



INDIANAPOLIS COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

Indianapolis Continuum of Care

This Policies and Procedures document provides an overview of the Indianapolis Coordinated Entry system, outlines the responsibility of stakeholders, and discusses program prioritization and eligibility and system administration policy.



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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 housing and service providers. The CES provides the CoC with information on service needs and gaps to help the community strategically allocate and identify additional resources.

There are two key components to the CES: the coordination of the crisis response system (Shelter Coordination) and the coordination of permanent housing and services (the Coordinated Entry System into Housing). For the purposes of this document, CES shall refer primarily to the coordination of housing and services. Information specifically related to Shelter Coordination will be designated as such.

The goals of an effective crisis response system are to identify those experiencing homelessness, prevent homelessness when possible, connect people with housing quickly and provide services when needed. The coordination of emergency shelter (Shelter Coordination) is a key component to a high functioning crisis response system. Shelter Coordination is based on a no wrong doors approach, meaning that households can access emergency shelter directly through multiple Shelter Entry Points.

The Indianapolis Coordinated Entry System into Housing 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 Lead (Coalition for Homelessness Intervention and Prevention – CHIP) to lead the planning and the implementation of the system in concert with the Coordinated Entry Workgroup. In the fall of 2017 the System Lead convened the key stakeholders from the homeless crisis response system to develop a system to coordinate shelter. The Shelter Coordination Workgroup convened monthly to create the foundation for shelter coordination.

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 Assessor to learn about homeless housing and services and complete the CES Enrollment. The enrollment is housed in the Homeless Management Information System (HMIS) and is comprised of 8 components: the client record, diversion questions, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), veteran assessment (if applicable), barrier assessment, domestic violence assessment, financial assessment, and the collection of eligibility information. When complete, the client’s enrollment 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 referral to a housing program. 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 into Housing (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 (Assessors) who will complete the CES enrollment process, entering all data into HMIS, or providing data in a format that can be uploaded or entered into HMIS by the System Lead. Assessors 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 Assessors. 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 a separate and optional Access Point for households fleeing domestic violence, dating violence, sexual assault, or other dangerous or life threatening condition 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 Enrollment 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

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

Case Conferencing Workgroup

The Case Conferencing Workgroup is an essential component of the CES and supports the community's goal to make homelessness rare, brief, and nonrecurring. The Case Conferencing

Workgroup 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 group meets weekly and is responsible for monitoring and conducting the referral process for housing matches. Participants of the workgroup must have a signed confidentiality statement on file, which shall be re-signed annually, and will have the opportunity to discuss transfer requests, barriers to getting and 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.

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 assessment 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 all applicable case conferencing groups (including sub-populations) 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 and is pursuant to Interim rule: 24 CFR 578 93 (c) and ESG Interim rule 24 CFR 576.407 (a) and (b).
- 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 Enrollment.
- 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 (Assessors) 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 Assessors 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 Enrollment 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 Enrollment, 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 Workgroup 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 and interpersonal abuse. 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 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 Enrollment

The Coordinated Entry System (CES) Enrollment 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 enrollment 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 enrollment process. Households that are experiencing homelessness for the first time should be enrolled in the CES on or after the 14th day of homelessness. Household should be enrolled into HMIS immediately but the CES enrollment should not be completed until the 14th day of homelessness to account for self-resolved homelessness.

Assessors at Access Points complete the CES Enrollment within the HMIS module using a standardized client interview process. The enrollment consists of two portions: the Crisis Needs Assessment and the Housing Needs Assessment. The Crisis Needs Assessment includes the following components and should be completed for households experiencing literal homelessness per HUD's definition, at imminent risk of homelessness per HUD's definition, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking.

The components of the Crisis Needs Assessment include:

- Creating the client record (if applicable)
- Household demographic and contact information
- Universal Data Assessment
- Triage assessment (includes domestic violence assessment, diversion questions)
- Eligibility documentation

For households experiencing literal homelessness per HUD's definition, or fleeing or attempting to flee domestic violence, dating violence sexual assault, stalking or human trafficking, the Housing Needs Assessment portion of the CES enrollment should also be completed.

