive employment to the forefront of staffs' minds and make employment a part of every case management conversation

System Level Recommendations

CES Refinement Implementation Infrastructure

It is recommended that the Chicago CoC and CSH Chicago continue to use the Action Agenda structure to drive the refinement work through the upcoming year. This structure allows for continued community input as additional design decisions are made and adjustments need to be considered. The recommended refinement implementation infrastructure required to complete the work identified by the community in the CES Refinement Lab and outlined in this report has been mapped below. This can be used as a framework and should be modified by the CES Project Managers as appropriate to meet with needs of the work.

Proposed Chicago CoC CES Implementation Infrastructure

- COC Board
- Action Agenda Lead PM
- Action Agenda Lead PM
- Action Agenda Project Management Team
- CASC
- CES Project Manager 1
- CES Project Manager 2
- CES Implementation Workgroup
- CES Leadership Workgroup
- RRH Workgroup
- PSH Workgroup

Workgroups

- CES Implementation Workgroup facilitated by Renee Crolius and Stephanie Sideman
  - Participants –Ken Lewin, All Chicago; Sal Estrada and Kelly Grimes, Catholic Charities; Svetlana Zhexembeyeva, Center for Housing and Health; Jessica Smith, CSH, Christine Riley, DFSS
  - Function – Refine operational functions of the CES including the assessment tools, access points, prioritization, matching accuracy, referrals, provider coordination, and technology
- CES Leadership Workgroup facilitated by Renee Crolius and Stephanie Sideman
  - Participants – Kim Schmitt, Karen Kowal, All Chicago; Wendy Alvaraz and Bob Haennicke, Catholic Charities; Pete Toepfer and Brandi Calvert, Center for Housing and Health; Betsy Benito, CSH; Maura McCauley, City of Chicago Department of Family and Support Services; Sarah Ciampi, Regional HUD Liaison; Laura Bass, Facing Forward; Tina White and Ed Stellon, Heartland Alliance Health
  - Function – Monitor the efficacy and efficiency of the CES including compliance performance monitoring, develop performance metrics with the Coordinated Access Steering Committee, prioritization oversight, barrier busting and troubleshooting, and amend CES policies and procedures as needed
- RRH Workgroup
  - Participants – CES project managers, RRH housing provider program managers or directors of programs, and CoC leadership
  - Function – Standardize enrollment processes, standardize documentation requirements, and standardize the referral process from CES as much as possible for the purpose of streamlining the assessment to move-in process
- PSH Workgroup
  - Participants – CES project managers, PSH housing provider program managers or directors of programs, housing authorities who establish (or are considering) homeless preference vouchers, and CoC leadership
  - Function – Standardize enrollment processes, standardize documentation requirements, and standardize the referral process from CES as much as possible for the purpose of streamlining the assessment to move-in process

Appendix I: Skilled Assessor Script Content Recommendations

- Explain CES Process
- Be conversational and welcoming
- Explain the role of a Skilled Assessor and the roles of everyone else the client will encounter
- Clarify ROI's
- Explain the purpose of housing
- Give a brief description of the different housing intervention types
- Explain what vulnerability means in a way that people will understand
- Include next steps and timelines
- Ask about housing documents the client already has
- Provide the client with a list of housing documents that they will need to be collecting in the meantime and review it with them
- Communicate the importance of sharing contact info to get ahold of Applicant when they are matched to housing
- Develop a script that directs the clients that are very low on the vulnerability scale to income resources only.

Appendix II: Summary of CES Refinement Lab Participant Solutions

Access
1. Reduce the number of Skilled Assessors to a number that provides for reasonable system coverage while still being manageable to achieve quality in the CES
2. Create dedicated Skilled Assessor positions at assessment locations and make CES assessments integrated into assessment location existing processes
3. Develop Skilled Assessor scripts to begin to standardize messaging and tone
4. Have regular (bi-weekly or monthly) in-person meetings with all Skilled Assessors
    a. Share average timelines to access housing to be able to communicate more accurate timelines with clients across the whole system
    b. Training refreshers and ongoing training topics as identified by group
    c. Make assessment and/or HMIS adjustments based on Skilled Assessor feedback
5. Develop a CES assessment guide that more clearly defines the questions that can be interpreted in multiple ways by different assessors and/or clients to achieve more consistency.

Assessment

1. Develop a fact sheet for consumers on what documents can be helpful to bring for assessment and what to expect after the assessment is complete.
2. Include information in the notes section to assist with appropriate matching and give more information to the referring project.
3. Review the entire electronic assessment and HMIS enrollment process to ensure that every opportunity to remove duplication is done.

