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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Contents

Introduction 4
Coordinated Entry System Overview 4
Coordinated Entry System in Indianapolis 5
Policies and Procedures Purpose 5
Coordinated Entry System Policy Overview 6
Coordinated Entry System Stakeholders 6
Individuals Experiencing Homelessness 6
System Lead 6
Access Points 6
Homeless Housing and Service Providers 7
Case Conferencing Workgroup 7
Key Stakeholder Requirements 8
Coordinated Entry System Enrollment 10
Historical Prioritization Context 12
Vulnerability Tool Pilot and Implementation 16
Eligibility Documentation 17
Confidentiality and Release of Information 18
Parental Consent for Minors Seeking Assistance 18
Housing Pools 19
Permanent Supportive Housing 19
Homeless Preference Voucher (HPV) Allocation 21
WHAT ARE THE VOUCHER ALLOCATIONS? 21
Non-Elderly Disabled (NED) Mainstream Voucher and Foster Youth Independence (FYI) Voucher 21
Rapid Re-Housing 22
Prevention Services 24
Emergency Shelters 24
Transitional Housing 25
Joint Transitional Housing (TH) and Rapid Rehousing (PH-RRH) 28
Longest History of Homelessness and Most Severe Service Needs 28

Housing Match Challenges 29
Housing Program Inventory 30
Housing Transfers 30
CoC Ad Hoc Appeal Workgroup 34
Housing Pool Maintenance 35
Inactive Households 35
Management and Oversight 36
Training and Authorization of Access Points and Skilled Assessors 37
Evaluation 37
Communication Plan 38
Grievance Procedure 39
Provider-level grievances 39
CES level grievances 39

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 permanent housing 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.

The key component of the CES is the coordination of temporary and 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.

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 the 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.

An Access Point is a physical, mobile, or virtual location where households interact with trained CES Skilled Assessors to learn about homeless housing and services and to complete the CES Enrollment when eligible.

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 crisis 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 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's Homeless Definition to 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 Criteria and Recordkeeping Requirements for Definition of Homelessness.

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. The enrollment is housed in the Homeless Management Information System (HMIS) and is comprised of 8 components: the client record, diversion questions, veteran assessment (if applicable), youth 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 (Keys to Housing Flyer) Access Points may include any crisis service provider, such as emergency shelters and social service agencies. The Access Points are responsible for identifying staff (Skilled 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 Skilled 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 Workgroups are an essential component of the CES and supports the community's goal to make homelessness rare, brief, and nonrecurring. The Case Conferencing Workgroups 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.

Note: The Indianapolis Continuum of Care has 3 different sub-population case conferencing workgroups. The CoC workgroup (adult, COC funded projects), Veteran (VA funded projects; facilitated by the Veterans Administration) and Youth & Young Adult (facilitated by youth providers). For additional information on these workgroups, email CES@chipindy.org.

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 © 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 (Skilled 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 Skilled 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.
- Ensure neighbors housed through the CES are internally and in appropriate case conferencing spaces staffed if they struggle with housing stability or are in danger of losing their housing.
- 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 collects 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.

Skilled 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.

Lethality Assessment and Safety planning

Initially, prior to the CES assessment being started in the HMIS system, Skilled Assessors should build rapport with the head of household and ascertain through initial conversation if the household is actively fleeing domestic violence according to HUD's definition. If the household discloses that they are actively fleeing, a lethality assessment should be completed outside of the HMIS system to identify risk to the household of violence perpetrated on the household including the children (if applicable). See Addendum A for current lethality assessment implemented for all survivors of domestic violence that disclose actively fleeing at the time of their CES assessment.

Upon completion of the lethality assessment, the household should be offered the following options on how to move forward with the housing assessment including the strategies below as trained.

- Discontinue the housing assessment to connect immediately with crisis services that support the safety of the household. This warm hand off is to Indy Champions and their 24 hour crisis line to focus on immediate safety of the household including orders of protection.
- Continue with the housing assessment (consenting to their personal information being entered into the HMIS) and then seeking a warm hand off to crisis safety support through Indy Champions.
- Continue with the housing assessment (using the CES confidential assessment process) where the Skilled Assessor completes the full housing assessment but works with the CES team at the CE Lead to enter an anonymous household identifier and high level prioritization information (without personally identifying information) into the HMIS. Note: the Skilled Assessor is responsible for the safety and protection of the households identifying information and required to work with a housing provider should the household be referred to permanent housing through the CES.
- Discontinue the housing assessment and seek a warm hand off to a domestic violence provider in Marion County through Indy Champions. The housing assessment is then completed anonymously with the domestic violence provider with administrative support from the CE Lead.

