

Coordinated Entry Policies and Procedures

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Overview

I. Vision

Region 12 of Indiana has been engaged in a community-wide strategic planning and implementation process to transform systems and reduce homelessness. An on-going assessment of data regarding homeless typologies as well as the available housing stock, prevention and intervention services, and funding streams must be undertaken as a part of sustainability.

Coordinated Entry (CE) is a process for people to access needed homeless prevention, housing and other services. CE incorporates uniform screening and assessment, prioritization and program matching, and connections to mainstream services to help those seeking housing and services access programs more efficiently.

It has been determined that the CE implementation phase should feature:

- 1) Prevention strategies aimed at keeping households who were on the edge of homelessness housed and linked with appropriate services.
- 2) Diversion services targeted to people as they apply for entry into shelter.
- 3) A standardized, uniform CE assessment aimed at providing consistent, effective and swift access to needed services.
- 4) Rapid housing aimed at helping homeless households quickly exit homelessness and stabilize in permanent housing.
- 5) Data and evaluation enhancements to inform planning and decision-making.

Coordinated Entry is a way to help those seeking housing and services access programs more efficiently by:

- Making fewer phone calls
- Undergoing fewer screenings
- Being realistic with participants about their near-term options, giving them the opportunity to assess their situation honestly and identify alternatives to public assistance
- Identifying and prioritizing the most vulnerable, disabled, and/or chronically homeless individuals and families

Coordinated Entry is not a stand-alone solution to end homelessness or a solution to the shortage of affordable housing stock.

II. Governance and Oversight

Continuum of Care is a system that guides and tracks homeless service users through a comprehensive array of groups composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social service providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that are organized to plan for and provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies

to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

While oversight of the CE system is performed by IHCD, the Coordinated Entry Committee (CEC) of the Region 12 Homeless Services Council (HSC) is tasked with advising and informing the process of expansion and identifying goals and system objectives as well as current gaps in services.

The CEC will conduct ongoing review of the CE system by looking at the current By-Name list which contains the names and VI-SDAT scores of those assessed, and also a list of all CE placements since previous meeting (which will include 1. Rapid Re-housing (RRH) placements & denials, and 2. Permanent Supportive Housing (PSH) waiting list, placements, denials. The CEC group meets monthly for this review and to provide feedback on service needs and gaps.

Local Coordinated Entry Steering Committee (Regional Planning Council)

The third level of governance for the CE process is the local community Regional Planning Council. The Steering Committee is responsible for:

- Providing local oversight and management of CE;
- Investigating and resolving consumer and provider complaints or concerns about the process.
- Providing information and feedback to the Indiana Balance of State Coordinated Entry Steering Committee
- Evaluating the efficiency and effectiveness of the CE process;
- Reviewing performance data from the CE process; and
- Recommending changes or improvements to the process, based on performance data, to the Indiana Balance of State Coordinated Entry Steering Committee.

III. General Process

The CE system provides multiple points for access of housing and homeless services, referrals and appropriate assessment for subpopulations, while maintaining standardized processes and tools. The CE process begins with the “No Wrong Door” approach to accessing prevention, diversion or emergency shelter services. Once a household is identified as Category 1 Homeless a standardized Homeless Assessment will be conducted which determines eligibility for individual and/or household assistance such as RRH, PSH, and other housing resources. The Homeless Assessment consists of a Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT), a history of homelessness and a brief client demographic. The Homeless Assessment can be initiated through any agency by submitting a “Request for Assessment” form (Appendix A). Once received, an assessment will be arranged and conducted between the Assessor and the household. On-site and outreach workers will also be available for walk-in requests for assessment. The Assessor will provide the client with an information sheet explaining the process following the assessment (Appendix B). The assessor will communicate the homeless assessment results to the identified homeless service case management. See CES Agency Communication Procedures (Appendix C).

Once the Homeless Assessment has been completed, the household’s information will be placed on a secured, By-Name list. The By-Name list will list the prioritizing households for PSH and RRH. When a program opening becomes available, the household will be moved from the By-Name list and placed in HMIS Prioritization List.