4. Strengthen collection of information on chronic homelessness at assessment. Work with the CES Implementation Workgroup to develop more effective sets of questions that get at chronicity while still being self-report.
5. Add more health questions to the assessments to elicit health factors that disproportionally affect African-Americans
6. Refine the Youth Assessment tool to better match youth to the appropriate housing intervention.

Assignment

1. Send more than 1 referral to housing providers. Consider a pilot to send 3 referrals for every one vacancy which could yield some information on whether that would improve the matching and vacancy rate.
2. Build in another waitlist after 3 attempts at finding the client
3. Build the electronic referral through CES
4. Create automation for notification of vacancies so there is less room for error
5. Enhance handoff for referrals – case manager contact information should be included
6. Expand access to the VI score through HMIS
7. Do more training for staff using HMIS
8. Develop and implement a referral outcome form in HMIS to track and timestamp each step following an initial housing referral, to track denial reasons, and to track denial rates.
9. Include the importance of contact information in the Skilled Assessor script when they are matched to housing
10. Explore confidential ways of communicating with youth via social media
11. Get primary contact information in HMIS for every CES participating program
12. Advertise to the entire CoC the importance of "program exits" to the system and their impact on the One List. Drive up program exits being done within a set period of time from exit.
13. Develop a "How to Find Someone Resource Guide" for CES purposes only. This guide would be used by anyone that was looking for someone that had been matched to a housing program. Chicago has a network of outreach providers that can be notified when someone is attempting to be contacted and these providers frequently know where to find these clients.
14. Explore the possibility of using texting apps to notify clients of housing matches. This solution could pose some challenges, but participants felt that it was worth exploring before it was completely ruled out.
15. Begin utilizing the "flagging" capability in HMIS to notify the entire homeless response system that a specific client has matched to housing, that they are trying to be contacted, and who they should contact to get into housing.
16. Add geography questions to the assessment (exclusionary areas; "which of these areas will you <u>not</u> live in?")
17. Add specific program requirement questions to the assessment (exclusionary questions; "which of these living environments will you <u>not</u> accept?")
18. Need a better explanation of how real-time availability would work
19. Must have shared definitions built into system of vacancy-such as when does a provider report -14 days ahead of time?
20. Structure the HMIS form so it has a pop-up that tells you if you have failed to complete the other form
21. Build in a bed list to categorize between individual/HIV/families, etc.
22. Provide training on how to use bed inventory

23. Review HUD priorities and local prioritization chart; use data to inform the priorities (beyond HUD's recommendations) and assure transparency in the review process by completing these processes in CES workgroups
24. Explore additional respite housing and how do individuals with high vulnerability get housing if they are not chronic
25. Look at hospital/health investment for housing; find other affordable housing resources and start to build a pipeline for development

Accountability

1. Develop and publically post a CES specific performance dashboard
    a. Average # of days from Assessment to Move-In
    b. % of Rematches
    c. % of People Assessed
    d. % of People Moving to Inactive
    e. Average Vacancy Rate
2. Set targets for each of these outcomes

Prevention/Diversion

1. Complete a crosswalk of Prevention resources and providers to begin to align all resources; include, eligibility, funding streams, time limits, etc.
2. Prevention resources need to be accessed through CES; the Prevention call-in center and CES need to merge
3. Prevention funding is reactive not proactive (it waits for a crisis or must manufacture a crisis to be eligible) –we must figure out an opportunity to be proactive
4. We need to pair Prevention resources with a service package that is provided by other systems (the anti-poverty system)
5. Funding – We need to determine the Prevention need and develop a strategy to build the needed resource
6. Define Diversion and the process.
7. Complete a crosswalk of Diversion resources and providers to begin to align all resources
8. Share best practices on Diversion and available resources with everyone in the CoC
9. Build in linkages with all the Diversion initiatives including criminal justice, mental health, health care, child welfare, etc.
10. Give intake workers at projects access to Diversion resources
11. Have Diversion training for at least all intake staff at projects and training for the other systems who are interacting with homeless
12. Identify funding for general case management services for households who need additional support with Diversion resources

Access to Income

1. Train all current Skilled Assessors on existing income component of CES assessment questions and referral processes
2. Develop and implement the systems to close the side doors and begin referring people through CES to SOAR

3. Develop and implement the systems to close the side doors and begin referring people through CES to the public workforce system
4. Develop and implement a training series throughout the homeless response system to drive employment to the forefront of staffs' minds and make employment a part of every case management conversation