The components of the Housing Needs Assessment include:

- Veteran assessment (if applicable)
- Barriers assessment
- Income assessment
- VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)
- Eligibility status and custom CES questions
- Eligibility documentation

The enrollment 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 Enrollment, the Assessor must complete the CES confidentiality and release statement with the household in addition to providing written information on the grievance procedure contained within the CES Policy & Procedures.

Vulnerability assessment

The VI-SPDAT should be administered as a component of the CES assessment by a trained Assessor 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 Assessor 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 for Single Adults 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 Assessor 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.

Assessors will discuss all eligible housing options with each client and should respect the client's choice of housing preference. Clients scoring one or two points above the recommended Rapid Re-housing range may indicate their preference for Rapid Re-housing over Permanent Supportive Housing. In these instances, the Assessor will also need to submit a RRH Discrepancy Form to the



CES Team be reviewed by the Case Conferencing Workgroup for the client to be considered for Rapid Re-Housing.

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

Other versions of the VI-SPDAT will be utilized by the CES for specific populations (Families, Transition Aged Youth, and Justice Involved individuals). Population specific VI-SPDATs are similar to the VI-SPDAT for Single Adults. The CES shall use the recommended scale and scoring recommendations for each VI-SPDAT version.

The VI-SPDAT does not need to be updated after the initial scoring. However, Assessors may update households VI-SPDAT assessment at any time if the household has experienced a life changing event that would impact the VI-SPDAT score or the current VI-SPDAT score is deemed to be significantly inaccurate. Updates to the VI-SPDAT can be made at the discretion of Assessors in consultation with the household. The VI-SPDAT can be updated by any Access Point and Assessor that the client engages with.

If the client is not in a mental state that would allow them to answer the VI-SPDAT fully and accurately, the Assessor may complete or update the VI-SPDAT at a later time when the client is in an improved mental state.

If the Assessor has additional information or reason to believe the VI-SPDAT score would be higher if the client had fully disclosed or had the insight to do so, the Assessor may complete the VI-SPDAT Discrepancy Form and submit it to the CES Team for review at case conferencing. Additional points approved by the Case Conferencing Workgroup will be added to the final score for prioritization purposes.

Additional assessments

The additional assessments (Barrier, Financial, Veteran and Domestic Violence) 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. Assessors 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, the following documentation is required prior to referral into a housing program.

- CES Consent Form/Release of Information
- Homeless Documentation
- Chronic Homeless Documentation (if applicable)
- Disability Documentation (if applicable)

If a client does not have all required documentation on file, they will not be referred to a housing program, even if they are the highest prioritized applicant.

The System Lead shall identify households highly prioritized that will likely be matched with housing resources in the near future that still need documentation collected and/or uploaded with the enrollment. The Case Conferencing Workgroup will review these households weekly and create a community plan for assisting the client in obtaining the necessary documentation. The System Lead shall regularly verify documentation for these identified households.

Households with documentation verified by the System Lead within the last six (6) months may be referred into a housing program. After 6 months, additional information will be required to verify that the household is still homeless in order to be referred into a housing program. The household will be required to provide the housing program with updated homeless documentation if there are gaps prior to program enrollment.

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 Assessors 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. These documents can be found by following the above hyperlink or going to www.chipindy.org.

Parental Consent for Minors Seeking Assistance

Consent from a parent or guardian is required in order to serve unaccompanied minors through the CES and adhere to Indiana state law. System navigators understand they are mandated reporters of abuse or neglect of minors and will follow this law. Outlined below are two pathways for obtaining parental or guardian consent, minors with parental involvement and minors not in contact with a parent or legal guardian.

Unaccompanied Minors with Parental/Legal Guardian Contact:

Upon contacting Youth Link, an unaccompanied minor will provide the system navigator with contact information for their parent or legal guardian. The system navigator will contact the parent or legal guardian in order to obtain written consent, via the CES Parental Consent Form, for the unaccompanied minor to participate in CES. Once consent is obtained, the minor can sign their own CES Combined Consent Form. Participation in CES is necessary in order for the unaccompanied minor to access housing interventions within the community. If consent is not received within 72 hours, the system navigator will contact the DCS hotline to report the unaccompanied minor. Regardless of parental or guardian consent, a system navigator must make a report with the DCS hotline if there is any signs of abuse and/or neglect according to Indiana Code 31-34-1-1, which includes sleeping outside or unsheltered.

