



# INDIANAPOLIS COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES



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## Introduction

### Coordinated Entry System Overview

An effective Coordinated Entry System (CES) is an essential component of Indianapolis' homelessness prevention and intervention system, and critical to ensuring that homelessness is rare, short-lived, and recoverable. The CES prioritizes and refers people experiencing homelessness to all projects receiving Emergency Solutions Grants (ESG) program, and Housing Trust Fund program and Continuum of Care (CoC) program funds. In addition, the CES coordinates projects from the Veteran Affairs (VA) programs and designated service providers. The CES also provides the CoC with information on service needs and gaps to help the community strategically allocate and identify additional resources.

The Indianapolis Coordinated Entry System (CES) provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability using policies established by the Indianapolis Continuum of Care (CoC) in accordance with the Indianapolis CoC Written Standards. In addition to these methods of assessment, the CES will maintain a forum for case workers to give additional information related to eligibility and prioritization.

Another key aspect of the CES is the development of physical, mobile and virtual entry points that improve the ease of access to resources. The CES provides multiple Access Points within the Indianapolis CoC's designated service area where individuals and families can visit and present information in order to receive homeless housing and services. All entry points and methods offer the same uniform decision making process and must be usable by all people who may be experiencing homelessness or are at risk of homelessness.

The CES shall provide client autonomy in selecting service providers and types of services, including the ability to refuse services. The CES shall permit recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. The CES is not designed to screen individuals with high vulnerability and severe service needs from certain resources. The CES shall take care to ensure prioritization does not allow the more vulnerable or those who have more service needs to remain in shelters or on the streets because more intensive types of services are not available.

## Coordinated Entry System in Indianapolis

In January 2014, CoC leaders began working to develop a coordinated approach to assess prioritization and refer clients to homeless services and housing that would align with community values and US Department of Housing and Urban Development (HUD) requirements.

In May 2014, experts from the CSH conducted a Coordinated Assessment Design Charrette with community stakeholders resulting in the Indianapolis Coordinated Access Flow Chart, which outlined the steps through which people experiencing a housing crises would be engaged in services throughout the continuum.

In February 2016, a Coordinated Entry Workgroup convened to determine the best path forward to develop a Coordinated Entry System (CES) in Indianapolis. The workgroup engaged a consulting firm (Community Solutions, Inc.) to assist with planning and selected a system manager (Coalition for Homelessness Intervention and Prevention – CHIP) to lead the planning and the implementation of the system in concert with the Coordinated Entry Workgroup.

An important component of the planning process was the collection of information through meetings with individual agencies and the larger workgroup. These meetings provided immediate feedback to the planning process, project level knowledge, and the need of the overall system. In addition, information on coordinated entry best practices established in other communities helped to augment the information collected at a local level.

HUD guidance for the CES Policies & Procedures includes the [Coordinated Entry Brief](#), the [Coordinated Entry Notice](#), and the [Coordinated Entry Self-Assessment](#). These documents establish the requirements and guidance for CES Policies & Procedures. The [Indianapolis CoC Written Standards](#), using HUD [guidance](#), provide direction on project eligibility and prioritization. HUD also provides additional information on defining and documenting chronic homeless status in the [Defining Chronically Homeless Final Rule](#), [Flowchart of HUDs Definition of Chronic Homelessness](#), and [Homeless Definition Eligibility](#).

## Policies and Procedures Purpose

The Policies & Procedures detailed in this document focus on intake, assessment, prioritization, and referral to homeless resources and housing for literally homeless individuals and families. The policies and procedures in this document outline the process and guiding principles for the implementation of the Indianapolis Coordinated Entry System (CES). Procedures establish a series of steps to complete the coordinated entry process with guidance on eligible individuals and services. Policies develop the specific purpose of the program and the widespread application of specific components of CES.

## Coordinated Entry System Policy Overview

The Indianapolis Coordinated Entry System (CES) is designed to serve clients within the Indianapolis CoC coverage area that are considered literally homeless or under the imminent risk of homelessness, as defined by the US Department of Housing and Urban Development (HUD), and are seeking or would benefit from homeless services and housing. These clients enter the CES through designated Access Points. Access Points are virtual or physical locations where clients interact with a trained Navigator to learn about homeless housing and services and complete the CES application. The application is housed in the Homeless Management Information System (HMIS) and is comprised of 7 components: the client record, diversion questions, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), barrier assessment, domestic violence assessment, financial assessment, and the collection of eligibility information. When complete, the client's application is submitted into HMIS and will enter in the client pool within HMIS. It is important to note that eligibility documentation must be submitted prior to placement. The CES System Lead will manage the matching process for referrals to designated homeless housing and services through project eligibility and prioritization established in the Indianapolis CoC Written Standards. The CES System Lead will communicate match referrals directly to the service provider or assigned case manager after completing case conferencing, unless services are designed for immediate prevention or crisis resolution. The CES will be evaluated annually by multiple stakeholders to ensure the system is efficiently and fairly allocating homeless resources and housing.

## Coordinated Entry System Stakeholders

### Individuals Experiencing Homelessness

The Coordinated Entry System (CES) is designed to serve persons that are experiencing literal homelessness, as defined by HUD, or under imminent risk of homelessness and are seeking or would benefit from homeless resources or services.

### System Lead

The CES System Lead is responsible for overall management, operation, monitoring, and evaluation of the CES. The Coalition for Homelessness Intervention and Prevention (CHIP) serves as the CES System Lead.

