

## Coordinated Access Steering Committee Meeting

MINUTES DATE: APRIL 10, 2017 START TIME: 3:01 P.M. IN-PERSON MEETING- 651 W WASHINGTON, #504

MEETING CALLED TO ORDER BY	Chris O'Hara
NOTE TAKER	Megan Libreros
ATTENDEES	<p><b>Present:</b> Gwen Turner, Megan Libreros, Chris O'Hara, Melvin Alexander, Renee Crolius, Dave Thomas, Padma Thangaraj, Deon Williams, Josh Broliier, Christine Riley, Tracey Blackburn, Katie Durrah, Natalie Brzoski, Sharon Cargile, Flora Koppel, Jennifer Nelson-Seals, Pamela Kern, Bob Haennicke, Julie Nelson, Niya Kelly, Ken Lewin, Bill Radzik</p> <p><b>Phone:</b> Brandi Calvert, Svetlana Zhexembeyeva, Marc Raifman, Katie Ludwig, Megan Spitz</p>

### Agenda topics:

WELCOME & INTRODUCTIONS	Members introduced themselves
MINUTES	<p>March 13<sup>th</sup> 2017 minutes reviewed, motion made to approve minutes</p> <p>Motion seconded and minutes approved</p>
CASC ROSTER	<p>Review of current CASC roster</p> <ul style="list-style-type: none"> <li>• Service Provider Voting Position <ul style="list-style-type: none"> <li>○ Susan Reyna to step-down from voting Service Provider position</li> <li>○ Cannot have same agency occupy Service Provider spot</li> <li>○ Sanja Stinson will step-up from alternate to open voting position</li> <li>○ Josh Broliier will remain as alternate</li> <li>○ Service Providers Commission will replace Service Provider Alternate spot</li> </ul> </li> <li>• Other Members Category <ul style="list-style-type: none"> <li>○ Gwyn Kaitis will step-down from Other Members Category</li> <li>○ CASC is able to fill this spot</li> <li>○ Interested parties can send Renee Crolius contact information at <a href="mailto:rcrolius@allchicago.org">rcrolius@allchicago.org</a></li> </ul> </li> </ul>
CONFLICT OF INTEREST FORM	<p>Conflict of Interest Disclosure Form</p> <ul style="list-style-type: none"> <li>• To be completed and signed annually</li> <li>• Only needs to be submitted by voting members and alternates</li> </ul>
COORDINATED ENTRY SYSTEM IMPLEMENTATION UPDATE	<p>Monthly Updates</p> <ul style="list-style-type: none"> <li>• Review of March 2017 packet</li> <li>• Discussion surrounding training for skilled assessors for those already using HMIS</li> <li>• Assessment has been finalized and entered into HMIS</li> <li>• Youth access points identified for north, south and west sides of Chicago</li> <li>• Protocol for youth who need additional interventions has been established</li> <li>• Matching for youth to begin in April</li> <li>• Monthly newsletter will begin circulating</li> <li>• Coordinated Entry (CE) website will be launched this week</li> <li>• Email blast with full training calendar will go out for stakeholders</li> <li>• Both initial HMIS training and skilled assessor trainings</li> <li>• Will have meetings with outreach staff to discuss new program model changes</li> <li>• Corporation for Supportive Housing (CSH) requests that CE website information be forwarded to larger networks</li> </ul> <p>Health System Recommendations</p> <ul style="list-style-type: none"> <li>• Review of handout regarding Summary of Health System Recommendations for the Chicago Continuum of Care (CoC)</li> <li>• Group is now closed</li> <li>• Group comprised of health care providers to discuss integration of CE into healthcare</li> </ul>

system

- Includes Managed Care Organizations (MCO) providers and hospitals
  - Summary includes recommendations to the health system from the health system
    - Affirm importance for Survivors of Domestic Violence and Human Trafficking
    - Screening for those who need housing interventions
    - Consideration in investment opportunities for coordination of outreach and housing subsidy pool
    - Utilize International Classification of Diseases (ICD) coding
    - Recommendation to utilize text messaging services (sending blast text messages asking those to reply “yes” for more information)
    - Waiting on decision for next steps, then will be able to pull more partners to communicate with broader associations
  - Includes feedback and potential asks for CoC
    - Identification of pros and cons of potential mechanisms for linking to CE
    - Primary Care Physicians (PCP) will need to know path to link those identified as homeless to services
    - HMIS lead is in conversations with MCOs regarding data sharing and confidentiality, waiting for guidance around security
      - Hospitals interested in determining the number of individuals who are experiencing homeless they are serving
      - Options surrounding HMIS access include:
        - No HMIS access
        - Read only HMIS access- ability for providers to look-up information, no opportunity to touch data
        - Direct access- hospital staff becoming skilled, trained assessors, resources are limited, HIPPA compliance, will take planning and coordination, ability for providers to upload disability documentation
        - Mixed access based on hospital resources
  - Discussion surrounding training needs and opportunities listed in summary
  - Review of Health Systems Engagement in Coordinated Entry as a Solution
  - Next Steps- think about recommendations and what type of access would be a good fit for CE, then what kind of timeline would make sense
  - Suggestion for visuals depicting process of CE
  - Send feedback to Julie Nelson at [julie.nelson@csh.org](mailto:julie.nelson@csh.org)
- Policy and Procedure Guide Highlights
- Review of Chicago Coordinated Entry System Policy and Procedure Guide Updates handout
  - Living document that will evolve
  - Email edits to Stephanie Sideman at [stephanie.sideman@csh.org](mailto:stephanie.sideman@csh.org) by April 14<sup>th</sup>, 2017 for inclusion in the next training
  - Explanation of One List, request to transfer between programs/different program model types, active and inactive lists and placement of individuals on One List

