# INDIANAPOLIS CES ENROLLMENT VISION

APRIL 2022

AS PART OF THE 2021-2022 COORDINATED ENTRY SYSTEM ASSESSMENT AND PRIORITIZATION REFINEMENT PROJECT, A WORKGROUP DEFINED THIS ENROLLMENT VISION, A SET OF PRINCIPLES TO GUIDE FUTURE REFINEMENT EFFORTS

Executive Summary

As part of the 2021-2022 CES Assessment and Prioritization Refinement Project, a CES Assessment Vision Workgroup was assembled to discuss a set of principles the CES assessment and related refinement should adhere to. These guiding principles are part of "Phase 0" – developing a structure for ongoing and immediate work, which sits towards the beginning of the overall project visualized below.
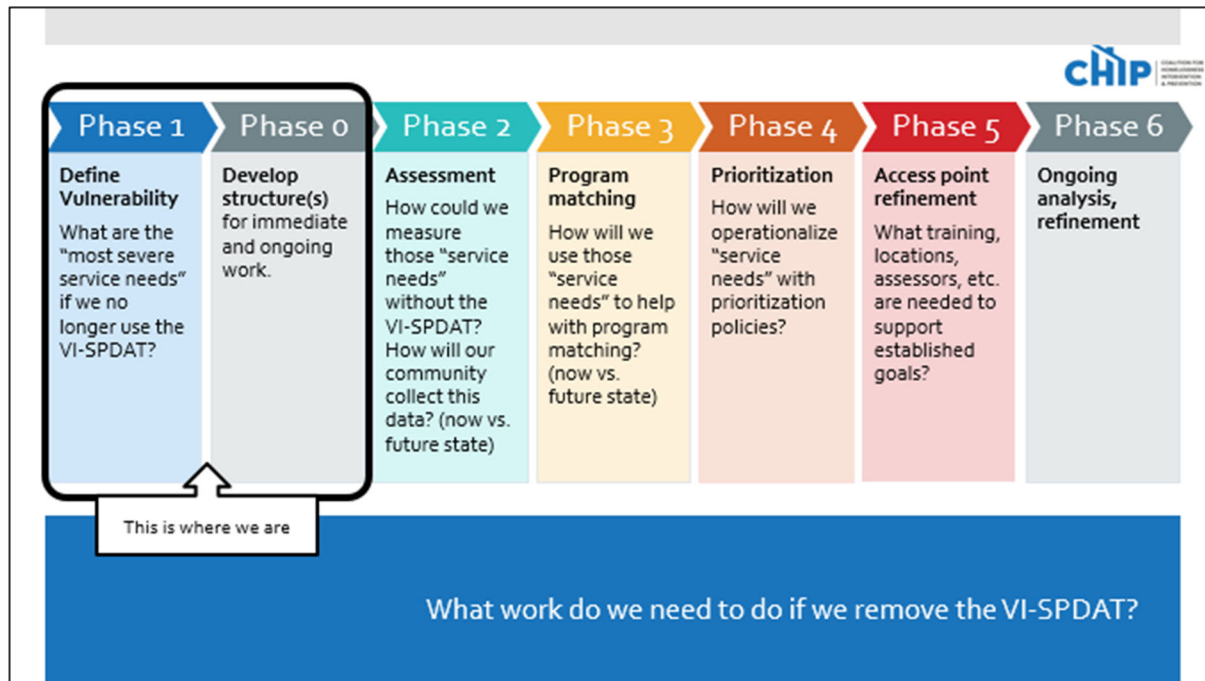
The CES Assessment Vision Workgroup met five times from March to April, 2022. Members included people with lived experience of homelessness, mental health, and/or substance use, Blueprint Council members, CES Skilled Assessors, experts in research and assessment tools, and HMIS staff. Members were recruited to represent workgroup values of lived expertise, racial equity, and being trauma-informed and person-centered.

This workgroup used community feedback collected in listening sessions during March and April 2021 and a survey from April and May 2021[1].

When reading this document, *italicized and bold text* shows where this refinement will be addressed. Colorful text boxes are used to name additional action items, or to highlight recommendations when the solution lies outside of the CES Assessment and Prioritization Refinement Project.