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, and 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)
- Youth Assessment (if applicable)
- Barriers assessment
- Income assessment
- CE Assessment Tool
- Indianapolis Vulnerability 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.

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.

The CES Lead, in conjunction with all CES stakeholders, will not provide any assessment data to any party who may request it, including but not limited to city or state agencies, police, immigration, or other agencies or individuals without consent. In the case that a request is made, please notify the CES and HMIS System Lead (CHIP) of the request.

Historical Prioritization Context

Like many communities, the Indianapolis CoC adopted an assessment tool called the VI-SPDAT (Vulnerability Index– Service Prioritization Decision Assistance Tool) to assess and prioritize the needs of individuals experiencing homelessness in 2017. In the last few years, local and national data has shown that the VI-SPDAT produces racially inequitable results and that white households are consistently overprioritized for housing resources – particularly Permanent Supportive Housing (PSH) – when this tool is utilized. Since 2021, the Indianapolis CoC has been engaged in research and discussions facilitated by CHIP, the CoC lead, to develop an equitable tool to replace the VI-SPDAT.

On August 29, 2023, the Blueprint Council determined that while the new prioritization tool is being developed, the CoC should utilize an interim prioritization tool to advance racially equitable outcomes, particularly for permanent supportive housing resources in our community. This strategy aligns with the CoC's goal to decrease Black homelessness by 35% by January 2025, according to Point-In-Time Count data.

The interim prioritization tool and the urgency around its implementation is a response to the racial disparities within our community's homeless population and the CoC's housing placements. Although Black individuals comprise 29% of Marion County's general population, approximately 55% of individuals experiencing homelessness in Marion County are Black. In 2022, only 45% of PSH units went to Black households. As new PSH projects open, our CoC must ensure that housing referrals are distributed in a racially equitable way.

Interim Prioritization Design

Dr. LaMont Greene presented information on Seattle-King County's response to racial disparities within their homeless system. They leveraged state and federal endorsement of COVID-based prioritization to house those most at risk from COVID-19 and simultaneously address ongoing racial disparities within coordinated entry prioritization, noting that a unified design could address both disparities simultaneously. The county prioritized individuals for housing utilizing this tiered prioritization schema.

In this schema, pre-existing conditions include diabetes, heart disease, kidney disease, lung disease, sickle cell disease, weakened immune systems, or the absence of any medical record. Our CoC's barriers assessment captures these conditions and others by asking questions about the following barriers: alcohol use disorder, chronic health condition, developmental disability, drug use disorder, felony conviction, history of foster care, HIV/AIDS, mental health, and physical disability. **Details about this schema can be found further down in this document.**

Notably, this prioritization schema names some new Interim risk factors including: "Age Risk," "Pre-existing Condition or No Medical Record Risk," "Pregnancy Risk," and" Episodic Risk" as a prioritization factor. These factors were chosen by our community after confirming that race could not be a factor in determining someone's vulnerability and subsequent prioritization for housing. Through our collaboration with TAC, we reviewed local system data that showed Black and African American households experienced episodic homelessness as opposed to one episode which the CES Refinement workgroup used as a proxy for race within the Interim Prioritization. This allows the Indianapolis CoC to address the racial disparities in our system head-on. The CES Refinement workgroup designed and implemented the Interim Prioritization to accomplish this goal. Assessors ceased administering the VI-SPDAT in September 2023 as the Interim Prioritization was implemented.

Implementation Strategy

Important decisions about implementing the new Interim prioritization schema have been made, including determining which tiers will be matched to PSH vs. RRH within the new system and HMIS infrastructure considerations. CHIP, the CE Lead, will continue facilitating meetings with community stakeholders, particularly CES skilled assessors and those with lived experience to determine considerations for implementation and continual quality improvement. Updates will be made to HMIS to create a unified tool so that the Interim Prioritization and Indianapolis vulnerability tool enhances HMIS as a dynamic data system.