Rearranged agenda for topic to be presented before other agenda items

Presentation by Flora Koppel and Niya Kelly asking CASC support when presenting to Board

- Included feedback from The Night Ministry, New Moms, Teen Living Programs, Unity Parenting & Counseling, Inc., Homeless Youth Committee and La Casa Norte
- Will have Youth Task Force vote on their approval of the recommendation
- Inclusion of Category 3 definition of homelessness in application to HUD
- Review of handouts providing information on data for doubled-up youth versus those staying in a shelter
- Presentation of vulnerabilities that doubled-up youth are exposed to
- Inclusion of Category 3 definition would only impact Transitional Housing
- Would not want to rule-out doubled-up persons before an assessment is completed
- Concern over lack of resources for families

HUD CATEGORY 3  
HOMELESS DEFINITION

	<ul style="list-style-type: none"> <li>• If Board approves of motion, then a completed application will be submitted to HUD for category 3 inclusion</li> <li>• Information provided during discussion, regarding HUD requirements, in order to have application for Category 3 inclusion: <ul style="list-style-type: none"> <li>○ Application asked CoCs to provide short- and long-term planning strategies to decrease the number of homeless households with children. Explain how using funds to serve Category 3 homeless persons will be more cost effective at accomplishing the goals described in this section; and,</li> <li>○ Asked CoCs to describe the CoC's efforts to address youth homelessness. Explain how using funds to serve Category 3 homeless persons will be more cost effective at accomplishing the goals described in this section; or</li> <li>○ Describe how and why serving this population is of greater or equal priority for the CoC than serving homeless families with children or unaccompanied youth that are homeless under categories 1, 2, and 4. The CoC must be able to demonstrate this as a priority in the Consolidated Plan(s) and its CoC strategic plan goals</li> </ul> </li> <li>• If the request is approved by HUD, no more than 10 percent of the total amount of funds awarded to all recipients within a CoC may be used to serve the Category 3 population (unless the rate of homelessness, as calculated in the most recent Point-in-Time count, is less than one-tenth of 1 percent of the total population)</li> <li>• Will need to provide more information to families regarding exits and housing retention</li> <li>• Will have data regarding HUD application ready in time for submission of application</li> <li>• Motion made to have CASC support inclusion of Category 3 of homeless definition in presentation to the Board, motion seconded and motion approved</li> <li>• Will need to submit official motion to the Board by tomorrow, April 11<sup>th</sup>, 2017</li> </ul>
FORM MOU WORKGROUP	<p>CASC as the oversight body of CE needs guidelines and metrics for CSH to be evaluated</p> <ul style="list-style-type: none"> <li>• Similar groups, such as HMIS and Collaborative Applicant Committee, have Memorandums of Understanding</li> <li>• All Chicago will staff the workgroup, interested parties can email Renee Crolius</li> </ul>
RECAP MOU WORKGROUP	<p>Temporary group convened to create Memorandum of Understanding (MOU) between oversight body of CE and lead entity implementing CE</p> <ul style="list-style-type: none"> <li>• Looked at MOUs between the CoC with All Chicago as the HMIS Lead and the Collaborative Applicant</li> <li>• Have developed outline and will have a draft by next meeting</li> </ul>
CE SSO EVALUATION	<p>Currently there are 3 CE SSOs in the CoC</p> <ul style="list-style-type: none"> <li>• 2 have already started</li> <li>• 3<sup>rd</sup> will begin in 2017</li> <li>• Evaluation Tool subcommittee will be evaluating SSOs in coming year</li> </ul>
PSH TURNOVER UNITS	<p>Discussion surrounding the plan for the defunded units</p> <ul style="list-style-type: none"> <li>• Board will allow for program transfer to vacant units only if all other resources have been utilized</li> <li>• All Chicago has already spoken with Chicago Housing Authority, Chicago Low Income Housing Trust Fund, CSH regarding Moving On vouchers and U.S. Department of Housing and Urban Development (HUD) <ul style="list-style-type: none"> <li>○ Are not able to prioritize participants</li> </ul> </li> <li>• Met with program partners last week and discussed survey of program participants</li> <li>• April is the end of the first grant</li> <li>• One program is project based and is utilizing funding from Illinois Housing Development Authority</li> <li>• Discussion of not utilizing the CE tool with program participants as HUD has already stated that they are eligible for Permanent Supportive Housing at program entry</li> </ul>
ANNOUNCEMENTS	<p>Chicago Coalition for the Homeless participating in Committee Hearings regarding budget impasse impacting services</p> <ul style="list-style-type: none"> <li>• April 20<sup>th</sup>, 2017</li> </ul>