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[1] *CES Assessment Refinement Phase 1 Debrief*. The Coalition for Homelessness Intervention and Prevention (2021, May 15). Retrieved May 1, 2022 from
https://drive.google.com/drive/folders/12vAYhcxoTmz_9zPerDZfPbdxYh8vXCy0

Defining Principles

The defining principles named are as follows and are described in more detail below.

Flexible	**Lean**
Barrier nuanced	**Incorporating client choice**
Equitable	**Incorporating assessor input**

FLEXIBLE

Flexible is defined in three ways:

- **Flexibility over time.** Data points like current living situation and homeless status can easily be updated mid-enrollment to reflect a person's changing needs and eligibility.
- **Flexibility in results or placement.** The results of the assessment are less prescriptive.
- **Flexibility to update the tool.** The CES enrollment can change to reflect changes in needs and system resources.

WE WILL KNOW THE CES ENROLLMENT IS FLEXIBLE IF...

- A monitoring system and technical solution exist to easily update an open CES enrollment to reflect a person or household's changing needs and eligibility over time, specifically regarding current living situation and homeless status, especially when a person enters and exits literal homelessness. *CES and HMIS will collaborate on this after CES enrollment questions are defined in Q2 and Q3 of 2022.*
- Technical solutions allow the system to automatically update the enrollment using other data available in the system when possible (data needs to be updated in as few places as necessary). *CES and HMIS will collaborate on this during the implementation phase in Q3 and Q4 2022.*
- A person's placement outcome is determined by a combination of client choice, assessor input, system resources, and inventory (rather than simply their score). *This will be discussed in a program matching workgroup, scheduled for June 2022.*
- There is a structure in place to review and update the CES enrollment over time using knowledge of system resources, community feedback, HMIS technical support, and certain questions or metrics. *This will be discussed in an operationalization plan workgroup, scheduled for June – July 2022.*

BARRIER NUANCED

Barrier nuanced refers to the assessment considering the severity of barriers, rather than just the presence of barriers, including mental and physical health conditions.

It also refers to complexities that arise due to compounding barriers and intersectionality, specifically regarding marginalized identities. Examples of common compounding barriers include physical, mental health, family unification barriers; social determinants of health; lack of relationships or social isolation.

WE WILL KNOW THE CES ENROLLMENT IS BARRIER NUANCED IF...

- It asks questions that can capture nuance and measure the severity of barriers. *This will be covered in a workgroup deciding how to measure vulnerabilities or service needs in Q2 or Q3 2022.*

- Weighted questions do not cancel out responses to other questions or domain scores. *This will be discussed in the operationalization plan workgroup in June - July 2022.*

EQUITABLE

When discussing equity, the following identifiers and subpopulations should be considered: gender, disability status, LGBTQ+, race, ethnicity, language, access to technology, criminal history, citizenship status, substance use, veterans, survivors of domestic violence, youth, families with children, elders. Equitable is defined in four ways listed below.

- **Equity within the enrollment.** The enrollment is tailored to individuals to account for equity and understand vulnerabilities that may be unique to certain subpopulations or household compositions. Examples include households with children, persons with severe mental illness or domestic violence history.
- **Equity within the system.** The way the system works is transparent to people within the system, including service providers and people experiencing homelessness. People can receive a spectrum of resources; assistance is not limited to people with certain levels of vulnerability.
- **Equity of access.** The Coordinated Entry System is accessible to people regardless of their identifiers, location, or subpopulation, and people feel comfortable accessing it.
- **Equity of treatment.** CES Skilled Assessors treat clients equitably regardless of their identifiers or subpopulation. People felt comfortable while completing a CES enrollment.