IV. Cultural Competence

The CoC ensures fair and equal access to the CES system programs and services for all clients. Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables, including age, ability, beliefs, race, color, ethnicity, experiences, familial status, marital status, gender, gender identity (actual or perceived), linguistic background, national origin, religion, orientation and socioeconomic status. All participants of coordinated services are expected to be culturally competent and strongly encouraged to engage in training opportunities to build these skills.

Participating CoC agencies will maintain accessible services for anyone seeking access to homeless prevention and homeless services. This includes, but is not unlimited to physical access to services. Agencies agree to provide reasonable accommodations to ensure effective communication with individuals with disabling conditions.

Veterans:

- Eligible households are referred to HUD-VASH and Supportive Services for Veteran Families (SSVF) and remaining households are assessed for prevention and either served on-site or offered

Youth under 18 and Youth 18-24:

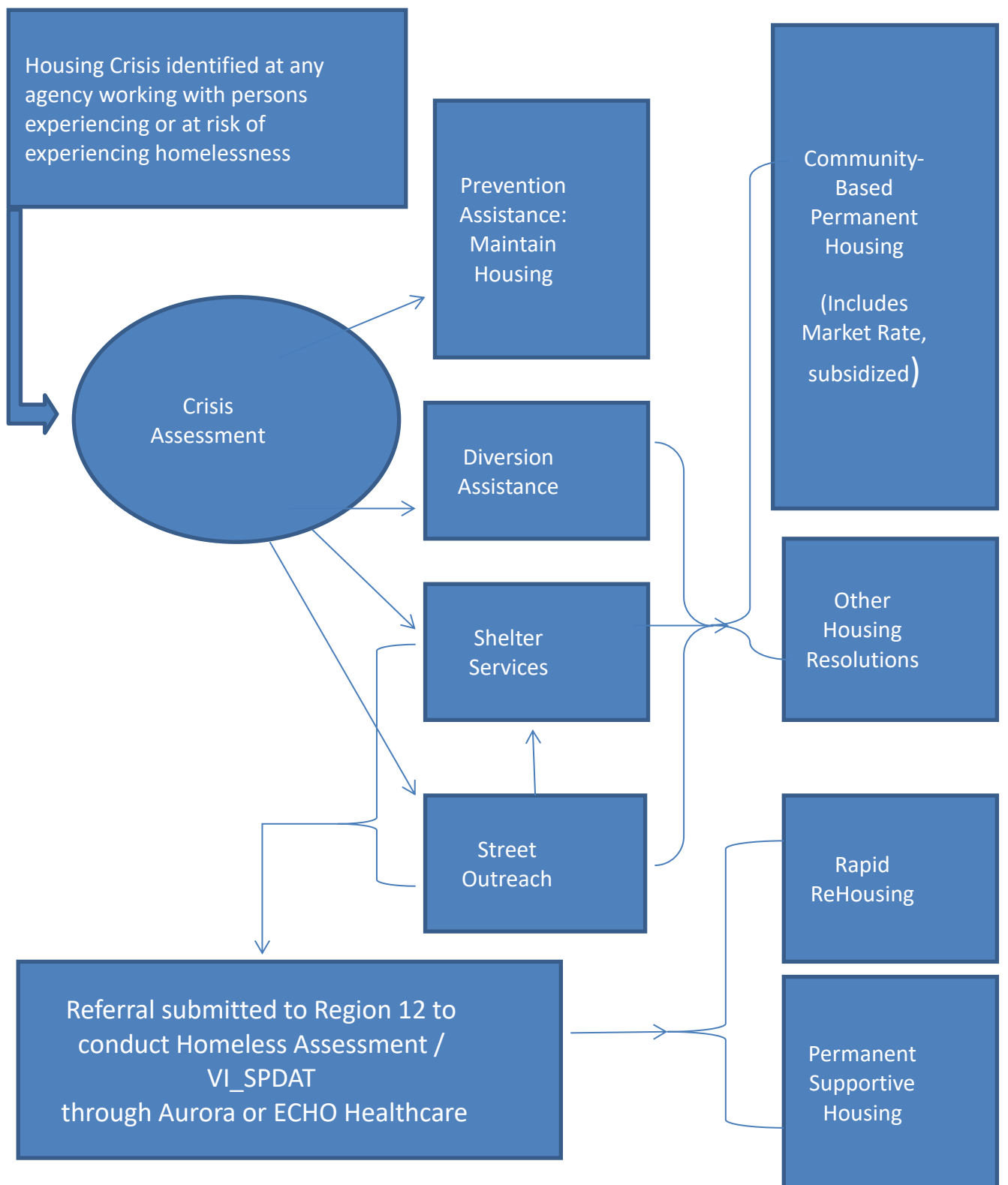
- Assessment staff assess for prevention, family reunification or emergency shelter options for literally or imminently homeless youth.
 - o Specialized assessments are used to connect youth with appropriate housing and services. Specialized Youth VI-SPDAT assessments are used.