- 160 N LaSalle St
- Email Niya Kelly for more information at [niya@chicagohomeless.org](mailto:niya@chicagohomeless.org)

**NEXT MEETING**                      **Monday May 8th at 3pm at 651 W Washington**

**ADJOURNMENT:**

Adjourned at 4:57pm

**MINUTES  
SUBMITTED BY:**

Megan Libreros

## SECTION 3: CONFLICT OF INTEREST FORM

### Chicago Continuum of Care Governance Charter Conflict of Interest Policy

#### ARTICLE 12: Continuum of Care Policies

##### **SECTION 1: Conflict of Interest & Recusal**

It is the policy of the Chicago CoC that a conflict, or the appearance of a conflict, between the Board of Directors or any of its official committees and the organizations, which are receiving awards of grants or benefitting from other business items, shall in all cases be avoided. No member of the CoC (Board, Committee, Member, Agent or employee of Agent) shall vote or make recommendations on funding decisions that directly benefit them or any organization in which they have a direct financial interest. To that end, neither Board nor Committee members whose organizations are submitted in the HUD CoC Application and ranked for that application may participate in discussions about ranking policies or vote on ranking policies. Such members may participate in the development of performance targets and the evaluation tool. Persons with lived homeless experience who receive services from an organization that may directly benefit from a funding decision may vote or make recommendations on funding decisions.

Members of the CoC will disclose potential conflicts of interest that they may have regarding any matters that come before the Chicago CoC in full session, Board of Directors or committee.

##### **SECTION 2: Disclosure and Conflict of Interest Form**

As soon as they become aware of any actual or potential conflict of interest, whether at the beginning of a meeting or, during the course of a meeting of the full CoC, the Board, or any committee or advisory board, CoC members, Board members, and committee members must disclose such actual or potential conflicts of interest regarding any business included in the meeting's agenda.

If any person who is a Board or committee member is aware that the CoC is about to enter into any business transaction directly or indirectly with such person, any member of such person's family, or any entity in which such person has any legal, equitable or fiduciary interest or position, including without limitation as a director, officer, shareholder, partner, beneficiary, trustee or employee, such person shall:

- a) Immediately inform the Chair
- b) Aid the persons charged with making the decision by disclosing any material facts within such person's knowledge that bear on the advisability of such transaction from the standpoint of the CoC; and
- c) Not be entitled to vote on the decision to enter into such transaction

Each calendar year, CoC Board Directors and Committee/Advisory Board Members must sign a conflict of interest form affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfillment of their duties as Directors or Committee/Advisory Board Members.

##### **SECTION 3: Abstention from Decision-Making**

Any matter in which CoC members, directors, or committee/advisory board members have an actual or potential conflict of interest will be decided only by a vote of members with no actual or potential conflict of interest. To the matter of general policies of the CoC, even when such votes have impact on the general distribution of resources, it will be sufficient in the discussion and voting that the members of the CoC disclose their relationships. In those cases, it will be left to the discretion of the Executive Committee or Committee Chair to determine if the member may participate in the discussion and vote.

In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' and committee members' actual or potential conflicts of interest and their abstention.

**Chicago Continuum of Care  
Governance Charter  
Conflict of Interest Disclosure Form**

**Disclosure Statement**

Please disclose any conflicts of interest that you may face or are likely to face in fulfillment of your duties as a member of the Board of Directors or Committee/Advisory Board Member in the space below. If "none", please indicate in the space below.