### Access Points

Access Points are the places – either virtual or physical – where an individual or family in need of assistance accesses the CES process. Access Points may include any crisis service provider, such as emergency shelters and social service agencies. The Access Points are responsible for identifying staff (Navigators) who will complete the CES application process, entering all data into HMIS, or providing data in a format that can be uploaded or entered into HMIS by the System Lead. Navigators will also

address the client's immediate crisis needs, and serve as the point-of-contact for the client until they choose to exit services, are housed, or are connected to another service provider. Each Access Point must use the standardized CES assessment and it must be administered by CES trained Navigators. Training for Access Points will be provided at least annually.

In accordance with HUD guidelines, the CES may provide separate Access Points for specific subpopulations. The CES has deemed it necessary to provide separate Access Points for unaccompanied homeless youth and households fleeing domestic violence, dating violence, sexual assault, or other dangerous or life threatening condition so to ensure they receive access to appropriate services and resources. An individual or family may not be denied access to the CES due to being a victim of domestic violence, dating violence, sexual assault, or stalking. Subpopulation providers have experience and expertise working with the designated subpopulation. The Access Points that serve these subpopulations will complete the standard CES application and meet all Access Point requirements while taking into account the need for client anonymity. In cases where client safety is at risk, subpopulation Access Points may work with the System Lead to make alternative accommodations for access to homeless housing and services, including but not limited to providing anonymized client information to the System Lead.

*Note:*

Access Points were recruited based on geographic location, proximity to public transportation, connection to special populations, and ability to accommodate all populations including individuals with disabilities, language barriers, and individuals least likely to access homeless assistance. Access Points are virtually and physically offered across the Indianapolis CoC's geographic area to ensure clients within the entire Indianapolis CoC coverage area can access homeless housing and services.

### Homeless Housing and Service Providers

The Continuum of Care (CoC) and recipients of CoC program, Emergency Solutions Grants (ESG) program, Housing Trust Fund, Grant Per Diem (GPD), HUD-VASH and Supportive Services for Veteran Families (SSVF) program funds must participate in the Coordinated Entry System (CES) to screen, assess, and refer clients to homeless housing and services. These resources include\*:

- Permanent Supportive Housing (PSH)
- Rapid Re-Housing (RRH)
- Prevention Services
- Emergency Shelter/Operations
- Street Outreach

\*Emergency Shelter and Transitional Housing will be integrated into the CES at a later date.

Other non-CoC and ESG funded providers with homeless housing and services may be included in the CES.

### Case Conferencing Committee

The Case Conferencing Committee is a CoC subcommittee of the Housing and Services Committee. The Case Conferencing Committee shall include all relevant Homeless Housing and Service Providers including but not limited to Access Points, Street Outreach, Emergency Shelters, CoC and ESG program fund recipients, and the System Lead. The Case Conferencing Committee shall meet weekly and is responsible for monitoring and conducting the referral process for housing matches. Participants of the Case Conferencing Committee must have a signed confidentiality statement on file, which shall be re-signed annually. Participants of the Case Conferencing Committee will have the opportunity to discuss

transfer requests, barriers to keeping individuals and families stably housed, and other concerns regarding the effectiveness of the CES. Instances that limit the reach and efficiency of the CES, such as difficulties in locating and/or contacting a CES applicant, shall be discussed in Case Conferencing Committee.

## Key Stakeholder Requirements

### Requirements for System Lead

The System Lead is responsible for overseeing CES including the implementation, coordination, maintenance, and evaluation of the CES. Specifically, the System Lead will:

- Recruit, train, and onboard participating partner agencies into the CES.
- Make ongoing site visits and implement quality assurance strategies for CES process.
- Maintain information about all providers' available housing and service programs, client eligibility, and housing inventory. All information will be updated at least annually.
- Assure data and application quality, and when appropriate work with providers to improve submission processes.
- Manage client pools and housing referrals, in accordance with the CoC Written Standards and CES Policies & Procedures.
- Facilitate case conferencing processes with the Case Conferencing Committee, veterans group, or other groups as needed with the goal of assuring clients are referred to appropriate interventions.
- Create and implement a strong marketing strategy for the CES that targets providers who serve homeless individuals and families, and educates the broader community about how to access the CES.
- Convene various CoC groups to keep stakeholders updated and aware of changes to the CES.
- Lead efforts for evaluation and continuous quality improvement which include both provider feedback and client input, including outcome reports.
- Provide ongoing updates to the Blueprint Council and relevant committees of the CoC.
- In cases where no Access Point can be identified, connect client to Homeless Initiative Program (HIP) for completion of the CES application.
- Review and update training protocols on an annual basis.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a), and ensure clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

### Requirements for Access Points

Access Points must sign the CES partner agency agreement, comply with the Written Standards, and meet the following requirements:

- Use HMIS to enter all required data, or provide data to the System Lead using a mutually negotiated process.
- Require staff (Navigators) who will be supporting clients entering housing to complete required training at least annually and ensure that at least one staff member is up-to-date in training at all times.
- Provide Navigators with training on cultural and linguistic competency, trauma-informed assessment, and safety planning.