Unaccompanied Minors without Parental Contact

Upon contacting YouthLink, an unaccompanied minor will provide the system navigator with contact information for their parent or legal guardian. If the unaccompanied minor cannot or will not provide contact information for the parent or guardian, the system navigator must call and make a report with the Department of Child Services hotline. The system navigator should continue to work with the unaccompanied minor to obtain consent from a parent or guardian. If consent is received within 72 hours, utilizing the CES Parental Consent Form, the system navigator should notify DCS. However, DCS may still decide to investigate the report.

Note: Staff from local school districts, particularly social workers and McKinney-Vento liaisons, might refer unaccompanied minors to Youth Link and be present as the unaccompanied minor speaks with a system navigator. However, staff cannot provide any information to the system navigator without a release of information.

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

Non-Elderly Disabled (NED) Mainstream Voucher

NED Housing Choice Vouchers are fulfilled in partnership with the Indianapolis Housing Agency (IHA). NED vouchers are intended to assist persons with disabilities who often face difficulties finding accessible housing on the private market and for non-elderly disabled families to lease their choice of an affordable private housing unit.

Eligibility Criteria

- Household must meet the HUD definition of homelessness
- Head of household must be 18 - 61 years of age
- Head of household, spouse or co-head must have a disabling condition
- All adult household members must pass an IHA background check

Note: there is no limit to household size

Prioritization

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

1. Chronically homeless households with the longest history of homelessness and most severe service needs
2. Non-chronically homeless households with the longest history of homelessness and most severe service needs
 - The most severe service needs are determined by the household's VI-SPDAT score

Note: Households will be prioritized within the VI-SPDAT score range of 7-10. Chronic homeless documentation is not required. The household must receive income from SSI/SSDI.

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.

For detailed information on Rent limits and guidelines for Rapid Re-housing please refer to the [Indianapolis CoC Written Standards](#).

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 (4 to 8 for families). If a household scores one to two points higher than the recommended VI-SPDAT score for Rapid Re-housing, they may request consideration for Rapid Re-housing by completing a RRH Discrepancy Form with the Assessor and



submitting it to the CES Team. The RRH Discrepancy Form will be reviewed in case conferencing with additional input from the Rapid Re-housing providers. If approved, the household will be added to the Rapid Re-housing pool and prioritized according to the Written Standards.

For YHDP funded projects, households of all VI-SPDAT scores (for all versions of the VI-SPDAT) may be considered. Case conferencing will examine household needs and vulnerabilities to determine if RRH is the best and most appropriate available resource for the household at the time. If no eligible and interested literally homeless households are in the housing pool, case conferencing will determine how to prioritize households at-risk of homelessness in the housing pool based on household needs and vulnerability.

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. 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:

- Meet the HUD definition of homeless.
- Served at least one day of Active Duty.
- 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. Veterans must have been offered and accepted a permanent housing intervention prior to admission or within the first 14 days of admission.
- **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; AND 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.

Prioritization: Grant and Per Diem Transitional Housing

1. Chronically Homeless Veterans 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
3. Veterans and Families at imminent risk of homelessness with the Most Severe Service Needs

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

- Victims of Domestic Violence
- Youth (18 – 24 years of age)
- First presented for assistance

Prioritization: Veteran Contract program

1. Chronically Homeless Veterans 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
3. Veterans and Families at imminent risk of homelessness with the Most Severe Service Needs

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

- Victims of Domestic Violence
- Youth (18 – 24 years of age)
- First presented for assistance

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:

1. 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.

Joint Transitional Housing (TH) and Rapid Rehousing (RRH)

A joint transitional housing (TH) and rapid rehousing (RRH) component project is a new project that includes two existing program components (TH and RRH) into a single project to serve individuals and families experiencing homelessness. This project type has not been added to the CoC Written Standards but the CES Workgroup has preliminarily agreed on prioritization.