Communication Strategy

Executive leadership at every CoC agency must receive clear communication about these significant process changes that impact both their clients and staff. Participants of case conferencing must receive communication so that they understand the justification for these changes, how their clients will be affected, and proper training to complete the new assessment. Information about these changes will be communicated to CES stakeholders as part of site visits, CES Monitoring and Skilled Assessor Office Hours. Housing providers will be a critical stakeholder group to lead the refinement of our leasing processes and where flexibility can be implemented. Individuals with questions about the Interim Prioritization should reach out to Matt Holland at mholland@chipindy.org.

Risk factors of all household members combined are considered. For instance, if the household is a family with one member above 75+, another member with a disabling condition, and another member who meets the Race and Ethnicity Disparate Impact Risk, the household would be classified in the highest tier with those risk factors (Tier 1A in this example).

See Page Below for Prioritization Tiers

Interim Prioritization Risk Factors

The CES Refinement Workgroup spent 2023 working intensely on reviewing local system data, analysis of trends amongst scores broken out by race so that during the development of an Interim Prioritization and formal implementation of a new vulnerability Tool (targeted for Q1 of 2024), racial equity was at the forefront of the system refinements. In October of 2023, the CES Refinement Workgroup adopted the final recommendations as part of the Continuous Quality Improvement (CQI) process.

Recommendations:

1) Utilize the Interim COVID Prioritization Methodology to
    - Repair a legacy of systemic racial inequities regarding who received permanent supportive housing resources due to a well-documented bias assessment tool.
    - Advance CoC Goal to Decease Black Homelessness by 35% - Deadline: January 2025
2) Establish a target of 65%-70% placement of Black/African Americans into Permanent Supportive Housing units.
3) CES Refinement Workgroup to operationalize and provide periodic updates to the Blueprint Council on lessons learned.

- In 2025, Indianapolis Coordinated Entry System (CES) refined the prioritization for resources in conjunction with the implementation of the Indianapolis Vulnerability Tool, which replaced the Indianapolis Interim Prioritization for resources.
- The Indianapolis CES prioritizes households using the following schema:
    1. Chronically homeless and Dedicated Plus household's
    2. Longest length of homelessness
    3. Vulnerability Score/Vulnerability Risk (High, Moderate, Low)
    4. Actively Fleeing Domestic Violence

    In circumstances where all the above eligibility factors are equal, tie breakers may be used in the following order:

    -Veteran Status (not eligible for VA funded programs due to discharge status or service type)
    -Domestic Violence lethality Risk (High, Moderate, Low)
    -Domestic Violence Lethality Score

Tier #			
1A	Age Risk – over 75	Pre-existing Condition or No Medical Record Risk	
2A	Age Risk – 65-74	Pre-existing Condition or No Medical Record Risk	
3A	Age Risk – 60-64	Pre-existing Condition or No Medical Record Risk	3+ episodes in last 3 years
3B	Age Risk – 60-64	Pre-existing Condition or No Medical Record Risk	
3C	Age Risk – 60+		
4A	Age Risk – 50-59	3+ episodes in last 3 years	
4B	Currently Pregnant Risk		
5A	YYA Household	Pre-existing Condition or No Medical Record Risk	3+ episodes in last 3 years
5B	YYA Household	Domestic Violence History	
5C	YYA Household	Pre-existing Condition or No Medical Record Risk	
5D	YYA Household	3+ episodes in last 3 years	
6	Everyone else		

Vulnerability Tool Pilot and Implementation

In the 1st quarter of 2023, the CES Refinement Workgroup developed a roadmap and timeline for redefining Vulnerability to measure the likelihood of death. After systematically redefining vulnerability for Indianapolis, looking at past assessment data and the outcome in score for different races and incorporating feedback from those with lived experience, the Indianapolis Continuum of Care sunset the VI SPDAT assessment tool in the 3rd quarter of 2023 for all populations and no longer uses the tool or the score it created for any prioritization for temporary or permanent housing In September 2023, the CES refinement workgroup in collaboration with the BluePrint Council, implemented a new Interim Prioritization Schema to accomplish two short term goals.