- Confirm that the individual or family has not already completed the CES application prior to assessment, conduct updated assessment if older than six (6) months, and ensure that all contact and eligibility-related information is current.
- Provide shelter diversion services, referral, connection to mainstream benefits, and connection to supports and services to individuals and families who have completed the CES application, as appropriate.
- Provide client with an in depth explanation of available housing and service choices and ensure the client understands the CES grievance procedure.
- Participate in the case conferencing process through the Case Conferencing Committee as requested.
- Allow participants autonomy to freely refuse to answer assessment questions unless the information is necessary to establish or document program eligibility and to refuse housing service options without retribution or limiting their access to assistance.
- Ensure appropriate data protections are in place as defined in the Indianapolis CoC HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Identify individuals who face safety risks, especially individuals fleeing domestic violence. If risk of harm is determined, refer individuals or families to appropriate Access Points.
- Identify individuals with a risk of harm to self or others, and refer them to crisis mental health services when appropriate.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

#### Requirements for Service Provider

In order to serve as a CES Provider, agencies must have a signed CES partner agency agreement, comply with the Written Standards, and meet the following requirements:

- Provide housing and service inventory data or anticipated housing and service inventory data to CES System Lead within three (3) business days of any changes to the number of available units.
- Accept housing referrals in accordance with the Indianapolis CoC Written Standards and CES Policies & Procedures document.
- Agree to use the CES as the only referral source for filling vacancies in designated housing and/or services projects.
- Locate clients when they are referred to their housing program within ten (10) business days in collaboration with Access Points or providers who are serving the client.
- Document instances when a client declines the housing opportunity in HMIS and notify the System Lead.
- Verify documentation of client eligibility provided by Access Points or other case management provider, or collect and submit required eligibility documentation if not provided by the Access Point or System Lead.
- Notify System Lead when a client referred is not eligible for the housing opportunity.

- Upon referral, provide the client clear information about the project, what the participant can expect from the project, expectations of the project including transfer policies, and written information on the CES grievance procedure.
- Coordinate with partners and the System Lead to follow the housing referral process, develop a housing stability plan, assist with housing search and placement, assist clients with submitting rental applications and understanding leases, and addressing barriers to project admission.
- Provide ongoing case management to referrals in accordance to project standards.
- Participate in weekly Case Conferencing Committee meetings.
- Ensure appropriate data protections are in place as defined in the Indianapolis Continuum of Care HMIS Policies and Procedures.
- Participate in ongoing evaluation and quality improvement processes.
- Comply with the non-discrimination and equal opportunity provisions of the Federal civil rights laws as specified in 24 C.F.R.5.105(a). In addition, clients should not be motivated to choose a certain housing or service location based on race, color, national origin, religion, sex, disability, or the presence of children.

## Coordinated Entry System Application

The Coordinated Entry System (CES) application is a standardized process for collecting information necessary to determine the severity of need and eligibility for homeless housing and related services. It is a standardized process of data collection and assessment of vulnerability. The application creates a vulnerability score, assesses project eligibility, and results in a prioritized pool of households in accordance with the CoC Written Standards. It is important to note that client choice is central to the assessment process. It is the responsibility of the Access Points to educate clients on all eligible homeless housing and service options during the application process.

Navigators at Access Points complete the CES application within the HMIS module using a standardized client interview process. The application can be completed in phases and/or across multiple Access Points depending on the household need. Clients can freely refuse to answer any question that does not directly impact eligibility and prioritization, including disclosure of specific disabilities or diagnosis.

Prior to administering the CES application the Navigator must complete the HMIS confidentiality and release statement in addition to providing written information on the grievance procedure contained within the CES Policy & Procedures.

The components of the CES application include:

- Creating the Client record
- Creating the CES assessment
- Diversion Questions
- Intake information
- VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)
- Barrier assessment
- Domestic violence assessment
- Financial assessment (optional)
- Veteran assessment (if applicable)
- Eligibility status and custom CES questions

- Eligibility documentation

### Vulnerability assessment

The VI-SPDAT should be administered as a component of the CES assessment by a trained Navigator of an Access Point in a quiet, safe, and confidential setting. The instrument includes an introductory script, which should be read aloud to the client. Each question should be read aloud to the client as well, and the Navigator should record all answers on the form or directly into HMIS. Clients need only provide yes/no responses to most questions, and should be politely discouraged from providing additional details or further information during the assessment in order to ensure a consistent assessment for all clients, in alignment with coordinated entry best practices. Upon completion of the assessment and the additional eligibility-related questions at the end of the assessment, the staff member can and should follow up with the client on relevant service needs, providing direct resources or referrals to other services when appropriate.

The VI-SPDAT is on a 17 point scale, with 0 representing the lowest level of acuity and 17 representing the highest level of acuity. Clients who score 0-3 should not be referred to a housing intervention, and should instead be referred to other community resources and supports. Clients scoring 4-7 are recommended to be referred to Rapid Re-housing. Clients assessed 8-17 are recommended to be referred to Permanent Supportive Housing. The Navigator conducting the intake should NOT provide the VI-SPDAT acuity score to the client, but should discuss the recommendation for next steps, based on the resulting score.

Navigators will discuss all eligible housing options with each client and should respect the client’s choice of housing preference. Clients scoring 8-17 may indicate their preference for Rapid Re-housing over Permanent Supportive Housing. In these instances, the Navigator will communicate the client preference for services within the CES assessment.

VI-SPDAT Assessment

Score:	Recommendation:
0 – 3	No Housing Intervention (community supports)
4 – 7	May refer for Rapid Re-housing
8 – 17	May refer for Permanent Supportive Housing

The VI-SPDAT should be conducted every six (6) months for all individuals and families awaiting housing and services. It can be updated by any Access Point that the client engages with.