Eligibility Criteria for TH-RRH

- Households must meet the HUD definition of homelessness.
- Must follow any additional eligibility criteria set forth in the NOFA or NOFO through which a project was funded and the grant agreement
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

Prioritizing for Joint TH-RRH Programs

Eligible participants are referred to the TH-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
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:

- First presented for assistance

Referral Process

When a referral is made to a TH-RRH program, the participant may choose whether to enter TH or RRH, as long as the program has availability in both components. If they choose to enter TH, they may choose when to move into RRH, as long as it is within the time constraints of the TH component and there is an RRH opening available. Because it is possible for participants to choose to move directly into RRH, there could be a situation where a TH-RRH program has TH beds available and no remaining RRH slots. In this case, the TH-RRH program should continue to utilize TH beds, while considering the impact on participants (specifically that a TH enrollment breaks chronicity, which has implications for households not yet connected to a different permanent housing solution).

If there is no RRH slot available, Case Conferencing should decide whether to:

- Offer the TH bed to an individual who is highly vulnerable and/or unsheltered and is already working with a different RRH or PSH project. This would not impact the pre-existing RRH or PSH referral and would offer temporary housing while they pursue permanent housing
- Offer the TH bed to the next individual normally prioritized who is also eligible for RRH. In this case, the individual or household would be added to an RRH-only transfer list at the time of referral; see Transfer Policies



This project type has not been added to the CoC Written Standards, but the CES Workgroup has preliminarily agreed on prioritization.

Note:

Households will be prioritized for Joint TH-RRH programs within the VI-SPDAT score range of 4 to 10. The CES Workgroup determined this range to be appropriate for this program type based on community experience with TH and RRH programs individually and anticipated blending of program elements.

For YHDP funded projects, households of all VI-SPDAT scores (for all versions of the VI-SPDAT) may be considered. Case conferencing will examine household needs and vulnerabilities to determine if TH-RRH is the best and most appropriate available resource for the household at the time. If no eligible and interested literally homeless households are in the housing pool, case conferencing will determine how to prioritize household at-risk of homelessness in the housing pool based on household needs and vulnerability.

Longest History of Homelessness and Most Severe Service Needs

A household's length of time homeless is determined by the Universal Data Assessment question "approximate date homelessness started". For the purposes of prioritization, longest history of homelessness refers to the household with earliest reported date for this field. This question is self-reported and seeks to capture the entire history of one's homelessness, not just the current episode. If a household has a history of multiple episodes of homelessness, the date reported should be the date the very first episode of homelessness began, unless the household has since had a period of stable housing for two or more years. If the household has had a period of stable housing for two or more years, the date reported should be the date they re-entered homelessness after stable housing for two or more years.

A household's service need is determined by the VI-SPDAT score. For the purposes of prioritization, most severe service needs refers to the household with the highest VI-SPDAT score.

For program in which Longest History of Homeless and Most Severe Service Needs are the basis for prioritization, the CES Workgroup, with approval of the Blue Print Council, has determined the order in which these factors will be examined. For Permanent Supportive Housing, prioritization will be completed by first looking at chronicity, then highest VI-SPDAT score, and then longest length of time homeless. For Rapid Re-housing and Joint Transitional Housing and Rapid Rehousing, prioritization will be completed by first looking at chronicity, then longest length of time homeless, then highest VI-SPDAT score.

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 Workgroup. The Case Conferencing Workgroup 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.

Grant Per Diem (GPD) & Contract Program Referral Process

In the event that GPD model/Contract program has openings but no Veteran households in the housing pool who qualify for the model, a GPD service provider or Contract provider may self-match an eligible Veteran who engages directly with their agency as long as the Veteran's eligibility is checked with the Veteran's Administration GPD/Contract Liaison team.

The CES System Lead recognizes the need to have a more active response to GPD and Contract openings when there is a pool of eligible applicants waiting for placement. In response, GPD/Contract providers will receive a batch of up to 20 Veteran applications every two weeks from the CES System Lead. This allows the provider to build rapport, ensure the application and GPD model is accurate and the Veteran requests GPD programs or Contract program and can fill openings more quickly while still allowing prioritized Veterans to quickly be matched to GPD and Contract openings. As part of the referral process, the following providers will focus on subsets of the Veteran GPD pool.