Individuals and Families Experiencing Domestic Violence:

- People in domestic violence shelters will be assessed as homeless, but their identifying information, such as their name, will be masked before being entered into non-domestic violence HMIS.
- If assessed through a DV agency a number will be assigned to the client as a client identifier, rather than a name, which will then be added to HMIS. Only the client number will be available in non-domestic violence HMIS.
- If the individual or household chooses to be assessed through a homeless service agency, names can be used at the client's discretion.

ADDRESSING THE NEEDS OF INDIVIDUALS AND FAMILIES WHO ARE FLEEING OR ATTEMPTING TO FLEE DOMESTIC VIOLENCE
Victim and non-victim CE navigation and housing providers must prioritize safety and equitable access to housing and services for households who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, while ensuring that client choice is upheld. While victim service providers operate specialized housing and services targeted to households who are experiencing domestic violence, CE participants have access to the full range of housing and services available. For this reason, all CE Assessors including those who are victim service providers must offer homeless prevention and housing navigation services. All CE Assessors use a unique identifier and confidential methods of communication to coordinate services and housing placement for these households.

V. Uniform Process and Assessment Tools



V. Comprehensive Assessment and Response to Housing Crises

Once a housing crisis is identified by **any** agency within the region, an informal housing crisis discussion should be held with the household. This mediation can be performed at any trained agency. If an agency determines that the household's needs are outside the agency's services, the agency can assist the household in contacting a homeless service agency, including but not limited to Aurora Inc., United Way 211, or any area emergency shelter.

The housing crisis mediation is a client led discussion that will aid in identifying if Prevention or Diversion assistance can be utilized to assist the household in maintaining housing or diverting from shelter.

If Prevention or Diversion methods are unable to assist the household, households can then be linked with Emergency Shelter and Street Outreach services where they will be referred for a homeless assessment. The homeless assessment can be completed by Aurora Inc and ECHO Healthcare utilizing a combination of collecting a brief client demographic, homeless history and conducting a VI-SPDAT. The Homeless Assessment outcomes are then relayed to the participating homeless service agency to begin a **HOUSING ASSESSMENT** (Appendix D) and develop a **HOUSING PLAN** (Appendix E).

The **HOUSING ASSESSMENT** is the uniform housing assessment tool used by participating homeless service sites, such as Emergency Shelters, Street Outreach and other agencies providing services for the homeless. The Housing Assessment, which determines a household's options for housing, is intended to perform the following tasks:

- Assess the household's current situation to determine appropriate housing interventions
- Identify housing barriers and strengths
- Reviews Homeless Assessment result for RRH and PSH program eligibility
- Collect necessary household information to identify available resources and promote a client led action plan to obtain new housing with a primary focus on addressing the barriers related to obtaining rental housing.

VII. Management Information System and Data Sharing

An Information System is utilized by the CE system to store client demographic data and information on program services and enrollments so that individuals and families do not have to endure duplicative assessments by providers. This system is HIPAA compliant and a local system shared only by Aurora and ECHO Community Health Care Inc. and is called the By-Name List. Once a program opening becomes available, the identified household for PSH or RRH would then be entered into the HMIS Prioritization List.

Coordinated Entry Policies

I. Fair Housing

Fair Housing and civil rights laws must be complied with upon working with any individual or family.