### Additional assessments

The additional assessments (Barrier and Financial) are considered valuable for the purposes of eligibility for housing programs and to better understand the need of the household. They are completed in addition to the common assessment (VI-SPDAT).

### Eligibility Status and Custom CES Questions

The collection of eligibility data provides the System Lead with information on what homeless housing and services each household are eligible for and information on client choice for eligible housing and service options. In addition, households provide information that allows the System Lead to ensure that

households are connected to the appropriate housing matches. Navigators must provide detailed information about the housing and services options clients are eligible for during the eligibility status section of the assessment and not screen potential project participants out of assistance based on perceived barriers related to housing or services.

### Eligibility Documentation

Access Points should assist in collecting and/or providing documentation of chronic homelessness and disability, when applicable. This information will be necessary to complete the housing placement process so Access Points should make reasonable effort to collect and submit the documentation, and/or discuss with the client how best to obtain the applicable documentation. This may include, but is not limited to, referring clients to or collaborating with other service providers. The CES assessment is completed and the client is placed in the housing pool regardless of the availability of documentation at the time of the assessment. However, documentation is required prior to acceptance into a housing program.

### Confidentiality and Release of Information

The CES will comply with the Indianapolis CoC HMIS Policies and Procedures and the HMIS Data and Technical Standards prescribed by HUD. All Access Points will inform clients of the HMIS privacy notice and trained Navigators must have a signed HMIS individual user agreement on file with the lead agency. The CES prioritization list exists within HMIS and shall also comply with HMIS Policies and Procedures and HMIS Data and Technical Standards to ensure all data that is collected through CES is secure. The Indianapolis HMIS Policy and Procedures, agency agreement, and user agreement provide detailed requirements that all HMIS users must meet to ensure data protection.

### Housing Pools

It is anticipated that the demand for housing and services will be greater than the available inventory, and that individuals and families who are not able to resolve their homelessness (with or without other community supports) will need to wait weeks or months for an appropriate housing referral to become available. This will result in a pool of clients waiting for a housing opportunity. Access Points should continue to provide support and/or case management and refer clients to services and/or on-going case management if they are unable to provide it.

The housing pool will fluctuate greatly because of the following factors in the CES: the inventory of available housing opportunities, the eligibility criteria for those available units, and the prioritization of individuals based on the CoC Written Standards. Due to these factors, it will not be possible for the System Lead to identify where a client is “located” in the pool. If inquiries are made about a client’s “location,” a standard response reflecting this issue will be provided.

### Coordinated Entry System Prioritization and Eligibility

The process of prioritizing individuals and families for services is done through an automated process within HMIS using the information gathered during assessment, and is monitored by the System Lead. Data collected from the assessment process will not be used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Individuals and families seeking housing assistance are prioritized in accordance with the CoC Written Standards, using a Housing First approach. Individuals and families may or may not be eligible for certain programs,

which is why it is extremely important that Access Points gather or support the collection of eligibility documentation.

### Permanent Supportive Housing

Permanent Supportive Housing (PSH) is permanent housing with indefinite leasing or rental assistance. PSH is paired with supportive services to assist homeless persons with a disability or families with a disabled adult or child member with a disability achieve housing stability.

### Eligibility Criteria

- Households must meet the HUD definition of homelessness.
- One adult or child member of the household must have a disability.
- Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded (e.g. projects originally funded under the Samaritan Housing Initiative must continue to serve chronically homeless individuals and families; projects funded under the Permanent Supportive Housing Bonus must continue to serve the homeless population outlined in the NOFA under which the project was originally awarded) and the current grant agreement.
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

### Prioritizing Dedicated/Prioritized CoC

- Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

In instances where two or more households have equal priority, applicants will be further prioritized as follows:

- Veterans Not Eligible for Housing/Health VA Services
- Victims of Domestic Violence
- Youth (18 – 24 years of age)
- First presented for assistance

### Prioritizing Non-Dedicated/Prioritized CoC

- Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.
- Homeless Individuals and Families with a Disability with Severe Service Needs.
- Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
- Homeless Individuals and Families with a Disability Coming from Transitional Housing.
  - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven.

In instances where two or more households have equal priority, applicants will be further prioritized as follows:

- Veterans Not Eligible for Housing/Health VA Services
- Victims of Domestic Violence
- Youth (18 – 24 years of age)
- First presented for assistance

## Rapid Re-Housing

Rapid Re-housing (RRH) is available to help those who are homeless become quickly and permanently housed. RRH Projects provide housing relocation and stabilization services and short or medium term rental assistance as needed to help a homeless individual or family move as quickly as possible to permanent housing and achieve stability in that housing

### Eligibility Criteria for RRH

- CoC Program RRH
  - Households must meet the HUD definition of homelessness.
  - Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. in the FY13/14 NOFA, new RRH projects could only serve families with children coming directly from streets or shelter).
  - Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.
- ESG Program RRH
  - Households must meet Category 1 or Category 4 the HUD definition of homelessness.
- SSVF Program RRH
  - Households must be a “Veteran family”.
  - Households must be “Very low-income” (income does not exceed 50% of area median income).
  - Household must be literally homeless, and at risk to remain in this situation but for grantee’s assistance.