- HVAF: Batches will consist of three GPD models provided (Bridge, Service Intensive and Clinical) while focusing on individual adult Veterans.
- Homeless Initiative Program: Batches will consist of two GPD models provided (Bridge and Service Intensive) while focusing on Veteran families. If no Veteran families are in the pool for the models provided, then Individual Adult Veterans will be provided.
- The GPD/Contract providers will also provide the batch received to the Veterans Administration GPD Liaison Team so they may provide eligibility confirmation. The GPD and Contract providers will communicate this eligibility information as well as Veterans matched at the provider level with openings to the system lead who will update the appropriate notes and send the referral through HMIS.

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 Workgroup 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.

Documentation – If not provided at the time of the referral, documentation required by the housing and services provider must be submitted within 10 business days of referral. If documentation is not submitted within 10 business days, it is at the housing and service provider's discretion to decline the referral and request a new referral from CES.

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.

Housing Transfers

Transfers between programs occur when an individual or family needs to move from one program or project to another. Individuals and families may transfer for a variety of reasons, but the priority

is to keep them stably housed in order to prevent returns to homelessness and ensure the household is receiving appropriate services.

Some transfers are a “net zero” for the housing system (if a household moves from PSH Project A to PSH Project B, there is now an opening at PSH Project A), but this is not always the case (if a household moves from an RRH project to a PSH project, there may not be a new RRH opening and it does not create a new PSH opening). This policy 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 or interpersonal abuse.
- 4) Case manager determines that a client who was in an RRH program needs long-term assistance and is eligible for PSH.
- 5) Client in RRH or PSH no longer needs the program’s supportive services but still needs financial support and is ready to “move on” to long-term subsidy only
- 6) Client was placed in RRH as an intentional bridge to PSH.

Transfer Process

Transfer requests shall first be discussed by the household and Service Provider, who will determine if the transfer request meets the provider’s transfer policy requirements.

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.

If the Service Provider determines that the request meets their policy requirements, they will submit it to case conferencing with details such as: how long the household can stay in their current program; what alternative options have been attempted previously; their barriers or if they are a special population; how they engage with their current program; why the household and provider believe another program will be more suitable; and what preferences the household has for next steps. If the case conferencing workgroup agrees, the System Lead will add the household to the transfer list.

The transfer list will be prioritized based on urgency (those who must move immediately will be top priority; those who may remain stably and safely housed for longer will be lower priority). When there is availability in a program for which a household on the transfer list is eligible, case conferencing should review the transfer list and prioritize those with an urgent need in order to prevent returns to homelessness.



The System Lead should maintain the transfer list and review with the case conferencing workgroup monthly for updates.

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.

To verify eligibility requirements, disability and chronic documentation should be uploaded to HMIS prior to the transfer being initiated. Upon transfer, the original PSH project will keep the original client file, which includes documentation of disability, intake paperwork, CES paperwork, chronic documentation, case notes, etc. The original PSH project will make a copy of the entire folder and provide it to the new 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).

To verify eligibility requirements, disability and chronic documentation should be uploaded to HMIS prior to the transfer being initiated. Upon transfer, the RRH project will keep the original client file, which includes documentation of disability, intake paperwork, CES paperwork, chronic documentation, case notes, etc. The RRH project will make a copy of the entire folder and provide it to the new PSH project.

RRH to RRH

Per HUD guidance, transfers between RRH programs are not allowed.

RRH or PSH to OPH ("Moving On")

After sufficient time stabilizing in an RRH or PSH program and increasing income or benefits, a household will ideally exit the program. If the household no longer needs supportive services but has limited income, they may be eligible for an Other Permanent Housing (OPH) referral to a "moving on voucher," which offers long-term subsidy to maintain housing stability. When a client expresses readiness to move on, the current provider should complete an assessment with the household to determine next steps. If OPH is the best next step, the provider will submit the household to the System Lead to discuss adding them to the Transfer List in case conferencing. If the next best step is unclear based on the assessment, the household should be staffed in case conferencing. As soon as OPH vouchers are available, CES will refer households from the Transfer List, generally beginning with those who must exit their current program the soonest. Unique or urgent cases should be considered in case conferencing.

Moving on vouchers are commonly important for youth and young adults, survivors of domestic violence, people with unstable employment, and large families or single-parent households.