Appendix III: Summary of CSH Recommendations

Access
1. Refinement Lab participants were concerned about a lack of adequate coverage in the north part of Chicago-it is recommended that the CES Implementation Workgroup determine which of the following locations would have a higher volume of assessments and therefore be best suited to be a CES assessment location-HHO or Northside Housing.
2. Given Chicago's geography and the CoC's intention to bridge to other systems (healthcare, child welfare, criminal justice, etc.) within the community, it is recommended that a call-in component be added to the Chicago CES. A call-in option will be critical to building a robust CES that can connect to other systems and cover a large geography without having to add a large number of Skilled Assessors, potentially compromising the overall quality of the CES. The CES Leadership Workgroup should develop a design, an implementation strategy, and identify resources to build out a call-in component.
3. A solution was not identified to resolve the issue of clarifying the responsibility of document collection to enter housing, but it was made clear that the housing navigation responsibilities need to be defined and assigned within the system. It is recommended that the issue of developing a strategy to support the role and responsibilities of housing navigation be taken to the CES Leadership Workgroup. After they have developed a strategy, the CES Implementation Workgroup should move to implement that strategy. This issue came up many times throughout the Refinement Lab and was identified as one of the biggest challenges facing the existing CES. Without resolving the issue of who is responsible for housing navigation responsibilities the Chicago CES will continue to experience bottlenecking throughout the system.

Assessment
1. The assessment tools should only be refined to more accurately match people in alignment with the system's program models. Any adjustments to the CES assessment tools or intervention matching should be vetted with both a CES workgroup and the intervention type workgroups to ensure all aspects of an adjustment are accounted for appropriately. (For example; CES Leadership Workgroup and Youth Implementation Workgroup should be consulted to make an adjustment to the youth assessment tool)
2. It is recommended that the CES Leadership Workgroup & HMIS team work together to develop ways that Skilled Assessors are more equipped, in the field, to share an appropriate level (as determined by the workgroup) of matching information with Applicants.

Assignment

1. Develop and implement a strategy to increase the non-CoC funded supportive housing and affordable inventory into CES by the end of 2019. The CES Leadership Workgroup should determine an appropriate target to achieve by the end of 2019.
2. Adding "exclusionary questions" can be very helpful to achieve a better first-time match, but they can be challenging to manage. There needs to be a significant amount of training and scripting that go along with these types of questions. The system has to be confident that all Skilled Assessors are asking the questions in the same way with everyone being assessed. A discussion of including exclusionary questions to the CES assessment should be taken up by the CES Implementation Workgroup and be vetted by the CES Leadership Workgroup.
3. Work with the CES Implementation Workgroup and HMIS to build out the full capacity of real-time unit availability for the purpose of being able to manage vacancy in real-time and "push" referrals as opposed to waiting for referral requests. With real-time unit availability the potential exists for referrals to be automatically pushed to vacancies which can ultimately speed up the housing process. Real-time unit availability also gives the system the ability to monitor and improve unit vacancy rates as an entire system.
4. To increase transparency around how people are added to One List, prioritized, matched, and ultimately referred to a housing program, a webinar or other training medium should be developed that clearly and simply shows people how the CES process works "behind the curtain".
5. **It is recommended that the CES Leadership Workgroup determine at what point (assessment score) Skilled Assessors should be referring Applicants to income resources as the primary intervention to resolve their housing crisis.**

Accountability

1. There was a discussion about including an outcome that looks at those that exit programs as a result of a "poor match". By "poor match" participants were suggesting that in some cases the reason people exit a housing program unsuccessfully is due to the fact that they were inaccurately matched to a housing program that was not able to adequately meet their needs. For example, some someone that was matched to RRH that would have been better served in a PSH housing intervention. This is a very difficult outcome to capture and participants were not able to determine an appropriate measure to include. It is recommended that the CES Leadership Workgroup consider the possibility of including this as a measure on the CES Performance Dashboard.
2. It is recommended that the Chicago CoC also include program denial rates and client refusal rates on the CES Performance Dashboard.
3. It is recommended that the CES Performance Dashboard be a system dashboard, but also be able to be provided at the program level regularly to all CES participating agencies.

Prevention/Diversion

1. Define Diversion and Prevention and the outline the process in CES P&P
2. Compile a comprehensive list of diversion resources, identify best practices and disseminate to CoC and mainstream partners
3. Train all front line staff on diversion and the CES diversion process
4. The Prevention Call Center should refer youth requiring diversion supports to the Catholic Charities diversion project for these services