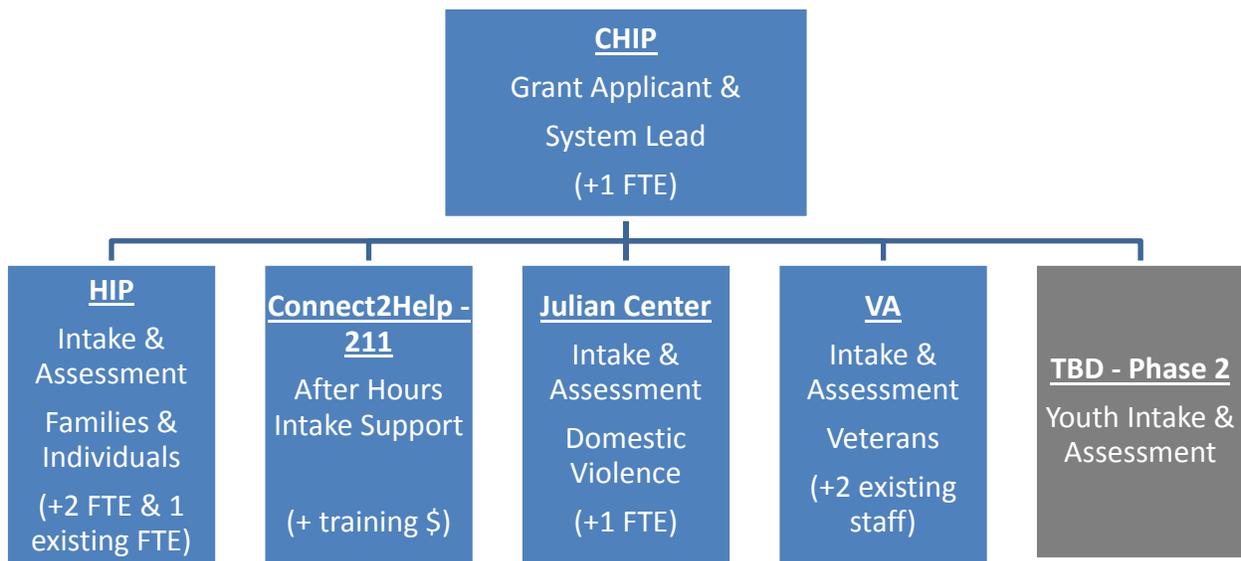


CHIP
Coordinated Entry Workgroup Meeting #4
Monday, August 1, 2016

- I. *Present:* Michael Butler (CHIP), Lori Casson (Dayspring Center), Nathan Ferreira (Julian Center), Jennie Fults (Division of Economic Development, City of Indianapolis), Brianna Gates (HIP), Lena Hackett (Community Solutions), Leslie Kelley (Horizon House), Keisha Knight (CHIP), Kaley Martin (Community Solutions) Cal Nelson (Wheeler Mission Ministries), Lisa Osterman (Community Solutions) Susan Solmon (Salvation Army), Kirk Taylor, Karin Thornburg (Midtown), Alicia Vaughn (City Consultants & Research), Kay Wiles (HIP)
- II. NOFA, HUD, and United Way Updates
- a. Alicia Vaughn, the grant writer hired for this year's NOFA application gave an update on progress. The application was released last week and is due September 14th. The team has weekly conference calls to discuss the application, and the collaborative partner and the mayor should have a draft to review by August 15th. Then it will need to be reviewed by the Blueprint Council prior to submission.
 - b. Lisa shared information about HUD guidance that Alan provided. HUD will be releasing more detailed CE guidance this fall, and it seems like Indianapolis is on a good track. It sounds like HUD wants CE to focus on assessment and referral into housing – entry into transitional housing, RRH, PSH, and other permanent housing. Many communities have set their CE up to coordinate the shelter piece and the full homelessness pipeline, but shelter housing may not be a component eligible for points because it's a crisis response. Unfortunately, the updated HUD guidance will not be available until after the NOFA deadline, but Indy's approach is comprehensive and looking at fair/appropriate means to sort people into permanent housing options, so we should be fine.
 - c. Kay shared an update on United Way's Diversion Funds. They are moving to more of a menu of services for people who need assistance, so there is funding for options such as case manager/housing person, employment services, up to 6 months of rent, child care, transportation, addictions, storage units, etc. Providers can work with clients to figure out what kinds of services they need, put a plan together, and submit for reimbursement from United Way. It's about changing the way services are offered in the community. HIP has a contract with United Way, so they are hoping to start with this on August 16th.