WE WILL KNOW THE CES ENROLLMENT IS MORE EQUITABLE IF…

ENROLLMENT
- It has built-in logic that tailors the enrollment questions to the individual to account for equity. *This will be covered in a workgroup determining how to measure vulnerabilities or service needs in Q2 or Q3 2022, and an operationalization plan workgroup in June – July 2022.*

SYSTEM
- People can access information about the Coordinated Entry System in multiple formats, including verbal explanations from their assessors, print materials, and online. *CES will use community feedback to create materials to support this need in 2022.*
- Assessors have the time and knowledge to help clients understand how the system works, as well as ability to debrief or address their own second-hand trauma. *CES and HMIS will review training materials for CES Skilled Assessors and marketing materials for the general community to increase understanding of the system.*
- Fewer people are turned away from a CES enrollment empty-handed. There are clear pathways for referrals and additional resources for people who are less likely to receive a housing referral. Examples include prevention, diversion, and rapid resolution. **See recommendations below.**

ACCESS
- Accessible language exists in written materials to indicate that CES is affirming of diverse identities. Language also explains to clients when an assessor would have to share information about them without their consent (for example, reporting unsheltered children to DCS) and that the enrollment questions are pre-determined

and not based on the individual completing it. *CES will work to improve marketing materials.*

- Translation services are available when needed for all assessors, and assessors have training in cultural fluency to effectively interact with diverse individuals. *See recommendations below.*
- CES Evaluation surveys from people experiencing homelessness indicate that people felt safe accessing CES, safe while completing the CES enrollment, and were able to choose a different assessor as needed. Feedback is collected about peoples' experience with their Assessor and is effectively used to evaluate Assessors. *CES Leadership Group will work to incorporate this in the 2022 CES Evaluation Surveys.*
- CES data in HMIS is used to determine whether there is enough and appropriate access in geographic locations where certain demographic populations may be disproportionately represented, such as family shelters or the mile square. *This may require a technical solution to better understand where unsheltered people stay geographically. It will also be discussed in an access point refinement workgroup in Q2 or Q3 2022.*

TREATMENT
- CES Skilled Assessors clearly understand expectations, which are outlined in an Assessor Agreement. There is a structure for Assessor evaluation, and a clear process to hold Assessors accountable for inequitable outcomes. *This will be discussed in an access point refinement workgroup in Q2 or Q3 2022.*
- CES data in HMIS reveals that Assessors' data completeness is equitable (they are not routinely skipping certain questions about gender or race) and is used to measure rapport when possible, using metrics such as the number of contacts with clients, the percent of clients with completed CES enrollments, the number of clients losing contact or exiting to unknown destinations. *This will be discussed with CES Leadership Group regarding the 2022 CES Evaluation and with HMIS and the access point refinement workgroup to set Assessor monitoring expectations.*

RECOMMENDATIONS:

Increase assessor capacity to spend ample time helping clients understand the system, to review and update CES enrollments, to debrief with supervisors, to have meaningful conversations about goals and other services needed, and to process their own second-hand trauma.

Increase community resources that offer alternative housing solutions, such as housing problem solving, affordable housing, and senior living, and solidify referral pathways to these resources.

Explore ways to ensure that all CES Skilled Assessors at all Access Points can confidently access translation services when needed.

INCORPORATING CLIENT CHOICE

ACTION ITEM:

Connect with other CoCs to see how they incorporate client choice and record goals and preferences.

The opinions and preferences of people accessing CES are considered, especially regarding their housing goals, geographic preferences, and choice of program when feasible.

- The CES enrollment asks about a person's housing goals; goals are recorded for other system users to access. *This will be discussed in an operationalization plan workgroup, scheduled for June – July 2022.*
- There is system capacity to have meaningful conversations about a person's goals. There are clear referral pathways to link people to other system resources when requested. *See Equity recommendations above.*
- The Indianapolis CoC's housing portfolio is diverse and provides housing options for people. There is system capacity to assist people in visiting units prior to move-in when requested. *See recommendations below.*
- People are not penalized for declining a certain housing referral. *This will be discussed in an operationalization plan workgroup, scheduled for June – July 2022.*
- HMIS data is effectively used to understand inventory and offer clients a choice between programs when possible and to inform system decision-making (ex. funding for certain program types or housing in specific areas). *Measuring service need workgroup will help determine what questions to ask to inform decision-making, scheduled for Q2 – Q3 2022.* *See additional recommendations below.*
- All Indianapolis CoC programs receive consistent training on how to access client contact information and where to staff people they are unable to locate. All CoC programs make a concerted effort to contact a referred client; fewer referrals are "not attained" due to not being able to locate the household. *HMIS will review onboarding and training materials in 2022.*
- CES evaluation surveys reveal that clients felt empowered to make decisions and engaged in their housing process. *CES Leadership Group will consider how to add these questions into the 2022 Evaluation Surveys.*