### Prioritizing for Rapid Re-Housing Programs

- CoC & ESG Program RRH
    - Eligible participants are referred to the Rapid Re-housing program for which they are eligible and prioritized based the following prioritization:
      1. Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs
      2. Non-Chronically Homeless individuals and families with the Longest History of Homelessness and with the Most Severe Service Needs
- In instances where two or more households have equal priority, applicants will be further prioritized as follows:
- Veterans Not Eligible for Housing/Health VA Services
  - Victims of Domestic Violence
  - Youth (18 – 24 years of age)
  - First presented for assistance
- SSVF RRH
    - Eligible participants will be prioritized or targeted based on the agreed upon standards set forth in the provider’s SSVF grant agreement.

Please see the Indianapolis CoC Written Standards for detailed information on rent limits for Rapid Re-housing.

#### *Note:*

Households will be prioritized within the recommended VI-SPDAT score of 4 to 7 unless there are households higher on the prioritization list that specifically requested Rapid Re-housing. The prioritization process must take

into account client choice. Prior to Rapid Re-housing being used as a Bridge to PSH the System Lead and associated case workers must develop a plan based on the Bridge section of the CES Policies & Procedures to ensure that the projects are resourced to successfully bridge the household into PSH.

CoC and ESG projects that planned to target non-chronic households may request a waiver to the above prioritization, which will be review and granted on a project by project basis that may be time-limited. The waiver would allow projects to target non-chronic households within the established prioritization. Waiver requests should be submitted in a letter to the System Lead at [CES@chipindy.org](mailto:CES@chipindy.org). The letter should include the reason for the waiver request, the specific grant term for which the waiver is being requested, and be signed by an authorized signee. The System Lead will respond within 30 days of the request. Projects must have an approved waiver prior to spending RRH project funds. Any grievances based on waiver requests should follow the established grievance procedure established with the CES Policy & Procedures, Management and Oversight section.

## Prevention Services

Prevention funds are designed to prevent an individual or family from moving into an emergency shelter or living in a public or private place not meant for human habitation through housing relocation and stabilization services and short- and/or medium-term rental assistance.

### Eligibility Criteria

Households must be at-risk of homelessness and meet the eligibility requirements of the program under which the project is funded including any applicable income limits (ESG, SSVF, etc).

### Prioritizing/Targeting Eligible Households

Providers of Prevention Funds are able to set their own policies regarding prioritization and targeting of households so long as the policies are outlined in a written document(s) and do not conflict with any part of the CoC Written Standards.

## Emergency Shelters

Emergency shelter provides safe, basic lodging where individuals and families can stay temporarily while they resolve their housing crisis.

### Eligibility Criteria

Providers of emergency shelter will admit individuals and families who meet the HUD definition of homeless and the agency's eligibility criteria.

### Prioritizing/Targeting Eligible Households for Emergency Shelter

The CES is not prioritizing emergency services hotlines, drop-in service programs, and emergency services so that they may operate with as few barriers as possible. Although these resources are not prioritized through the CES, HUD requires that all ESG funded shelters must follow the Indianapolis CoC Written Standards. Individuals and families will have access to emergency services at all hours including hours outside of the standard CES hours.

## Street Outreach

Outreach is designed to increase access and connection to services for people who are living unsheltered on the streets. Outreach includes the provision of urgent, non-facility based care to people who are unsheltered and unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

### Eligibility/Targeting Criteria

Providers of Street Outreach services shall target unsheltered homeless individuals and families, meaning those with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings. Examples of these types of accommodations include a car, public park, abandoned building, bus or train station, airport, or camping ground.

### Prioritizing/Targeting Eligible Households for Emergency Shelter

It is important to note that the CES does not prioritize street outreach so that it may operate with as few barriers as possible. Although these resources are not prioritized through the CES, HUD requires that all ESG funded programs must follow the Indianapolis CoC Written Standards.

#### *Note:*

The CES partners with all providers funded through ESG to support street outreach programs. The System Lead will recruit providers as Access Points and sign agreements with these providers, which will include specific language regarding street outreach programs.

### Transitional Housing

Transitional Housing (TH) is designed to provide homeless individuals and families with interim stability and support so that they can successfully move to and maintain permanent housing.

### Eligibility Criteria

- Non-GPD TH
  - Households must meet the HUD definition of homeless.
  - Must follow any additional eligibility criteria set forth in the NOFA through which a project was funded and the grant agreement (e.g. households fleeing domestic violence).
  - Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.
- GPD TH
  - Households must meet the following criteria:
    1. Meet the HUD definition of homeless.
    2. Served at least one day of Active Duty.
    3. Have Discharge status other than dishonorable.

### Prioritizing Eligible Households for Transitional Housing Programs

#### Non-GPD TH

Eligible participants are referred to the Transitional Housing program for which they are eligible and prioritized based the following prioritization:

1. Households with the most severe service needs not eligible for PSH
2. Households with the longest histories of homelessness
  - In instances where two or more households have equal priority, applicants will be further prioritized as follows:
    - Veterans Not Eligible for Housing/Health VA Services
    - Victims of Domestic Violence
    - Youth (18 – 24 years of age)
    - First presented for assistance

Recipients must inform any Chronically Homeless households being referred to non-GPD TH that by entering the transitional housing project they will not be eligible for permanent supportive housing projects dedicated to serving chronically homeless.

