CES Overview Information Sheet

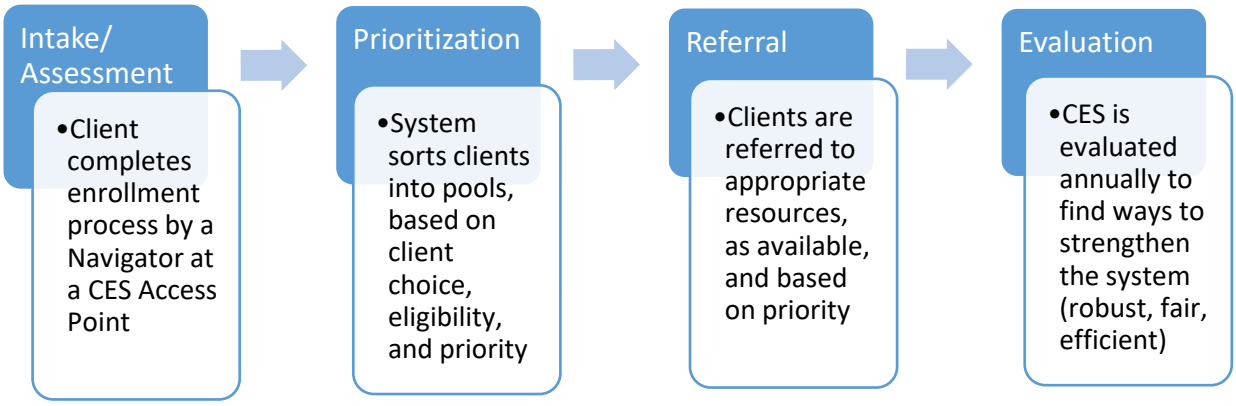
The Indianapolis Coordinated Entry System (CES), governed by the CES Policy and Procedures, uses a no wrong doors approach to providing a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. CES is designed to serve 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 common assessment. The CES assessment is comprised of four components: the client record, diversion questions, common assessments (Vi-SPDAT) and eligibility information. The assessment is designed to be completed in phases and provide diversion screening or direct referral to emergency shelter without prioritization.

When the full CES assessment is complete, the client's application is submitted into HMIS and will enter in the client pool for permanent and transitional housing placements. The CES System Lead will manage the matching process for referrals to designated homeless housing and services through project eligibility and prioritization, based on chronicity, length of time homeless and severity of need, established in the Indianapolis CoC Written Standards. The CES System Lead will communicate match referrals directly to the service provider and assigned case manager and will discuss further details in case conferencing. The CES prioritizes and refers people experiencing homelessness to all projects receiving Emergency Solutions Grants (ESG) program, Housing Trust Fund resources, Continuum of Care (CoC) program funds and Veteran Affairs (VA) programs and other designated service providers. It is important to note that CES provides shelter coordination but does not prioritize any emergency 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. CES has a fully developed evaluation plan that includes process and outcome evaluations to accurately portray how efficiently and effectively the system is working and to identify where adjustments need to be made to improve overall performance. Outcomes are to increase the level of participation and understanding of stakeholders and clients and that housing vacancies are filled quickly and meet the needs of clients.

Indianapolis CES Overview

The diagram below outlines the coordinated entry process o the CES Pilot.



There are four key roles within the CES:

1. **Individuals and Families Experiencing Homelessness** who are seeking assistance,
2. **Access Points** which have staff who complete consumer assessments, enter data into HMIS, and aid consumers in navigating resources,
3. **Homeless Housing and Service Providers** which have resources and services to offer,
4. **System Lead (CHIP)** which manages the wait pools, supports the overall functioning of the system, and collects and shares data so that the community can evaluate the performance of the system.

Indianapolis CES Prioritization

The process of prioritizing individuals and families for services is done by the System Lead in HMIS using the information gathered during assessment. 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.

Projects with a population specific focus will receive referrals according to the orders of priority established as they apply to the population they serve. If there is not an eligible household who meets the first priority established within a project type, then the next priority would be considered to see if there is an eligible household that meets that priority. Please see the example below of how the eligibility and prioritization factors would be considered in a CoC RRH project.

Accessing the CES

An individual or family experiencing homelessness enters the CES through an Access Point. The role of the Access Point is to serve as the gateway into the system and collect the data necessary for the consumer to be matched with the appropriate housing resources. Access Points will:

- Have identified staff who serve as "Navigators". Navigators receive training on completing the Coordinated Assessment, cultural and linguistic competency, trauma-informed assessment, and safety planning. At least one trained Navigator should be available during business hours, or reasonable accommodations should be made for clients when a Navigator is not present.
- Conduct Coordinated Assessments with all clients who seek assistance, conduct updated assessments every six months for those clients who have not become housed, ensure all client information is up-to-date and entered into HMIS, and provide clients with in-depth explanations of housing and service choices, as well as the CES grievance procedure.
- Participate in the case conferencing process.
- Abide by CoC Written Standards and all relevant CES Policies & Procedures, and all requirements outlined in the CES Memorandum of Understanding for Access Points.