> **RECOMMENDATIONS:**
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> Increase diverse housing options within Indianapolis CoC portfolio (types of buildings, size of units, location, etc.). Collaborate with HMIS and CES to effectively use data to make decisions.
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> The Blueprint Council should increase advocacy efforts for beneficial housing policies and additional developments.

INCORPORATING ASSESSOR INPUT

While the goal is for the future CES enrollment to rely less on assessor input, this should still be incorporated when necessary to advocate for a client's needs. In broad terms, assessor input should also be incorporated when making changes within CES.

WE WILL KNOW THE CES ENROLLMENT APPROPRIATELY INCORPORATES ASSESSOR INPUT IF…

- The questions in the assessment better capture a person's vulnerability score, are less subjective, and rely less on a person's self-reporting; therefore, less assessor input is required. *This will be discussed in a measuring service need workgroup in Q2 or Q3 2022.*

- All CES Skilled Assessors know how to incorporate their input when necessary; more Assessors utilize appropriate methods to advocate for clients' needs. *This will be discussed in measuring service need and operationalization plan workgroups in Q2 or Q3 2022.*
- Assessors havse the training or credentials needed to accurately and equitably complete assessments, including DEI training. *Community training is being explored in the CoC. For more information about this project, contact Rachael Sample rsample@chipindy.org.*

> **ACTION ITEM:**
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> Look at past submitted discrepancy forms to identify common reasons for submitting a form (and whether any assumptions can be made about barrier nuance), who submits forms, and what the impact of submitting forms is for clients.
>
> Review task-shifting models.

LEAN

Lean means that the CES enrollment only asks as many questions as is needed to prioritize and make a housing referral. The CES enrollment should focus on housing solutions, recognizing that one assessment cannot and should not solve for everything.

WE WILL KNOW THE CES ENROLLMENT IS LEAN IF...

- There is a technical solution in HMIS to create a phased assessment (not everyone is asked all the questions if they don't benefit the client). Questions are asked when appropriate, including at intake, before a referral, or after a referral is made. *Content will be discussed in measuring service need workgroup and implemented by HMIS and CES.*
- Duplicate questions are removed from the enrollment. Subject matter is grouped together so the enrollment feels more cohesive. *Content will be discussed in measuring service need workgroup and implemented by HMIS and CES.*

Glossary

Blueprint Council (BPC): The delegated authority and decision-making body for The Indianapolis Continuum of Care. The Blueprint Council is primarily responsible for: setting strategy and defining annual system implementation priorities and activities; monitoring system performance and implementation progress; reviewing and approving governing policy recommendations created within the implementation work groups; and aligning resources and activities and allocating funding in accordance with implementation priorities.

Continuum of Care (CoC): A regional or local program that promotes community-wide commitment to the goal of ending homelessness. The CoC provides funding for efforts by nonprofit providers and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. It also promotes access to and effects utilization of mainstream programs by homeless individuals and families and optimizes self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry System (CES): A system used to connect people who are at-risk of or experiencing homelessness to services and housing resources. Through the coordinated entry system (CES), all households in need of homeless services can be connected to providers through a centralized assessment process.

Homeless Management Information System (HMIS): A computerized data collection tool and database. HMIS is specifically designed to capture client-level, system-wide information over time on the characteristics and services needs of men, women and children experiencing homelessness.

Prioritization: Process that ensures that people with the greatest needs receive priority for any type of housing and homeless assistance in the CoC, including Permanent Supportive Housing (PSH), Rapid Rehousing (RRH) and other intervention

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT): Vulnerability assessment tool developed by OrgCode Consulting administered to households experiencing homelessness to inform housing and service need. Results of the assessment tool are used to determine the priority in the community for housing resources. There are assessments for Single Adults, Families, Transitioned Age Youth (TAY)