### GPD Transitional Housing

Eligible participants will be prioritized or targeted based on the standards set forth in the GPD TH Model being provided as follows:

- **Bridge Housing Targeted Population** - Homeless Veterans that have been offered and accepted a permanent housing intervention (e.g., SSVF, HUD-VASH, CoC) but are not able to immediately enter the permanent housing.
- **Low Demand Targeted Population**- 1) Chronically homeless Veterans who suffer from mental health or substance use problems and who struggle with maintaining sobriety 2) Veterans with multiple treatment failures or those that may have never received treatment services, or may have been unsuccessful in traditional housing programs.
- **Hospital to Housing (Respite Care) Targeted Population** - Homeless Veterans identified and evaluated in emergency departments and inpatient care settings for suitability for direct transfer to a designated GPD Program for transitional housing and supportive care.
- **Clinical Treatment Targeted Population**- Homeless veterans with a specific diagnosis related to a substance use disorder and/or mental health diagnosis; veteran actively chooses to engage in clinical services.
- **Service- Intensive Transitional Housing (SITH) Targeted Population**- Homeless veterans who choose a supportive transitional housing environment providing services prior to entering permanent housing.

### Safe Haven

Safe Haven, as defined in the Supportive Housing Program, is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

### Eligibility Criteria for Safe Haven

- Household must meet the HUD definition of literally homeless who reside on the streets or places not meant for human habitation and who have severe and persistent mental illness.
- Programs may establish additional eligibility requirements based on program model (e.g. program enrollment).

### Prioritizing for Safe Haven

Eligible participants are referred to the Safe Haven program for which they are eligible and prioritized based the following prioritization:

- Households with the longest length of homelessness and most severe service needs.

It is important to note that, although referrals to the Safe Haven program are prioritized, the Safe Haven program has the ability to evaluate each candidate based on the program's written procedures and guidelines. Referral to the Safe Haven program does not guarantee admission and/or eligibility.

## Coordinated Entry System Referral Process

The System Lead will be responsible for identifying housing and service matches by reviewing HMIS data on a weekly basis, at minimum, and matching individuals and families to appropriate housing opportunities, based on availability and in accordance with the CoC Written Standards and CES Policy & Procedures regarding prioritization.

A housing and service match can be made at any time when there is an opening at the Service Provider's request. Each week the System Lead will bring all appropriate housing matches that have not been made to the Case Conferencing Committee. The Case Conferencing Committee will include case workers and individuals working with clients to provide additional information, expedite the referral process, or address grievances with housing matches. The Committee will not be able to change prioritization, unless new information is presented at case conferencing that is relevant to CoC Written Standards prioritization and eligibility guidelines. Households highest on the prioritization list that match program eligibility have the opportunity to accept or deny housing and services. In addition, if multiple housing opportunities are available the highest prioritized client that is eligible must have the opportunity to choose which housing option best fits their needs. It is essential that the CES maintain client choice during the referral process.

Once a referral is issued by the System Lead to the Service Provider, the following steps will occur:

1. The System lead will inform the Access Point and Service Provider of the match.
2. The Service Provider must locate the client, advise them of the housing or service opportunity, and determine interest, within ten (10) business days.
3. The Service Provider must verify eligibility for the housing opportunity.
4. Service Provider must provide services in accordance with Service Provider requirement and the Indianapolis CoC Written Standards.

### Housing Match Challenges

**Client cannot be located** – The Housing Provider should locate the client within ten (10) business days, make at least three (3) *documented* attempts to find them, and log those attempts in HMIS. The Service Provider should consult members of the Case Conferencing Committee when attempting to locate the client. If the Service Provider is unable to locate the client within ten (10) business days, then they should consult with the System Lead, who will identify the next highest priority client who is eligible for the housing opportunity.

**Client is not actually eligible** – In the event that the client is determined to be ineligible for the housing opportunity during the referral process, the client is placed back in the housing pool at the appropriate priority level. The Housing Provider should notify the System Lead of the ineligibility within 24 hours. The System Lead will then identify the next eligible client in the pool, and issue a referral to the Service Provider.

The System Lead is responsible for monitoring this process. If a particular Access Point, organization or staff member consistently refers clients who are not eligible for housing, the System Lead will provide additional support and training to improve the quality of the referrals.

**Client declines housing opportunity** – The eligible client may decline any housing opportunity and will be placed back in the housing pool at the appropriate priority level. The reason for the decline should be recorded in HMIS by the Service Provider.

**Housing Provider declines the referral** – Service Providers who participate in CES must abide by the CoC Written Standards and accept all eligible referrals. In the event that the Service Provider does not agree that the referred individual or family meets the eligibility requirements, the Service Provider must provide a written explanation to the System Lead. Service providers may only decline clients based on established project eligibility criteria. The System Lead will be monitoring agencies' decline rates and rationales, and will provide additional information on the expectations of the system and seek clarification on program eligibility and requirements for housing providers who frequently decline referrals. Decline rates from providers and the referral quality of the System Lead will be assessed during annual CES evaluation.

### Housing Program Inventory

Data on housing and services will be managed by the System Lead. All housing and service providers must provide the CES Lead with updates on available housing and service opportunities and any changes to eligibility criteria within three (3) business days of any change in status by emailing the information to the CES System Manager at [CES@chipindy.org](mailto:CES@chipindy.org).

### Housing Transfers

Transfers between programs occur when an individual/family needs to move from one program or project to another. A variety of reasons may exist for an individual/family to transfer, but the priority is to keep the individual/family stably housed. Transfers are a “net zero” for the housing system, as an individual/family leaves a program spot open once he or she moves into the new housing opportunity; however, it may or may not create a vacancy that any individual/family in the pool is eligible to enter. A set of policies related to transfers cannot anticipate every circumstance, but the following guidelines will be used by the System Lead and housing and service providers during case conferencing.