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*I have reviewed and agree to follow the Chicago Continuum of Care Conflict of Interest Policy, as presented in Article 12, Sections 1-3 of the Chicago Continuum of Care Governance Charter.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Agency/Organization (if applicable)

## **Coordinated Entry System Timeline/Work Plan**

### **Steps Scheduled for April:**

1. Training
  - Youth Skilled Assessors
  - HMIS consent
  - Youth Housing Providers - Accepting Matches on HMIS
  - Schedule training sessions for Individual roll out
2. Youth assessed and matched to housing
3. Finalize Chronic Homelessness Verification Process and Policies with HUD
4. Finalize Standardized Observational Assessment and Policies
5. Publish CES Policy and Procedure Guide
6. Access Points:
  - Strategy session with Youth Access Point providers and launch Access Points
  - Recruit Access Points for Individuals
7. Communication
  - Launch CES website
  - Distribute monthly E-newsletter
  - Strategy Session

### **Accomplished in April:**

1. Training
  - a. Youth Skilled Assessors – The fourth of four training sessions was held
  - b. All Chicago led HMIS Consent webinars
  - c. Two webinars were held for Youth Housing Providers on accepting matches through HMIS
  - d. Training schedule published for May including:
    - a. Seven Skilled Assessor training sessions for Property Managers, Veteran Skilled Assessors, and five general sessions
    - b. Housing Provider webinars on CES Overview and Accepting Matches through HMIS
    - c. Street Outreach
    - d. Shelter Staff
    - e. Permanent Housing Providers including Verifying Chronic Homelessness
    - f. Coordinated Entry System 101
2. Close to 40 Youth Skilled Assessors were trained and 28 assessments were completed by this cohort between late March and May 1<sup>st</sup>, and 15 youth were matched to housing
  - a. With a lack of participation, All Chicago held a check-in webinar to trouble shoot any struggles and provide friendly reminders on how to assess youth on HMIS
  - b. With a soft launch in November related to the opening of a PSH youth project led by UCAN and La Casa Norte, 87 youth have been assessed in total

3. Regional HUD Office approved Verification of Homelessness process and policies and Chicago was recognized by Community Solutions as having an innovative approach to replicate
  - a. First training session for this new process will take place the afternoon of May 18<sup>th</sup> from 2:30pm – 4:30pm at the King Center
  - b. A recorded webinar will follow
4. Observational assessment and policies created and training will take place in May for a limited number of outreach professionals
5. CES Policy and Procedure Manual published on the CES website
6. Access Points
  - a. Youth Access Point Strategy Session was held, the schedule was established and published, a Skilled Assessor training was held for staff at Youth Access points, and they are operational
  - b. Several access points signed on for Individuals on all sides of the City
7. Communication
  - a. CES website launched at [www.csh.org/chicagoces](http://www.csh.org/chicagoces)
  - b. Monthly newsletters distributed and posted under News on CES website
  - c. Strategy session held with Laurie Glenn, media relations consultant, to discuss media opportunities to make CES “news” and start to consider messaging by CSH and across CES partners

**Steps not accomplished last month:**

CSH is still in the process of recruiting Access Points for individuals. A map of committed access points will be distributed at the May CASC meeting.

**If steps were not accomplished, please share the reason(s) and solution(s):**

CSH is reaching out to providers with a request to serve as an Access Point and following up with all providers who expressed an interest who have not yet made this commitment.

**Edits made to the timeline last month:**

The Coordinated Entry System 101 training session will be held in person on May 18<sup>th</sup> from 9-11am at the King Center and a follow up webinar will be held and recorded for those not able to participate in person. We had initially thought of hosting this solely as a webinar and heard interest from partners for an in-person overview.

**8. Steps to be accomplished this month:**

- Host 15 training sessions for a variety of stakeholder groups including shelter, outreach, and housing providers
- Finalize access points for individuals
- Train providers serving single adults on how to accept matches via HMIS
- Match individuals to housing providers
- Begin process of conducting Observational Assessments
- Plan a meeting for agency Executive Directors to be held in June to review CES and community goals and gain feedback



- Issue RFP for Housing System Navigators
- Expand reach of communication efforts to non-traditional partners

**9. List support needed from CASC**

- Forward communication sent by CSH to your networks
- Feedback on the CES Website at [www.csh.org/chicagoces](http://www.csh.org/chicagoces)
- Guidance on roll out strategies pertaining to communicating with traditional and non-traditional partners
- Ensure your agency is actively participating

## Coordinated Entry System Quarterly Report

### Current Progress of Workgroups

- CRS/HMIS Integration
  - This team created an implementation calendar aligning with the roll out for youth, single adults, and families.
  - The CES lead entities are following this implementation schedule and CRS is now closed to single youth and adults and will close for families in early July.
- Healthcare Integration
  - Recommendations were presented to CASC at the April meeting and next steps will include formalizing a plan for healthcare clinics and hospitals to use HMIS such as in a read-only capacity.
  - Written materials posted on CES website under Documents
- Domestic Violence
  - Guidance from this group resulted in appropriate questions for the identification of people impacted by DV in the Standardized Housing Assessment and protocol built into the CES Policy and Procedure Guide. These incorporated steps will ensure that households connected to mainstream providers and those served by DV providers can safely join the One List and have the opportunity to be matched to housing.