First, to provide a prioritization schema for the Indianapolis CoC to use for temporary and permanent housing openings until a new vulnerability Tool or set of questions could be developed, tested and implemented. Secondly, the short-term tool needed to support the Indianapolis CoC goal to reduce Black homelessness by 35% by January of 2025 as measured using Point In Time (PIT) data. This is being done by using assessment data already captured in HMIS (Age, Preexisting Condition or No Medical Record Risk and pregnancy) as well as data on the number of homeless episodes that have led to episodic chronic homelessness. The CES Refinement Workgroup used episodic chronic homelessness to achieve a more racially equitable prioritization that represents the homeless experience of black households more accurately.

In the fall of 2025, the CES Refinement workgroup sunset the Interim Prioritization discussed above and implemented the locally developed vulnerability tool to prioritize Indianapolis homeless households for permanent housing assistance. Prioritization consists of three main components, all

equally as important as each other.

1) Longest length of homelessness (as reported in the Universal Data Element of the CE assessment)
2) Households experiencing Chronic homelessness or Long Term Homeless (Dedicated Plus)
3) Highest Vulnerability Score/Risk

The Indianapolis CoC is currently piloting using a household's domestic violence lethality score (if applicable) as an additional level of prioritization.

Continuous Quality Improvement Strategy

The CES Lead has implemented a continuous quality improvement strategy for our CoC's Coordinated Entry system and our permanent prioritization method. Feedback from case conferencing and CES Skilled Assessors will be incorporated into CQI strategy within CES Workgroup meetings. Households with lived experience and, in particular, those who can leverage their first-hand experience with Coordinated Entry will be incorporated into the ongoing system refinements.

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.

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. Skilled 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 a 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 documentation available at the time of the assessment. As part of the 2023 Interim Prioritization implementation, additional flexibility is provided for a housing match in case conferencing if there is a reasonable expectation that documents can either be uploaded into HMIS by the end of business the day the match is made or in the case for Permanent Supportive Housing (PSH) the documents

can be collected in concert with the household completing the application and housing search process. In circumstances where community partners are unable to help a household gather the needed documentation prior to move in, the Home Now Mobile Team and System Navigation Team will provide the support to complete this work.

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

If a client does not have a reasonable expectation of collecting the required documentation, 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. Additionally, the CES Lead hosts a monthly Skilled Assessor Office Hours in which documentation challenges can be problem solved to prepare for the following week's openings. This is an optional space for Skilled Assessors but the CES Lead strongly encourages Skilled Assessors to regularly attend.

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 Skilled 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 Policies and Procedures, HMIS Individual User Agreement, Person Centered Data Collection-HUD 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. Skilled Assessors 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 YouthLink, an unaccompanied minor will provide them with contact information for their parent or legal guardian. The YouthLink staff 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 YouthLink staff will contact the DCS hotline to report the unaccompanied minor. Regardless of parental or guardian consent, YouthLink 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 them 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, YouthLink must call and make a report with the Department of Child Services hotline. YouthLink 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.

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 currentgrant agreement.
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

Prioritizing Dedicated/Prioritized CoC

- Eligible participants are referred to the Permanent Supportive Housing program for which they are eligible and prioritized using the Prioritization Schema below until the Indianapolis Vulnerability Tool is approved in the Summer of 2026.

    - Chronically homeless individuals and families
    - Longest length of homelessness
    - Highest Vulnerability Score within each category beginning with:
        - High Vulnerability (Score of 20 or higher)
        - Moderate Vulnerability (Scores 15-19)
        - Low Vulnerability (Scores 14 or below)
    - Actively Fleeing Domestic Violence
        - Community staffing in case conferencing to use Lethality Risk (High, Moderate or Low) as well as Lethality Score (up to 15) as indication of lethality risk of death.

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

Prioritizing Non-Dedicated/Prioritized CoC

- Eligible participants are referred to the Permanent Supportive Housing program for which they are eligible and prioritized using the Prioritization Schema below until the Indianapolis Vulnerability Tool is approved in the Summer of 2026.

    - Chronically homeless individuals and families
    - Longest length of homelessness
    - Highest Vulnerability Score within each category beginning with:
        - High Vulnerability (Score of 20 or higher)
        - Moderate Vulnerability (Scores 15-19)
        - Low Vulnerability (Scores 14 or below)

- Actively Fleeing Domestic Violence
    - Community staffing in case conferencing to use Lethality Risk (High, Moderate or Low) as well as Lethality Score (up to 15) as indication of lethality risk of death.