II. By-Name List

The By-Name List, which is the list of all Category I Homeless individuals and families who have completed a homeless assessment, must be maintained and password protected. Participating homeless service agencies must make a meaningful attempt to contact households on the By-Name list no less than every 180 days. Households who do not maintain contact or have located other housing solutions must be removed from the By-Name List. Identified homeless service case management are encouraged to assist households with obtaining eligibility documentation (i.e., verification of chronic

homelessness, etc.). This guideline is separate from the IHCD maintenance schedule of the HMIS Prioritization list.

1. If a Client is assessed and no further contact with the Client takes place for at least 90 days, the original assessment agency will make three attempts to contact the Client on three separate dates. If assessment agency is unable to contact client following the three attempts, the assessment agency will exit the Client from CE. If the Client is successfully contacted, the assessment staff will work with the Client to schedule an appointment to complete an updated assessment (VI-SPDAT). This is to capture any changes in the Client's status since the previous assessment.

III. Confidentiality

All participating agencies engaging in the collection of identifying information are to do so by lawful and fair means and, where appropriate, with the knowledge or consent of the client. Any identifying information collected by an agency must be relevant to the purpose for which it is to be used.

CE assessment staff in Indiana must administer the VI-SPDAT in its CE. The process is as follows:

1. CE assessment staff explains the assessment process to the Client and answers any questions presented by household/Client.
2. The CE assessment staff conducting the assessment will present the household/Client the Consent Form in either a paper form or electronically. CE assessment staff review the form with the Client and explain what data will be requested, how it will be shared, to whom it will be provided/shared, and what the Client's rights are regarding the use of the data. CE assessment staff will be responsible for ensuring that Clients understand their rights as far as the release of the Client's information and data and confidentiality. If the household/Client signs the Consent Form, the CE assessment staff will also sign the Consent Form. **SEE EXHIBIT C.**

Clients are to be advised of their rights to confidentiality throughout the CE process. Anytime client data is collected, there must be a current release of information on file. Aurora, Inc will store and maintain the general releases, along with the hard copies of homeless assessments. DV Shelters will provide specified releases as applicable.

IV. Prioritization for PSH, RRH and SSVF

1) Prioritization for PSH

Once a Permanent Supportive Housing (PSH) unit becomes available, CoC agencies must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to take an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have

eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

1. Chronically Homelessness

- (a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
- (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

2. Length of Homelessness: If multiple families or individuals meet the above criteria, prioritization is to be given to the qualifying household with the longest accumulated period of homelessness. If no qualifying families or individuals are listed as chronically homeless, then length of homelessness will determine prioritization.

3. Severity of Service Needs. Highest VI-SPDAT score for individual, family or youth. In the case that there is a tie between multiple cases with length of homelessness and VI-SPDAT scorer, the following evaluation of severity of needs should be reviewed.

- (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
 - iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
 - iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.
- If a household does not follow up with PSH agency within three days of **scheduled intake**, PSH agency will notify the identified case manager who will try to follow up with selected household. If no contact is made within two additional business days, that household will lose that opportunity and be placed back on the prioritization list.

2) Prioritization for RRH / SSVF

1. Category I Homelessness

- A) An individual or family who lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- B) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
- C) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition including a family whose composition has fluctuated while the head of household has been homeless.
- D) For SSVF, an individual must meet VA eligibility requirements

2. Severity of Service Needs.

- a. VI-SPDAT score
 - i. Individual score of 10 or less, prioritization given to the higher score
 - ii. Family score of 11 or less, prioritization given to the higher score
 - iii. Unaccompanied Youth (age 18-24) score of 10 or less, prioritization given to higher score

In the case that there is a tie between multiple cases with VI-SPDAT scorer, the following evaluation of severity of needs should be reviewed.

- b. For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
 - ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

- iii. Youth at high risk of dangerous living situations.
- iv. Victims of domestic violence at high risk of dangerous living situations or increased risk of lethality from fleeing domestic violence.
- v. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

3. **Length of Homelessness:** If multiple families or individuals meet the above criteria, prioritization is to be given to the qualifying household with the longest accumulated period of homelessness.

- If a household does not follow up with RRH/SSVF agency within three days of **scheduled intake**, RRH/SSVF agency will notify the identified case manager who will try to follow up with selected household. If no contact is made within two additional business days, that household will lose that opportunity and be placed back on the prioritization list.