Common reasons a client would transfer are:

- 1) Client has violated significant provider policies and cannot remain in the program anymore, and needs to move to a different provider or program.
- 2) Household size changes and the current unit is no longer appropriate.
- 3) Client requires a transfer due to safety reasons related to domestic violence.
- 4) Case manager determines that a client who was in a rapid re-housing program needs long-term assistance and is eligible for permanent supportive housing.
- 5) Client was placed in rapid re-housing as a bridge to permanent supportive housing.

Transfer requests shall first be discussed with the Service Provider. The Service Provider will determine if the transfer request meets the provider's transfer policy requirements. Requests that meet the provider's transfer policy requirements will then be discussed and voted upon during case conferencing. If a transfer is granted during case conferencing, the individual/family requesting the transfer will be prioritized for the next available unit for which they are eligible and meets the need of the transfer. If the housing provider determines the transfer request does not meet the provider's transfer policy requirements, the provider has the ability to deny the request and it will not be brought forward to case conferencing. Clients may file a grievance with the provider if they disagree with the decision. If there is future disagreement, a grievance can be filed at the system level.

### PSH to PSH

CoC-funded PSH projects may serve individuals and families from other CoC-funded PSH projects, as long as program participants originally met the eligibility requirements for the PSH project to which they are transferring at the time they entered their initial PSH project.

#### RRH to PSH

Program participants that are receiving RRH assistance through ESG, CoC, and SSVF maintain their homeless status and chronically homeless status for the purpose of eligibility for other permanent housing programs, such as HUD-VASH and CoC-funded PSH (so long as they meet any other additional eligibility criteria for these programs).

#### TH to TH

Program participants who are residing in TH are considered homeless and are, therefore, eligible for a few other forms of assistance funded through the CoC and ESG Program. If a provider is unable to find a permanent housing placement for a program participant in TH who is coming up on her/his time limits, that participant could be eligible for other TH projects.

#### TH to PSH

Some program participants residing in TH are eligible for PSH depending on the NOFA under which the PSH was funded. Some previous CoC Program NOFAs allowed for TH participants to be served in PSH if the program participant had a qualifying disability and resided on the streets or ES prior to entering the TH. Additionally, participants who were fleeing domestic violence also previously qualified.

#### Bridge Housing

Once the CES is implemented and the system is evaluated, it may be determined to utilize RRH as a Bridge to PSH for chronically homeless individuals and families who prefer and are eligible for PSH but for which no open PSH unit exists. Bridge Housing may be used in an effort to house the most vulnerable individuals and families in the community when there are insufficient PSH units. If the RRH unit is intended to Bridge the client into a PSH unit, that individual or family will maintain their spot in the housing pool for PSH and will be offered a PSH unit that they are eligible for once it becomes available.

## Management and Oversight

The primary oversight of the day-to-day operations of Coordinated Entry System (CES) will be managed by the System Lead. The CES Workgroup will continue to convene, as appropriate, to engage in ongoing planning for CES including engaging partners, supporting communication efforts, addressing systemic issues that may arise in implementation, and assessing feedback from system stakeholders. CES Policy & Procedures will be reviewed on an annual basis by the System Lead in partnership with the CES Workgroup.

The System Lead will conduct an annual Policy & Procedure review in partnership with CES Workgroup, using data from the CES Annual Assessment and stakeholder input. Data and input will be used to directly inform any needed changes or updates to the CES Policy & Procedures and associated plans (e.g. Training Plan, Evaluation Plan and Communication Plan). Updates or changes in the CES Policy & Procedures will be recommended and developed by the System Lead in partnership with the CES Workgroup, in accordance with the CoC Written Standards, with an annual review of any updates and changes in the CES Policy & Procedures by the CoC Blueprint Council. In addition to the annual review, the CES Policy & Procedures are subject to periodic updates and changes to ensure an effective system.

Periodic updates and changes are subject to the same process as the annual CES Policy & Procedures review.

There are situations when an agency, project or Navigator can be recommended for removal from the CES by the System Lead. Reasons for removal include refusal to comply with CES Policies and Procedures, HMIS Policies and Procedures and CoC Written Standards in addition to instituting any practices that would be detrimental to client safety or severely impact the System Lead and agencies associated with CES. Parties will be given 30 days to correct, respond to violations or file a grievance. If the violation is substantiated, then a group of peers will recommend further action with a final decision on further action or removal with the Blueprint Council.

### Training and Authorization of Access Points and Navigators

Training is provided by the System Lead and will include in person and virtual opportunities. Training will provide Navigators with a detailed process and script to administer the CES application and direct training on completing the CES application in the HMIS system. At a minimum, staff must complete the following training components prior to conducting a CES Application:

1. HMIS User Training (if a new HMIS User).
2. CES Application Training, which includes the following elements: Diversion Questions, Intake information, VI-SPDAT, Barrier assessment, Financial assessment, Veteran assessment, Eligibility status and custom CES questions and Eligibility documentation.
3. Training on administering the VI-SPDAT.
4. Review of CES Policies & Procedures, including assessment and prioritization requirements and criteria for decision making and referrals to CES homeless housing and services.

The System Lead will maintain the list of all approved Access Points and staff members. Coordinated entry refresher trainings must be completed at least annually. Access Points can contact the System Lead directly at [CES@chipindy.org](mailto:CES@chipindy.org) to schedule annual trainings or train additional Navigators.