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

Homeless Preference Voucher (HPV) Allocation

Beginning in March 2025, the Indianapolis Housing Agency (IHA) indefinitely paused housing choice vouchers with a homeless preference, Non-Elderly Disabled Mainstream Vouchers (NED) and Foster Youth to Independence (FYI) vouchers allocated as shown below for the Indianapolis Continuum of Care. The language below is remaining in this document for a time when vouchers of the above type become available at which point the allocations below will be re-evaluated.

Up until March 2025, the Indianapolis Housing Agency (IHA) made thirty (30) Section 8 Homeless Preference Vouchers (HPV) available to the Continuum of Care (CoC) per month. Vouchers are filled through the Indianapolis Coordinated Entry System
(CES). Based on recommendations from a voucher needs assessment conducted by CSH in 2023, and supported by previous CoC voucher strategy, the CES Leadership approved an interim allocation of the 30 vouchers per month.

WHAT ARE THE VOUCHER ALLOCATIONS?

- **Horizon House Permanent Supportive Housing Program:** This program receives top priority for as many voucher referrals as needed to support their programming needs.
- **Diversion**: CoC Diversion Programs may refer 3 households for vouchers per month.
- **Family Shelter Rapid-Exit**: Participating Family Shelters can refer 1 household each, totaling 6 vouchers per month.
- **Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) Move On**: RRH and PSH programs can utilize all remaining vouchers

For more information about the allocations for CoC Homeless Preference Voucher Strategy, please visit 2024 Voucher Allocation.

Non-Elderly Disabled (NED) Mainstream Voucher and Foster Youth Independence (FYI) Voucher

NED voucher Eligibility
Intended to assist non-elderly persons with a disability in any size family who often face difficulties

finding accessible and affordable housing on the private market.

- 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 of household must have a disabling condition.
- All adult household members must pass an IHA background check.

NED voucher Prioritization:

- ACT Team households with ACT providing housing navigation and ongoing supportive services.
- YYA or DV households in Transitional Housing (TH) or the Permanent Supportive Housing pool that are unlikely to be matched with PSH openings due to prioritization or eligibility.
- Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) Move Onhouseholds needing a long-term subsidy to exit successfully from their current project.

Note: Housing search support through the voucher process to be provided by agency that identified household(s). AccessABILITY has offered to provide light supportive services for NED folks (or anyone with a disability). To connect with them, contact Susan Ferguson: sferguson@abilityindiana.org.

FYI voucher Eligibility

Intended to support Youth & Young Adult (YYA) households are homeless or at risk of becoming homeless at age 16 or older.

- Household must meet the HUD definition of homelessness.
- Household has left foster care or will leave foster care within 90 days
- Head of household must be 18-24 years of age.
- Previous history of foster care as confirmed through community partnership with Firefly
- Pregnant and Parenting youth also are eligible so long as they meet the other criteria above.
- All adult household members must pass an IHA background check.

Note: the Indianapolis system has two pathways for Youth and Young Adults to connect with this voucher. One is through a direct referral from Firefly to IHA and one through the CES system to IHA. This only addresses the CES pathway to FYI vouchers.

The System Navigation Team (housed through the Homeless Initiative Program) will provide housing search support during the FYI voucher process if navigation is an identified need.

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 Rehousing program for which they are eligible and prioritized using the Prioritization Schema below until the Indianapolis Vulnerability Tool is approved in the Summer of 2026.

    - Chronically homeless individuals and families
    - Longest length of homelessness
    - Highest Vulnerability Score within each category beginning with:
        - High Vulnerability (Score of 20 or higher)
        - Moderate Vulnerability (Scores 15-19)
        - Low Vulnerability (Scores 14 or below)
    - Actively Fleeing Domestic Violence
        - Community staffing in case conferencing to use Lethality Risk (High, Moderate or Low) as well as Lethality Score (up to 15) as indication of lethality risk of death.

Note: Rapid Rehousing programs do not require households or individuals to be chronically homeless however the Indianapolis Continuum of Care uses the same prioritization to serve the households most vulnerable with available resources.