### Current Progress of Program Models Chart Outcomes

- The System Performance and Evaluation Committee (SPEC) approved the addition of the following models funded by HUD but not previously incorporated into the Program Models Chart:
  - Housing System Navigators
  - Outreach Coordination
  - System Facilitation
- SPEC also approved updates to Basic Street Outreach and Specialized Outreach and Engagement Services to include coordinated entry tasks

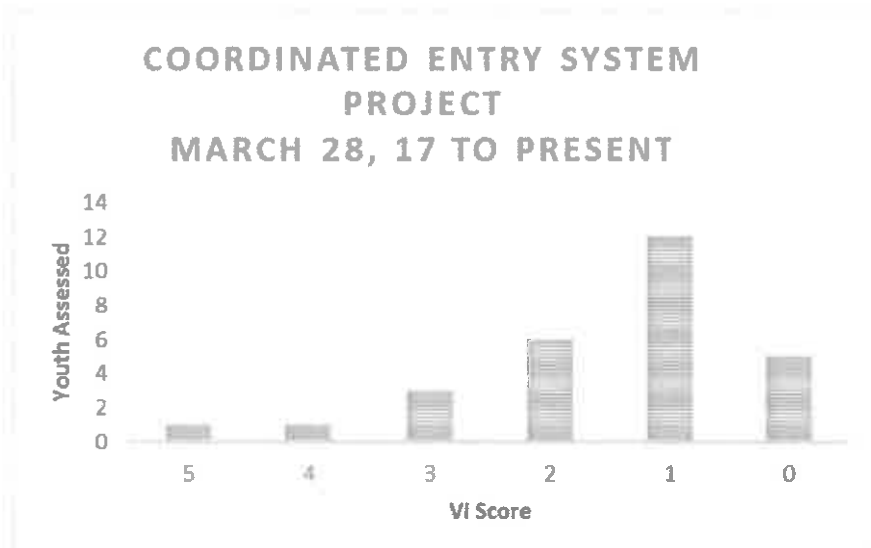
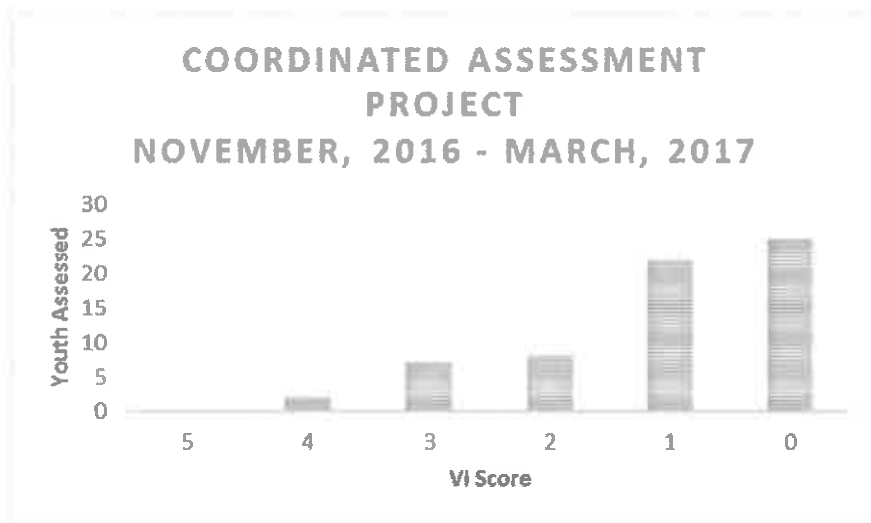
### Data

Question	Total From November – April	Total from CES Roll Out in April
Number of Youth Assessed	87	23
Number of Youth Matched to Housing	53	15
Average Day from Assessment to Match	135	12
Number of Matches Returned	21	2

\*A high number of matches for the La Casa Norte Youth in College program were returned prior to the assessment asking the question if youth are in college to match accordingly

**Vulnerability Index Distribution**

Coordinated Assessment Project (11-16 to 3-17)		Coordinated Entry System Project – April	
Youth VI Score	Number of Youth	Youth VI Score	Number of Youth
5	0	5	1
4	2	4	1
3	7	3	3
2	8	2	6
1	22	1	12
0	25	0	5



### **Lessons Learned**

- Entry and exit data on HMIS by homeless providers is critical for CES and providers are not all accustomed to exiting people no longer involved in a program. All Chicago will address this in the next ATA meeting to be held on May 10<sup>th</sup> and this point will be included in all CES training sessions.
- In the first month, we have learned about the flow of receiving requests from housing providers and matching youth to programs and have made some course corrections to ensure the process is efficient and effective.