III. CE Model Update

- a. Participants reviewed a draft CE Initial Implementation Model. The group affirmed CHIP as the System Lead, HIP as the Intake & Assessment Lead for Individuals and Families, and Connect2Help 211 as the After Hours Intake Support. The Julian Center will do Intake & Assessment for Domestic Violence Victims, and the VA will do Intake & Assessment for Veterans. Once this initial implementation is up and running, it will need to incorporate youth as well.



- b. CHIP will need one additional full-time equivalent (FTE), HIP will need three additional FTEs (two for whom they are seeking additional funding, and one they will allocate to the project), and Julian Center needs one additional FTE. Both 211 and the VA hope to reallocate existing staff/staff time to accommodate the needs of their roles. With matching and reallocation, funding is only needed for four FTEs – one for CHIP, two for HIP, and one for Julian Center. 211 will receive limited funding for staff training and capacity-building.
- c. The group affirmed that the pilot should not only include families but single women as most of the shelters that serve families also serve single women.

IV. CE Entity Roles & Responsibilities

- a. Participants reviewed the proposed roles and responsibilities of the agencies in the model, with details for each included in the Draft CE Implementation Model at the end of the notes.
- b. CHIP
 - i. The City will contract with CHIP, which will then subcontract with other agencies. This allows more flexibility. In addition to the big-picture work that had been included in previous versions of the model, CHIP will also be doing more operational tasks.
 - ii. HUD requires a marketing plan as part of the CE work, which would be CHIP's responsibility. It will be a process getting people to move to and accept the new concept, but the new way will be easier and less burdensome on clients than the current approach. Participants agreed that this marketing piece – to the community and providers – will be important, as will capacity building and re-training of provider staff.
- c. HIP
 - i. HIP would be the entity responsible for intake for families and individuals, and the model makes room for HIP doing assessments and providers doing their own. Families and single women would go to HIP during their hours of operation for emergency shelter.
 - ii. It was noted that there are still details related to the extent of providers' responsibilities to iron out that will impact HIP's role, including housing application support. Ideally, the housing application for a household would be completed by the provider who knows the household the best.
 - iii. One continued concern is ensuring the assessment process is objective and consistent across agencies. There will be a common application, and then the lead entities for these oversee the bigger picture. Unfortunately, no perfectly objective assessment has been created, so CHIP will have to have a sense of clients who receive housing opportunities and which agencies they come from. They will have the ability to look across agencies and see what is happening in terms of placements.
 - iv. One best practice is that housing applications should not be completed until someone has been in the system for two weeks to eliminate people who are going to self-resolve. The question was raised that since one of the performance measures is shelter stays of less than 30 days, so how can you get them housed if you don't complete an application until day 14?