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.

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 does not prioritize 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 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 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 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 Rapid Re-housing program for which they are eligible and prioritized using the Interim Prioritization Schema until the Indianapolis Vulnerability Tool is implemented in the Fall of 2024.

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 the 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.

Grant and Per Diem Transitional Housing & VA Contract Program system refinements

As of June 1, 2024, the Indianapolis Continuum of Care, in collaboration with the Indianapolis service providers, received an updated directive from the Veterans Administration as part of the One Team approach. The purpose of this directive was to provide communities with additional clarity on operational processes to allow for quicker admissions to Grant and Per Diem (GPD) Transitional Housing and Contract (Emergency Shelter) programs, ideally within 48-72 hours of identification of an eligible Veteran.

To facilitate faster intake speeds, the Indianapolis CoC refined the GPD and Contract Coordinated Entry process. The design changes began to be explored in the last week of June. After refinement, follow-up meetings, and reviewing the pilot process, the Indianapolis Continuum of Care implemented the refinement changes system-wide on April 10, 2025. Veteran eligibility did not change as any part of the pilot or refinements and are confirmed below.

Identification of participants
Veteran service providers, including the components of the Street Outreach staff, focus on locating and confirming Veteran eligibility for Grant & Per Diem and Health Care for Homeless Veterans (HCHV) Contract programs. The refined process is for Veteran service providers to contact the contacts noted below for a warm handoff for their respective programs.

Grant & Per Diem (GPD)	HCHV Contract (ES)
H.V.A.F.	Volunteers of America Ohio and Indiana
GPD Housing Navigator	Veteran Program Coordinator

The program contacts fulfill the key tasks below to facilitate intake into the appropriate temporary program.

- Evaluation and confirmation of program openings
- Collaborate with VA Liaison for eligibility confirmation
- Collaborate with community partners including Veteran service staff to confirm the system is connected short-term to the Veteran to ensure an efficient intake process
- Utilization of Coordinated Entry data (if applicable) to help inform project eligibility
- Scheduling and execution of Coordinated Entry assessment after intake as appropriate

Grant & Per Diem and HCHV Contract are to focus on filling program openings as quickly as possible for all eligible Veterans, particularly Veterans living unsheltered in the Indianapolis CoC.
If a Veteran household has already been assessed, the program contacts above will be accountable for moving the Veteran quickly to the intake and then will perform a Self-Match referral to ensure a referral corresponds to the future program enrollment.

If no Coordinated Entry assessment has been completed, the assessment will only be completed under the following circumstances. This will reduce trauma of a Veteran having to reshare their experience as well reducing unneeded assessments for both clients and staff.

- Veteran will need permanent housing interventions offered through the Coordinated

Entry System (ex. HUD VASH, SSVF, RRH, PSH or OPH)

Note: If a Veteran can be housed from either GPD or HCHV Contract using household income or other strengths and does not need permanent housing resources offered by CES, the Veteran will continue to be supported and their progress tracked using the Veteran By Name List with notations added on the BNL for who is owning and executing the permanent housing steps supporting any given Veteran client. This will support the Indianapolis CoC to ensure Veteran households are not falling into a data gap.

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

A joint transitional housing (TH) and rapid rehousing (PH-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-PH-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
- Programs may not establish additional eligibility requirements beyond those specified here and those required by funders.

Prioritizing for Joint TH-PH-RRH Programs

Eligible participants are referred to the TH-RRH program for which they are eligible and prioritized using the Interim Prioritization Schema until the Indianapolis Vulnerability Tool is implemented in the Fall of 2024.

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

- Households in a dangerous living situation
- Households with a current connection with the service provider

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 will be determined by the pilot vulnerability assessment due to be implemented in the Fall of 2024. Until the Indianapolis CoC implements the pilot, the Interim

Prioritization Schema will be used to prioritize households using the data points noted. Refer to page 13 and 14 for more information.

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.

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 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 Team at CES@chipindy.org.

Starting in 2023, the CES Lead implemented a Referral Forecast form in AirTable to collect opening forecasts every 2 weeks to be used by the Home Now Mobile Team, System Navigation team and case conferencing stakeholders to anticipate future openings and proactively gain documents needed for households likely to be prioritized for those future openings.