As the System Lead, CHIP will provide initial training and ongoing training opportunities for Access Point staff, with an initial focus on Navigators. However, if organizations are interested in scheduling trainings, they can contact CHIP directly at CES@chipindy.org.

The below providers have the capability to take appointments and/or walk in clients that are in need of having the Coordinated Entry Application completed.

Adult & Child	
Address	222 E. Ohio St. Suite 700 Indianapolis, IN 46204
Website	www.adultandchild.org
Phone Number	(317) 494-3579
Coordinated Entry Hours of Operation	Monday 9am-4pm Wednesday 11am-4pm or 12pm-2pm Outreach Inc. (18-24 year old) Thursday 12pm-3pm
How to Connect with Navigator	Email salrajabi@adultandchild.org or call (317) 494-3579

Homeless Initiative Program	
Address	1835 N. Meridian St. Indianapolis, IN 46202
Website	www.healthnet.org/HIP
Phone Number	(317) 957-2275
Coordinated Entry Hours of Operation	Tuesday 1-4pm Friday 1-4pm
How to Connect with Navigator	To make an appointment, call above number and ask for Coordinated Entry appointment or Triage. Veteran households follow the same process

Horizon House	
Address	1033 E. Washington St. Indianapolis, IN 46207
Website	www.horizonhouse.cc
Phone Number	(317) 423-8909
Hours of Operation	Monday, Tuesday, Thursday and Friday 7am-10:30am or 11:30am-3pm. Wednesday 7am-10am or 10:30am-12:30pm
How to Connect with Navigator	Walk in or email BryanC@horizonhouse.cc and type CES Referral in subject line

Veteran Service Providers

Department of Veteran Affairs	
Address	1481 E. 10th St. Indianapolis, IN 46202
Website	www.indianapolis.va.gov
Phone Number	(317) 554-0000
Hours of Operation	
How to Connect with Navigator	Connect with Tamara Folaron in the VA Outreach Clinic on the 1st floor.

Hoosier Veterans Assistance Foundation	
Address	964 N. Pennsylvania St. Indianapolis, IN 46204
Website	www.hvafofindiana.org
Phone Number	(317) 951-0688
Hours of Operation	7am-6pm
How to Connect with Navigator	See phone number listed

Intecare	
Phone Number	(855) 896-4345
Hours of Operation	8:30am-4:30pm
How to Connect with Navigator	**No walk-ins** **For further information or to be screened for eligibility please contact (855) 896-4345 or ssvf@intecare.org.**

Volunteers of America	
Address	6919 E. 10th St. Suite E2 Indianapolis, IN 46219
Website	
Phone Number	(855) 332-8387
Hours of Operation	
How to Connect with Navigator	

Example CoC Permanent Supportive Housing (PSH) Project

Eligibility: The CoC PSH project was funded to serve homeless individuals with a high level of need

Prioritization:

- Eligible participants are referred to the PSH 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 based on Vi-SPDAT score.

Prioritization List

Household ID	Chronic	Length	VI Score
A1234	Yes	10 years	12
B5678	Yes	5 years	15
C91011	Yes	1 year	12
E151617	No	6 months	14
F181920	Yes	2 year	6
F658975	Yes	10 years	17

Household Chosen for Referral: F658975

The only eligibility criteria is that the household is literally homeless. The list is then sorted first by chronic status, second by length of time homeless and third by Vi-SPDAT score. Since multiple eligible households have chronic status, chronic households are sorted by length of time homeless. There are two households that are both chronic and have identical lengths of time homeless. These households are then sorted by the highest Vi-SPDAT score. F658975 is prioritized and referred to the open PSH unit because they meet project eligibility and are prioritized at the top of the list based on chronic status, longest length of time homeless and highest Vi-SPDAT score.

Example CoC Rapid Rehousing (RRH) Project

Eligibility: The CoC RRH project was funded to serve individuals with moderate level of need (Vi-SPDAT score between 4-7)

Prioritization:

- Eligible participants are referred to the RRH 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 within the RRH housing range (Vi-SPDAT score between 4-7)

Prioritization List

Household ID	Chronic	Length	VI Score
A1234	Yes	3 years	17
B5678	Yes	2 years	15
C91011	No	1 year	12
D121314	No	1 year	7
E151617	No	6 months	14
F181920	No	1 year	6

Household Chosen for Referral: D121314

As shown above, the household chosen for referral was not a chronic household because there were no chronic households on the Prioritization list that met the eligibility requirements of the project (Vi-SPDAT score between 4-7). Instead, the referral was only based on the **eligible household** that had the longest history of homelessness and most severe service need. There were two eligible households that had the same length of time homeless (1 year) but the referred household had a higher Vi-SPDAT score. Although there are other persons with longer periods of homelessness, those persons did not meet the eligibility requirement.