

## Coordinated Entry System (CES) and Call Center Frequently Asked Questions #2

### What is the Catholic Charities Call Center?

The Call Center is a resource created to increase access to the Coordinated Entry System: it is a dedicated phone number administered by Catholic Charities that patients facing literal homelessness can call to complete an assessment to access CES housing resources. To complete a housing assessment via the Call Center a patient must call with a staff person, such as a social worker, health advocate, or care coordinator. This staff member **does not** need to be on the phone for the entire assessment, but only to initiate the call, provide their contact information, and answer a few questions about the patient's disability.

**Phone Number:** (312) 361-1707

**Hours of Operation:** 8:30AM – 4:00PM

### Call Center Feedback Session Follow Up:

The FAQs below come from feedback we have been receiving from different healthcare entities since the Call Center opened in early September. If you have a question or concern that is not addressed below, feel free to reach out to Ben Darby at [bdarby@housingforhealth.org](mailto:bdarby@housingforhealth.org).

### What Can I Use the Call Center For?

The Call Center can be used for two purposes:

- (1) A healthcare worker (social worker, care coordinator, patient navigator) can utilize the Call Center to get a patient assessed for housing. The healthcare worker must **call with the patient physically present** to utilize the Call Center.
- (2) A patient can utilize the Call Center on their own to update their housing assessment.

**Note 1:** Patients should not utilize the Call Center on their own to complete a housing assessment. This is for two main reasons: (1) the questions asked in the housing assessment are sensitive and touch on physical and mental disability as well as experiences of trauma, which might trigger emotional responses from patients and (2) to adequately prioritize patients being assessed two observational questions must be asked of the healthcare worker calling with the patient. If these two questions are not asked, that can impact one's prioritization.

Observational Question 1: Some people underreport disabling conditions because they do not have insight into their current struggles. Is the application under-reporting disabling conditions?

Observational Question 2: If the applicant is impacted by a severe mental health condition, does the individual have insight to be aware of their condition?

**Note 2:** Neither patients nor staff can utilize the Call Center to find out where they (a patient) is on the OneList (what CES calls the "list"). This is because the OneList is dynamic and one's place on it depends on: (1) the available housing opportunities (2) one's housing assessment and subsequent prioritization and (3) new assessments coming into the system. In short, there are a number of different housing interventions funded by the Department of Housing and Urban Development (HUD) that focus on different populations (based on vulnerability) within the overall population of those experiencing homelessness.

## **How Often Do Patients Need to Update Their Assessment?**

Patients need to **update their assessment every 30 days to stay active on the OneList if they do not receive services from a homeless provider such as an outreach project, drop-in center, or emergency shelter.**

Patients can update their assessments, if they are still experiencing homelessness, in the following ways:

- (1) Patients can utilize the Call Center to update their assessment on their own. A staff member is only required to be part of the call for the beginning of the initial assessment and not for updates.
- (2) Patients can contact their Skilled Assessor (by phone, email, or in-person) or any Access Point to update their assessment.

If a patient that does not receive services from a homeless provider (such as an outreach project, drop-in center, or emergency shelter) does not update their assessment in a 30-day period, then they will become inactive and will no longer be considered for housing. If a patient becomes inactive and then engages with a homeless provider or updates their assessment, they will be reinstated without having to do another housing assessment.

## **What is HUD's Definition of Disability?**

Within Chicago's Continuum of Care (CoC), most patients that are matched to housing through the Coordinated Entry System will be matched to HUD-funded programs that require disability documentation. HUD's definition of disability is below:

- a. A disability as defined in Section 223(d) of the Social Security ACT as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which...has lasted or can be expected to last for a continuous period of no less than 12 months.
- b. A physical, mental, or emotional impairment which is (a) expected to be of long-term, continued, and indefinite duration (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions
- c. A developmental disability as defined in Section 102(8a) of the Developmental Disabilities Assistance and Bill of Rights Act. In general, this "...means a severe, chronic disability of an individual that – is attributable to a mental or physical impairment or combination of mental and physical impairments"
- d. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiological agency for acquired immunodeficiency syndrome.

## **Where Do We Come In?**

When a patient gets matched to a housing intervention that requires disability, the housing provider needs to gather that documentation. It will significantly improve the efficiency of the system for healthcare entities to complete this disability documentation when they utilize the Call Center. If that patient is matched to housing, then the housing provider can reach out directly to the staff member who called with the patient to gather disability documentation. Attached to this FAQ is a template for gathering disability documentation.

## **When Can I Expect More Information?**

Other questions and feedback have come up since the Call Center began in early September. One frequently asked question not discussed here has to do with the definition of literal homelessness. By the end of October, the Center for Housing and Health will be sending out a short webinar that discusses this definition in more detail as well as a basic screener you can use to determine literal homelessness.

If you have any further questions, please contact Ben Darby at [bdarby@housingforhealth.org](mailto:bdarby@housingforhealth.org) or 312-334-0931.