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 needslong-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.
This voucher pathway has been indefinitely suspended due to the voucher pause of the Indianapolis Housing Agency (IHA).

Bridge Housing

In May of 2024, Indianapolis implemented a Bridge Housing program for vulnerable households that have an active CES assessment and a permanent housing pathway identified but may need support for one or more of the following needs:

- Document acquisition
- Criminal history support and/or warrant resolution
- Safe short-term housing solution until they move into their permanent unit

Households are prioritized using Interim Prioritization and staffing from the community to ensure the program can support the household's needs in the short term.

Rapid Rehousing as 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.

CoC Ad Hoc Appeal Workgroup

In some instances, households may receive communication from a permanent housing program that their participation in the housing program will be terminated. The Appeal workgroup should consist of the following minimal system stakeholders.

CHIP (CE Lead): Provides support with meeting logistics, works with both the housing provider and client to gather pertinent information such as lease details, behavior contracts or information important to the client as they appeal the decision.

Housing program representative: responsible for providing the CE Lead the pertinent information to provide the workgroup information and documentation of why the program exit decision occurred and documentation of the steps to avoid the exit.

Ad Hoc workgroup members: Consider the program exit reasons including the steps the housing provider took to prevent the exit while also weighing the information from the client and/or client advocates to determine whether appeal is upheld or reversed. Representing shelter, outreach and or RRH/PSH housing providers.

Client appealing: The client is welcomed to participate as they best can. They are able to have an advocate or care support, family, friends or are open to participate themselves. The client can also decide to provide a written appeal for the workgroup to read and consider. If technology or other barriers prevent the client from participating, the CE Lead will work to eliminate the barriers to participation.

City of Indianapolis (DMD): Provide support to the workgroup for HUD regulations and policy to ensure all the proper steps have been followed to support the client prior to the appeal in addition to be a voting member of workgroup.

Some possible examples for why a termination may be communicated are (but not limited to):

- Safety issues due to participant's behavior
- Repeated program rule violations
- Failure to pay portion of rent based on lease agreement.
- Abandonment of unit for 90 days or longer

The Service Provider should communicate the option to appeal the decision to terminate the

program participant and is responsible for communicating and confirming the preferred meeting space and availability with the participant. In these cases, the Service Provider should staff this request to the case conferencing workgroup as a Non-Urgent Staffing. The CES Lead will then set up a meeting with the Ad Hoc Appeal Workgroup in which the participant could have space to advocate to remain on the program or have a supportive service provider or other advocate speak on their behalf. Service providers should provide the CES Lead with the all the applicable documentation that relates to the program termination so the Appeal Workgroup can review the material ahead of the meeting.

Agenda for Client Appeal

- Summary of program termination reason and circumstances by the Service Provider
- Advocacy of participant or participant representative
- Review of facts and circumstances by workgroup ending in decision to uphold program termination or reinstatement to program.

The CES Lead will communicate the workgroup decision and any applicable next steps to participant and any representatives, service provider and workgroup within 24 hours of the decision.

If CoC Case Conferencing workgroup members are interested in participating or learning more information, connect with the CES Team at ces@chipindy.org.

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 as 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.

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 Leadership 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.

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 Skilled 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, Skilled Assessors 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, Barrier assessment, Financial assessment, Veteran assessment (if applicable), Youth Assessment (if applicable), Domestic Violence Assessment, Eligibility status and custom CES questions.
3. Training on eligibility documentation.
4. Vulnerability Tool
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 Skilled Assessors. 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 to train additional Skilled 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
- 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.

The CES Evaluation will be completed by a consultant while the deadlines and support are facilitated by the CES Lead. The Evaluation data will be collected by directly surveying CES stakeholders and through the collection of aggregate data focused on key system performance measures from HMIS. An annual survey of 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. Additionally, an annual survey of frontline staff of Access Points and Service Providers will be completed through an electronic survey. Frontline staff will include case manager, program directors, team leads and any other category of frontline staff designated by providers in addition to Assessors and Site Administrators. l Surveys or focus groups will be completed with consumers including participants that were housed through the CES or those who have been assessed but not housed. Feedback 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. The written grievance shall be filed within 30 days of the event and can be submitted to the Chief Operating Officer, Emily Krauser CHIP, 1014 Prospect St., Indianapolis, IN 46203, or ekrauser@chipindy.org. Written grievances should include the date of the potential policy infraction, the reason for the grievance, the specific policy/written standard that pertains to the grievance, and follow-up contact information of the person/group that has submitted the grievance.