### **Grievances/Feedback**

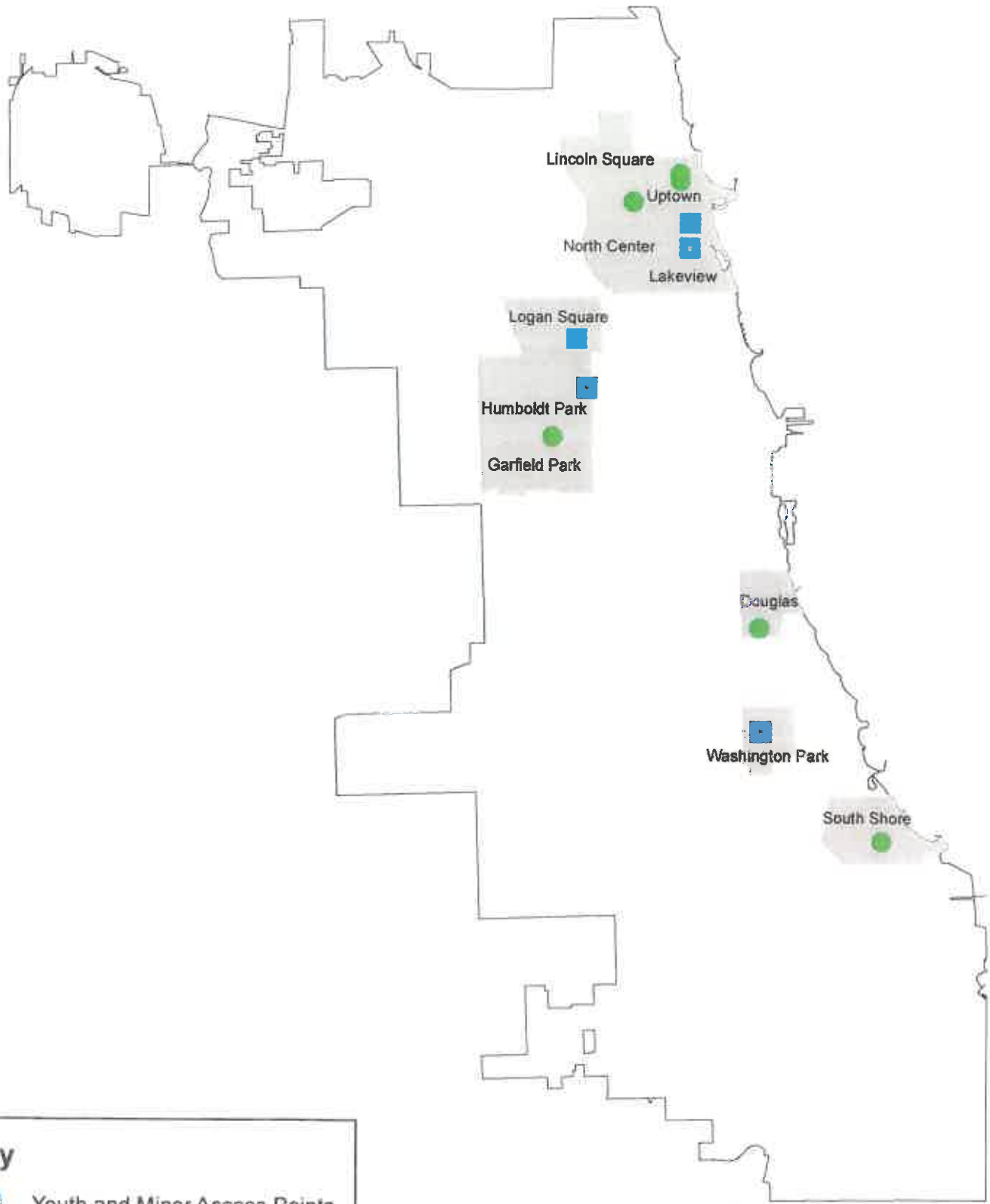
One Youth provider requested the addition of a question about sexual orientation to the Standardized Housing Assessment as they have cultural competency serving young people who identify as part of the LGBT community. The CES is not able to accommodate this request. The 2012 Equal Access Rule does not allow for requesting this information to steer people based on sexual orientation if the housing is not specifically funded to serve this population. Further, the next person on the One List appropriate for a housing program cannot be passed for not identifying as part of the LGBT community.

Youth programs can serve minors and Chicago does not currently have a practice of assessing minors. Our current protocols allow for the connection to basic immediate services such as support with family reunification or shelter placement to assist minors in crisis. However, for the longer term, CES must develop a strategy for connecting minors to permanent housing and this could involve a modified assessment for this cohort.




### **Current Progress of Subcontracts Scopes**

The HUD grant transfer has been finalized and CSH is in the process of finalizing sub-contracts during the week of May 1<sup>st</sup>.