### Evaluation

The purpose of the CES Evaluation is to identify opportunities to strengthen the system to ensure that it is robust, fair and efficient. The evaluation process and its measures are built around these three principles detailed below.

The following will be the key principles measured to ensure a robust system:

- There is broad participation among homeless prevention and intervention services, including mainstream services, crisis services, emergency services, emergency shelters and housing.
- The CES is well integrated and there is a collaborative community of service providers.
- Community stakeholders have confidence in the system and report high levels of satisfaction with the system.
- Consumers are knowledgeable about how to access the system.
- The system is properly resourced with homeless services and housing.
- There are high rates of exits to and retention in permanent housing.
- There is a continual decrease in the rates of first-time homeless.

The following will be key principles measured to ensure a fair system:

- CES reaches all populations, regardless of race, ethnicity, gender, sexual orientation, veteran status, disability status, and geography
- The prioritization standards are observed.
- Participating housing providers use a Housing First approach.
- Consumers are assessed consistently across all sites.
- There are no side doors.

The following will be key principles measured to ensure an efficient system:

- Consumers are appropriately matched to homeless housing and services.
- Continual increasing rates of diversion.
- Housing vacancies are filled quickly.
- The reduction of length of time homeless.

Evaluation data will be collected by the System Lead by directly surveying CES stakeholders and through the collection of aggregate data focused on key system performance measures from HMIS. The System Lead will annually survey community leaders through electronic surveys. Community leaders will include representatives from the System Lead, key representatives from the CoC, leaders from Access Points and Service Providers and community and political leaders. The System Lead will annually survey frontline staff of Access Points and Service Providers through electronic survey. Frontline staff will include case managers, program directors, team leads and any other category of frontline staff designated by providers in addition to Navigators and Site Administrators. The System Lead will survey consumers, using paper surveys, once upon placement into housing or if not placed in housing, every six months when clients return for follow up assessment. Consumer surveys will be administered onsite at either an Access Point or location associated with a Service Provider. Data from stakeholder surveys and HMIS will be annually incorporated into the CES Annual Assessment. The CES Annual Assessment will be completed on an annual basis with full reports given to the CES Workgroup, Access Points, Service Providers and the CoC Blueprint Council.

## Communication Plan

The goal of the CES Communication Plan is to provide accurate and consistent information on entry to and resources of the homeless service system to individuals experiencing literal homelessness, as defined by HUD, or under imminent risk of homelessness regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

The CES Communication Plan is designed to provide information to nonprofit, private, or government agencies focused on the prevention or intervention of homelessness. The System Lead, in partnership with CES Workgroup, will designate agencies based on affiliation with the CES, alignment with CES purpose, geographic location and/or population served to reach people of different populations and subpopulations in the CoC's geographic area to ensure that all individuals who are at imminent risk of homelessness or literally homeless have equal access to the CES. The communication information will provide agency staff with a description of the homeless service system, information on the CES, the CES target population, and instructions on how to access the CES. In addition, the System Lead will provide agencies print materials to distribute to clients that fit the CES target population. Upon request of the agency, information will be altered to meet the needs of persons with limited English proficiency or

other appropriate accessible formats (e.g., braille, audio, large type, assistive listening devices, and other assistance to the hearing impaired). Requests for alterations and the response of the System Lead will be documented.

## Grievance Procedure

### Provider-level grievances

As defined in the Indianapolis CoC Written Standards, each provider shall have a grievance procedure concerning the coordinated entry system and their agency.

### CES level grievances

All housing and services decisions and decisions associated with the management and oversight of CES, made in accordance with the CoC Written Standards, and CES Policies & Procedures outlined in this document must be followed. In the event that an individual or group feels that decisions were not made within the Policies & Procedures and in accordance with the CoC Written Standards, a grievance may be filed for further review without fear of retaliation. Written grievance shall be filed within 30 days of the event and can be submitted to the Director of Programs & Research at CHIP, 1100 W 42<sup>nd</sup> St. Suite 350, Indianapolis, IN 46208 or [csutton@chipindy.org](mailto:csutton@chipindy.org). Written grievances should include the date of the potential policy infraction, the reason for the grievance, the specific policy/written standard that pertains to the grievance, and follow up contact information of the person/group that has submitted the grievance.

A formal review of the grievance will then commence. The System Lead shall respond to the grievance within 10 business days using the contact information provided in the written grievance. At this stage, the Director of Programs & Research may determine that no valid grievance exists, the grievance may be resolved, or the grievance may not be resolved to the individual's satisfaction. If the latter occurs, the grievance will be forwarded to the Executive Director at CHIP, [awitchey@chipindy.org](mailto:awitchey@chipindy.org), where further review and response will occur within the next 10 business days. The Executive Director may determine that no valid grievance exists, the grievance may be resolved, or the grievance may not be resolved to the individual's satisfaction. In a case where the final response of the System Lead's Executive Director is not satisfactory or deemed by the agency to directly impact the ability to fulfill contractual obligations, the grievance can be escalated to the Indianapolis CoC Blueprint Council, where three non-conflicted members will make a final decision.

Clients who feel they have been discriminated against under the Federal Fair Housing Act such as Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act of 1964, Section 109 of the Housing and Community Development Act, and the Age Discrimination Act of 1975, among others, may file a grievance with the Indiana Office of Fair Housing and Equal Opportunity (FHEO) by calling 317-957-7332.