A formal review of the grievance will then commence. The System Lead shall respond to the grievance within 10 business days using the contact information provided in the written grievance. At this stage, the Director of System Strategy 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, Chelsea Haring-Cozzi 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 Ace, 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.

Indianapolis CoC
CES Lethality Assessment

Assessment of lethality in domestic violence cases is a difficult and uncertain task, and no assessor can infallibly predict that a domestic violence perpetrator will or will not seriously harm or kill their partner or others. Lethality assessment tools assist the assessor in determining a comprehensive diagnostic profile.

Introduction Script: "You stated today that you are currently fleeing domestic violence. CES uses a Lethality Assessment Tool when assessing survivors of domestic violence so that we can better understand the severity of the situation and make sure that we take everything into account when we make decisions for housing openings. The assessment is 14 yes or no questions. I will not keep a record of your answers anywhere – CES will only record the number of "yes" answers. These can be upsetting or difficult to answer, so please let me know if you need a break at any point. You have the right to decline answering any of the questions, and you also have the right to decline the entire assessment, but it's important to know that not answering these questions might impact how quickly you receive housing assistance. Do I have your consent to begin?

- **A "Yes" response to any of Questions #1-5 automatically triggers the protocol for referral.**

1.	Has the perpetrator ever used a weapon against or threatened you or your children with a weapon?	Yes	No	Not Ans.
2.	Has the perpetrator threatened to kill you or your children?	Yes	No	Not Ans.
3.	Does the perpetrator have a gun, or do you believe they can easily get one?	Yes	No	Not Ans.
4.	Do you fear ending the relationship because you believe the perpetrator will kill you, your children, and/or themselves if you leave?	Yes	No	Not Ans.
5.	Has the perpetrator ever tried to choke you, strangle you, or make you feel as though you cannot get enough air?	Yes	No	Not Ans.

- **"No" responses to Questions #1-5, but "Yes" responses to at least four of the questions #6-15, trigger the protocol for referral.**

6.	Do you have a child that the perpetrator knows is not theirs?	Yes	No	Not Ans.
7.	Is the perpetrator currently stalking/harassing you?	Yes	No	Not Ans.
8.	Does the perpetrator control your access to basic needs like food, hygiene, and shelter?	Yes	No	Not Ans.
9.	Has the perpetrator ever tried to or threatened to kill or harm themselves if you did not comply with something?	Yes	No	Not Ans.
10.	Has the perpetrator been charged and/or convicted of a violent crime?	Yes	No	Not Ans.
11.	Has the perpetrator harmed or killed a family pet(s) or threatened to do so?	Yes	No	Not Ans.
12.	Has the perpetrator broken a protective order or no-contact order in the past?	Yes	No	Not Ans.
13.	Have you previously or are you currently attempting to leave the relationship?	Yes	No	Not Ans.
14.	Does the perpetrator have a physical, medical, or mental health condition that contributes to their violence?	Yes	No	Not Ans.

Next Steps:
If the client answered "yes" to any of questions 1-5 and/or "yes" to 4 or more of questions 6-14 and the individual wishes to connect with a DV advocate, please contact Indy Champions to establish a connection before ending the assessment.

- Indy Champions 24/7 Crisis Hotline: 317-210-0866

If the client answered "no" to questions 1-5 and said "yes" to 3 or fewer of questions 6-14, the assessor should provide the individual with the "Domestic Violence Resource" sheet for additional resources and support.

Domestic Violence Resource Sheet

National & Local DV Resources

- National Domestic Violence Crisis Hotline: 800-799-7233
- Coburn Place Safe Haven: 317-923-5750
- Salvation Army Women & Children's Shelter: 317-637-5551
- Julian Center: 317-920-9320
- Beacon of Hope Crisis Center: 317-731-6140
- Firefly Domestic Violence & Sexual Assault Services: 317-634-6341
- Domestic Violence Network: 317-872-1086
- Indy Champions 24/7 Crisis Hotline: 317-210-0866