There are different ways others have started counting 'shelter stays' to deal with the issue. Community Solutions will look into this further.

v. If someone shows up to Horizon House and needs shelter, that person (or a Horizon House staff person) would call HIP. HIP would do intake and find the best place for them to go for tonight based on availability/restrictions. HIP would do the assessment for permanent housing and assist the provider that ends up working with that family on the housing application as needed. CHIP will then collect the housing applications.

d. Connect2Help 211

i. While people would call HIP for intake during their hours of operation, people will call 211 during HIP's off hours to ensure the system is operational 24/7.

e. Julian Center

i. Julian Center has agreed to take the intake calls and manage the beds for those who screen positive for domestic violence.

ii. While it may not be the Julian Center that manages the assessment piece for DV victims, at some point someone will have to maintain that information and ID codes in order to maintain anonymity. Options include CHIP managing that list or each DV provider managing its own list. Julian Center agreed to be at the table to figure this out.

f. VA

i. HIP and VA will meet August 8th to figure out what the VA's role really looks like, but they are interested in serving as the intake and assessment entity for veterans. The VA wants two of their Stick Clinic staff doing this.

g. The models HUD has put forward for CE include single point of entry and multiple points of entry, and the model proposed reflects the models used by other communities.

h. There was some discussion about whether there would be a single or multiple telephone numbers, with some participants noting their preference for a single number. There is still work to do in figuring out what the call-in piece will look like with the technology that is available.

i. Community Solutions is on board to continue to support the development of policies and procedures for the model. All of the information and input shared will be used to develop those policies.

j. A small team is also planning to meet with IHA to figure out how they can engage into this process.

V. Assessment & Permanent Housing Prioritization

- a. Participants agree that they want to be involved in reviewing the assessment tool. Community Solutions will research what is currently happening with assessment, create a summary to share with the group, and propose an assessment plan at the August, or more likely, September meeting.

VI. Next Steps

- a. The next meeting is on August 22nd from 3:00-4:30 pm at CHIP in room 145.
- b. A team will meet with the VA to figure out the role of the VA within the model.
- c. A team will meet with IHA to discuss how they can more fully engage in coordinated entry.
- d. CSI will gather explore how other cities are addressing the 30 day in shelter metric if they are not doing a housing assessment for 2 weeks post shelter placement.
- e. CSI will research summarize information about what is happening with assessment and propose a plan by the next meeting.

Appendix – DRAFT CE Initial Implementation Model

(Reviewed during the meeting – conversation III and IV).

Indianapolis Continuum of Care

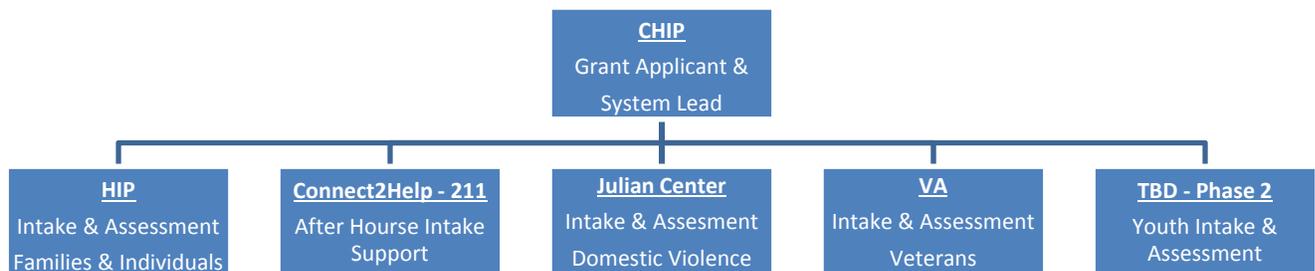
DRAFT - Coordinated Entry Initial Implementation Model

Summary

CHIP will lead the establishment of the Indianapolis Continuum of Care's Coordinated Entry System (CES). The CES will seek to create an effective method for all homeless individuals and families to enter the homeless network of providers, be assessed equitably and be referred to appropriate interventions. We will implement a process that is easy for people to access, identifies and assesses their needs, and makes prioritization decisions based upon those needs.

The model will incorporate existing segments of service delivery, including the Homeless Veterans Master List, the Permanent Supportive Housing Wait List, and other existing processes that support a cohesive model.