TH-RRH to RRH

In the event that a joint component TH-RRH project has TH beds available but no remaining RRH slots, they should continue to utilize TH beds as outlined in this policy. In this situation, a TH-RRH to RRH transfer is allowable per HUD.

If Case Conferencing chooses to offer a TH bed to the next individual normally prioritized who is also eligible for RRH, the individual or household would be added to an RRH-only transfer list at the time of referral, and Case Conferencing would agree to prioritize this person for an RRH opening when appropriate in order to prevent their return to emergency shelter or an unsheltered location.

When discussing a transfer to RRH, Case Conferencing should consider that:

- Total length of assistance will include the time already spent in TH component of TH-RRH program
- Transfers from TH-RRH program to an originally YHDP-funded RRH program are subject to a maximum of 36-months of combined assistance (i.e. if a young adult spent 18 months in TH component of a TH-RRH project and was then transferred to a YHDP RRH project, they would have a maximum of 18 remaining months for RRH).
- Transfers from TH-RRH program to a CoC-funded RRH program are subject to a maximum of 24-months of combined assistance (i.e. if a person spent 9 months in TH component of a TH-RRH project and was then transferred to a CoC RRH project, they would have a maximum of 15 remaining months for RRH).

Bridge Housing

The homeless response system recognizes that a need exists to utilize RRH as a Bridge to PSH for chronically homeless individuals and families in the community 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. The Bridge process is different from a RRH household utilizing the Transfer process to move to a PSH level of care since the expectation was that the household would initially be successful in RRH. The Bridge Housing policy was developed by the CES Refinement ad hoc workgroup as part of the refinement of the Indianapolis Coordinated Entry System.

- Case Conferencing Workgroup is integral in this process and will have flexibility to determine appropriate project matches for RRH as a bridge to PSH.
- Case Conferencing Workgroup will match the most appropriate households to RRH as a bridge to PSH projects, with additional consideration for referral to other community programs for wrap around support if appropriate. When the appropriate match for a PSH transfer is determined, a PSH referral will be generated by Coordinated Entry to begin the process for project intake. If an appropriate PSH match is not made, the household will remain active on the RRH Bridge list until the next eligible unit is matched.

- An RRH Bridge list will be reviewed in Housing Case Conferencing at least monthly to ensure households can complete the Bridge process to eligible PSH projects in the most efficient and effective manner.
- Coordinated Entry will update a spreadsheet with pertinent information including, but not limited to:
 - PSH project needs:
 - Household income
 - Specific supportive services needed or need for subsidy only
 - Household size and number of bedrooms needed
 - PSH eligibility (household would need to be eligible for PSH at time of RRH referral)
 - Documentation of disability (for dedicated PSH Projects)
 - Chronic homeless documentation (Documentation may be verified prior to the referral or can be obtained in a reasonable period of time for dedicated PSH Projects)
 - Date RRH lease ends and duration of RRH project and whether current property manager will accept a Housing Choice Voucher
 - Any other relevant information

Dedicated RRH Bridge projects will help facilitate the handoff to the PSH project and will be responsible for providing applicable documentation and support based on the needs of the household.

Housing Pool Maintenance

Inactive Households

In order to maintain an updated housing pool that accurately reflects the needs in the community and enhances system performance, it is anticipated that some households may be enrolled in the CES that no longer need to be active in the housing pool. The System Lead will monitor the auto-exit process for inactive households and will monitor the housing pool on a regular basis and exit inactive households from the CES in the following circumstances.

- **Auto-exits** – households who have been enrolled in the CES but have not had a CES contact for the most recent 90 day period will be auto-exited from the CES program enrollment. CES contacts include services and referrals attached to the coordinated entry enrollment.
- **Unsuccessful referrals** – households who have been matched and referred to a housing program that were unable to be located within 10 business days and 3 documented attempts will return to the pool and will remain active for an additional 20 business days. If the client cannot be located and/or does not have any system contacts within 20 business days of being returned to the housing pool, the household will be exited from the CES program enrollment.
- **Temporary holds** – households who have expressed a desire to be temporarily placed on hold in the CES, regardless of reason, will remain open in the CES but will not be referred to housing and services. The System Lead will document and monitor the hold until the

household communicates they would like to be active again. This includes but is not limited to households who are exploring other housing options outside of the CES, households in treatment programs who would like to finish before housing, and households who need additional time to gather eligibility documentation. Households on a temporary hold will continue to need a CES contact at least every 90 days or they will be auto-exited due to inactivity.