# Coordinated Entry System Access Points Youth and Adult

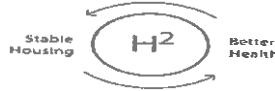


**Key**

-  Youth and Minor Access Points
-  Youth Access Points
-  Adult Access Points

Chicago and Cook County Housing for Health Strategic Plan: 2017-2019  
 “H<sup>2</sup> Plan”

Adopted by the HFH Plan Leadership Council: November 30, 2016



## “SMART” GOALS UNDER STRATEGIC PRIORITIES

### Strategic Priority #1 – Increase the housing inventory serving homeless populations

**IMPACT:** Stable housing for thousands experiencing homelessness in the streets, parks, and shelters of our City and County

Goal 1.1 - By July 2017, end Veteran's homelessness in Chicago reaching a "functional zero" target and with at least 75% of housed residents accessing all needed health services through the VA Health System or mainstream health partners

Goal 1.2 - By August 2017, complete with at least five area hospitals and healthcare systems a feasibility study of the possible conversion of their unused properties into recuperative care (respite) housing programs and short-term or long-term housing units

Goal 1.3 - By December 2017, establish at least one flexible rental subsidy pool funded through healthcare dollars to complement existing sources of housing rental subsidies

Goal 1.4 – By December 2017, complete a feasibility study for the development in Chicago and Cook County of at least three new supportive housing project-based buildings together with a health impact assessment

Goal 1.5 - By September 2018, support the Continuums of Care in Chicago and Suburban Cook County to apply for new HUD Bonus Projects for homeless populations and regularly recapture unused HUD Homeless funds and repurpose them for new supportive housing units

Goal 1.6 – By December 2019, have at least three fully functioning and sustainable “moving on” projects in Chicago and Cook County serving at least 500 annually

Goal 1.7 – By December 2019, make use of healthcare sources and the Medicaid benefit of “pre-tenancy and tenancy services” for service dollars to increase the supportive housing inventory by 2,000 new units

Goal 1.8 – By December 2019, support homeless populations, living with health conditions and not eligible for supportive housing, to access at least 500 low-income housing units

## **Strategic Priority #2 – Increase the quantity and quality of services resulting in optimal health outcomes**

**IMPACT:** Improved health outcomes among the homeless populations

Goal 2.1 - By July 2017, implement a strategy with at least two FQHCs or safety net health providers to increase the integration of at least two health clinics with supportive housing programs

Goal 2.2 - By July 2017, develop and implement a communication strategy for a Medicaid reimbursable higher rate for mental health and substance use treatment, expanded eligible populations, and increased eligible settings for service delivery

Goal 2.3 - By November 2017, provide at least 10 cross-training sessions for service providers in both homeless service and healthcare entities

Goal 2.4 - By December 2017, inform and support the State's credentialing standards, medical necessity criteria, utilization management policies and rules for claims submission for the Medicaid Tenancy Supports Benefit for supportive housing providers

Goal 2.5 – By December 2018, reduce the loss of Medicaid eligibility by 50% through a streamlined redetermination process and at least 10 trainings for homeless service and healthcare workers

Goal 2.6 - By December 2019, issue a report with criteria for optimizing placement into the fourteen types of supportive housing programs through the Chicago "Supportive Housing: Optimizing Placement (S.H.O.P.) Research Study"

Goal 2.7 – By December 2019, train at least 75% of all housing case managers to support their homeless populations in accessing healthcare and optimizing their health outcomes

## **Strategic Priority #3 – Strengthen and expand partnerships between the housing and Healthcare Systems**

**IMPACT:** Increased access to and participation in housing and healthcare by homeless populations

Goal 3.1 - By July 2017, establish an HIV/AIDS housing cascade that identifies health outcomes of HIV housing program residents and describes program models with correlated HIV-health outcomes

Goal 3.2 - By July 2017, assign care coordinators from at least three Medicaid Managed Care Organizations (MCO) to specifically serve all their own insured members living in at least five project-based supportive housing buildings or shelters

Goal 3.3 - By July 2017, develop the University of Illinois Health (UI Health) and Chicago Homeless Management Information System (HMIS) community action plan to generate shared and integrated data on those served in common

Goal 3.4 - By July 2017, provide accurate information through HMIS to at least five healthcare entities on the aggregated numbers of the homeless and formerly homeless in their data bases

Goal 3.5 – By December 2017, merge de-identified HMIS and HCH data with “CAPriCORN” \* clinical data to characterize patterns of health services use and diagnoses of homeless populations

Goal 3.6 - By December 2017, have identifiable data via a new consent form for 70% of HMIS participants that includes their Medicaid Recipient Identity Number (RIN) and MCO membership