The implementation model will include five leading organizations. CHIP will act as the systemic lead, and will add one FTE to manage the broad community planning and implementation. HIP will staff 3 FTE and will oversee the intake and assessment of individuals and families, and will manage shelter coordination. The Julian Center will add one FTE to manage the domestic violence intake and assessment process, and Connect2Help will manage off-hours calls and client intake through various staff members. Finally, the VA will redeploy two existing staff to act as the lead intake and assessment entity for veterans.



Key Roles and Responsibilities

CHIP – System Lead Entity – Key Responsibilities

- Convene partners and lead the design and implementation of coordinated entry
- Recruit, train, and onboard participating partner agencies; conduct RFQ process when needed
- Develop subcontract agreements and oversee project wide expenditures and reimbursements
- Maintain current policies and procedures manual for Coordinated Entry; update collaboratively with all partners as needed
- Maintain updated listing of all homeless service providers and program eligibility criteria
- Communicate to partners and broader community members about the Coordinated Entry process and results
- Determine resource needs for Coordinated Entry and develop plans to secure needed resources
- Lead the advocacy efforts to engage and educate elected officials, businesses, and systems outside of the homeless network

- Manage HMIS and other data collection, management, and reporting responsibilities
- Lead efforts for evaluation and continuous quality improvement
- Administrative management of client waitlists (permanent, rapid rehousing, veterans, youth, etc.)
- Facilitate case conferencing process if needed
- Accept housing applications from community providers
- Assure data and application quality

HIP – Intake & Assessment Lead for Individuals and Families – Key Responsibilities

- Manage initial intake data collection, triage and referral for all homeless entering the Coordinated Entry system
- Manage all shelter bed count information in real time
- Manage shelter waitlist
- Assess for diversion and when appropriate connect to prevention resources
- Screen for risk of harm to self or others and domestic violence safety risk, refer as appropriate
- Collect at a minimum all the HUD universal data elements and enter in HMIS
- Manage assessment process including eligibility criteria and prioritization information
- Complete housing applications on-site, at shelters, or on street as needed and enter data into HMIS
- Conduct intakes within shelters for clients being admitted after regular intake hours
- Ensure fairness and consistency in access to shelter and housing for all clients who request services
- Collaboratively advocate for right-sized resources, along with System Lead Entity

Connect2Help – Intake Support – Key Responsibilities

- Refer to CE Intake Line during hours of operation for Intake Lead Entity
- During off hours for CE Intake:
 - Accept emergency shelter calls
 - Screen for risk of harm to self or others and domestic violence safety risk, refer as appropriate
 - Work to divert from shelter, place in shelter if absolutely necessary and available (through direct access to the real-time shelter data tool)
 - Collect basic UDE data
 - Generate contact list of callers from off hours and securely share with ILE each morning, Monday – Friday – Weekend contacts will be shared Monday morning

Julian Center – Domestic Violence Intake & Assessment – Key Responsibilities

- Receive families experiencing homelessness due to immediate safety risk and provide directly or refer to appropriate services
- Manage domestic violence shelter bed count information in real time
- Manage domestic violence shelter waitlist in collaboration with the Intake & Assessment Lead for Individuals and Families
- Collect at a minimum all the HUD universal data elements and enter in HMIS compliant system
- Manage assessment process including eligibility criteria and prioritization information for clients entering through the domestic violence system
- Report necessary (anonymous) UDE data to CHIP
- Collaboratively advocate for right-sized resources, along with System Lead Entity

VA - Veterans Intake & Assessment – Key Responsibilities

- **Manage initial intake data collection, triage and referral for homeless veterans entering the Coordinated Entry system**
- **Manage assessment process for veterans to assure eligibility for veteran funded programs and prioritization information for homeless veterans services**
- **Collect at a minimum all the HUD universal data elements and enter in HMIS**
- **Complete housing applications for veterans as needed and enter data into HMIS**
- **Ensure fairness and consistency in access to shelter and housing for all clients who request services**