- **No longer in need of CES resources** – households that have self-resolved, left town, or, for another reason, are no longer in need of resources within the CES will be exited on a needed basis. Any HMIS user can log the service “CES – Exit” to indicate a household can be exited from the system. The comments box of the services page will be utilized to indicate the exit destination that should be used when the enrollment is exited by the CES Team.

The System Lead shall notify the Case Conferencing Workgroup of households that have been or are going to be exited from the CES program enrollment due to the reasons above. If additional information is provided that suggests the household needs to remain active, the System Lead will not exit the household from the CES and will log a system contact to keep them active. Household that have been exited from the CES within the last 30 days can have their enrollment reactivated by an Assessor if contact is made. After 30 days, households can complete a new CES Enrollment if desired and eligible.

Indianapolis Shelter Coordination: Policies & Procedures

Shelter Coordination System Purpose

The goals of an effective crisis response system are to identify those experiencing homelessness, prevent homelessness when possible, connect people with housing quickly and provide services when needed. An effective crisis response system is an essential component of Indianapolis’ homelessness prevention and intervention system and critical to ensuring that homelessness is rare, brief, and non-recurring. The coordination (Shelter Coordination) of emergency shelter beds or similar resources is a key component to a high functioning crisis response system. The goal of Shelter Coordination is to provide households experiencing homelessness with a clear understanding of eligibility and availability of emergency shelter, ability to quickly connect to available resources and decrease client trauma and anxiety associated with the search for shelter. Through Shelter Coordination, the crisis response system will be able to communicate more effectively to all stakeholders, improve the ability to quickly serve clients, and increase the efficiency of emergency shelter operations.

Shelter Coordination Model

Shelter Coordination includes three key stakeholders: households experiencing homelessness, Shelter Entry Points and Emergency Shelters. The term Households experiencing homelessness refers to clients within the Indianapolis CoC coverage area that are considered literally homeless or



at imminent risk of homelessness as defined by the US Department of Housing and Urban Development (HUD). Shelter Entry Points are physical or virtual locations that provide emergency shelter eligibility and availability information to homeless households and then assist in referring those households to emergency shelter. Emergency Shelter providers are the agencies that provide the programs, services and shelter associated with a crisis response system. The Coalition for Homelessness Intervention and Prevention (CHIP) acts as the CES Lead and is responsible for maintaining and evaluating the systemic structure of Shelter Coordination and providing technical assistance in partnership with Emergency Shelters and Shelter Entry Points. Shelter Coordination is based on a no wrong doors approach, meaning that households can access the crisis response system directly through multiple Shelter Entry Points or by receiving information on how to connect to a Shelter Entry Point from another agency.

Shelter Coordination Process

Households may access the crisis response system by calling Indiana 2-1-1, calling a homeless provider, or directly contacting a shelter. If a household presents at a homeless provider for shelter, the provider should assist them with locating shelter by calling Indiana 2-1-1 or directly contacting shelter(s) until they find a vacancy.

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 Assessor 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 Assessors

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

1. HMIS User Training (if a new HMIS User).
2. CES Skilled Assessor Training, which includes the following elements: Safety Planning, Diversion Questions, Intake information, VI-SPDAT, Barrier assessment, Financial assessment, Veteran assessment, Domestic Violence Assessment, Eligibility status and custom CES questions.
3. Training on eligibility documentation.
4. Training on administering the VI-SPDAT.
5. 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 to schedule annual trainings or train additional Assessors.

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 Assessors 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 System lead will ensure that programs and services are affirmatively marketed is pursuant to Interim rule: 24 CFR 578.93 (c) and ESG Interim rule 24 CFR 576.407 (a) and (b). 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 Senior Director of Impact at CHIP, 1014 Prospect St., Indianapolis, IN 46203 or danielle@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 Senior Director of Impact 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, 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 or 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.