Goal 3.7 – By June 2018, have five housing and healthcare partnerships actively and regularly sharing HMIS identifiable data that includes Medicaid RIN information

Goal 3.8 - By June 2018, develop and implement a service-high-user targeting tool with Medicaid MCOs for identifying and serving insured members needing PSH

Goal 3.9 - By December 2018, implement a section of “Coordinated Entry in Chicago and Suburban Cook County” that includes hospital, MCO, and other health care utilization data to identify high users with multiple chronic health conditions

**Operationalizing Benchmarks:**

- **By May 31, 2017, CHH introduces SMART Goal benchmarks at the Chicago CoC Coordinated Entry Committee**
- **By May 31, 2017, CHH agrees with the Suburban Alliance how SMART Goal benchmarks will be implemented in its Coordinated Entry activity**
- **By June 30, 2017, CHH finalizes with the Chicago CoC Coordinated Entry Committee how SMART Goal benchmarks will be implemented**
- **By December 31, 2017, CHH leadership, in conjunction with the Suburban Alliance and All Chicago, will facilitate data and data sharing procedures for identifying high users of health care services**
- **By December 2018, a team of CSH and CHH staff support homeless outreach, skilled navigation and assessment, homeless shelters, and bridge housing programs to locate and engage at least 50% of MCO homeless members and re-connect them with health care services while waiting for housing**



- **By December 2018, a team of CSH, All Chicago, and CHH staff give access to at least five health system providers to Coordinated Entry Systems in Chicago and Cook County that include coordinated outreach and bridge housing serving at least 2,000 individuals and families annually**

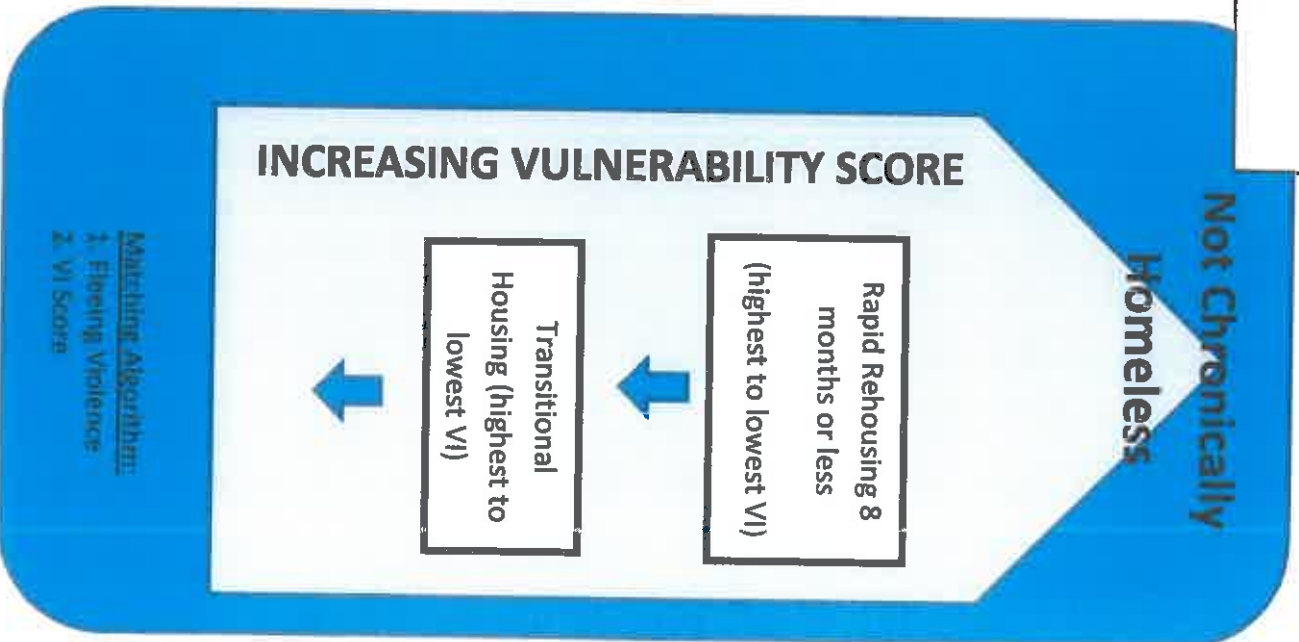
Goal 3.10 – By December 2019, building upon the “CAPriCORN\* / HMIS Data Merger Project,” establish a system capacity to alert healthcare entities and case workers in real time of highly vulnerable and/or high users of healthcare services

\*See Appendix section for a description of the proposed project

# Chicago Coordinated Entry System Prioritization



- Matching Algorithm:
1. VI Score
  2. Length of Homelessness
  3. Application Date



- Matching Algorithm:
1. Fleeing Violence
  2. VI Score