V. Homeless Eligibility Documentation and Verification

Identified case management is responsible for assisting homeless households in gathering documentation of eligibility as applicable, such as homelessness, disability, social security cards, picture identification, and income/benefits. See Process of Communication: Appendix C.

VI. Homeless Housing/Program Openings

PSH and RRH providers must notify the Housing Referral Coordinator of any housing/program openings as soon as possible. For other homeless housing programs, this means when the program is aware of a pending vacancy.

VII. Housing Referrals

Providers must use the CE System to fill homeless housing/program openings. The CE System's Housing Referral Coordinator refers households to fill these openings in accordance with the adopted Orders of Priority; Providers are responsible for ensuring that referred households meet any eligibility requirements. Upon receiving a referral from the Housing Referral Coordinator, Providers must contact or attempt to contact the referred household within **two (2) business days**. The Housing Referral Coordinator will respond to each vacancy by referring an eligible household within **three (3) business days** of the date the opening is posted. If no contact is made per BOS guidelines, or if the household declines services, the household will be placed back on the prioritization list and the next eligible household will be selected.

VIII. Low-Barrier and Housing First

Low-barrier and housing first are approaches that allow eligible homeless individuals and families to enter homeless housing without barriers, such as income or sobriety requirements, or service participation requirements. Provider application and admission policies must be as streamlined and short as possible to move eligible individuals and families into permanent housing as quickly as possible.

Region 12 has adopted a housing first approach in filling CE housing vacancies. In practice, this means individuals and families are referred to program openings without imposing requirements regarding real or perceived barriers or willingness to accept supportive services. Housing programs are expected to use a strengths-based approach, including embracing harm reduction practices and adjusting intake policies, procedures, and requirements wherever necessary to ensure that highly vulnerable, high-barrier individuals and families have a meaningful opportunity to complete the intake process and access programs.

Providers must *not* screen participants out based on the following:

- Having too little or no income;
- Active or history of substance abuse;
- Having a criminal record with exceptions for state-mandated restrictions; or
- History of domestic violence (e.g., lack of a protective order, period of separation from abuser, or law enforcement involvement).

IX. Participant Right of Refusal or Failure to Engage

The Regional CE System is person-centered and based on client choice. Individuals and families have the right to refuse any housing resource that is offered to them. Refusing a resource does not impact eligibility for future referrals. However, Assessors must ensure that participants understand that the CE process does not operate as a point in time waitlist and that referrals are made to programs based on a household's eligibility and prioritization relative to other homeless households who need housing assistance. Households should not assume that they will be prioritized for future openings and plan accordingly. Households have the right to request less intensive services at any time (e.g. households that are prioritized for PSH may opt to take RRH services)

While Providers are expected to make every effort to engage CE individuals and families, with the assistance of the identified case manager, housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the households fail to complete an intake appointment and provide eligibility verification after a total of **four (4) contact attempts over the course of ten (10) business days** have passed since the initial attempt. If this occurs, Providers must notify the Housing Referral Coordinator and identified case manager. The identified case manager is responsible for notifying the household that the opening/housing is no longer available to them and they will be placed back on the Active Housing List for the next opening.

- If a household does not follow up with the PSH project within three days of its scheduled appointment, the PSH project will notify CE assessment staff who will try to follow up with the household. If there is no contact with the household within two additional business days, that household will lose this particular opportunity and the next eligible Client on the Prioritization List will be offered the housing. Households will remain on the Prioritization List if CE assessment staff is unable to make contact with them within three days or if Client rejects a housing referral opportunity. Clients that reject three opportunities presented to them for permanent housing will be removed from the Prioritization List. Clients that are unable to be located will be removed from the list after ninety days.

X. Filling Vacancies outside of Coordinated Entry Prioritization

Externally filling a vacancy outside of the CE Prioritization Process is not permitted unless it is initiated by the Coordinated Entry Case Review Committee and shall be unique to that particular housing/program opening.

In the case where the Housing Referral Coordinator is unable to identify an eligible household, the Housing Referral Coordinator will notify the Provider that the Provider is permitted to fill the unit with an eligible household, outside of the CE System. This is intended to be the last effort to ensure that CE makes the best use of available housing resources.

At a minimum CE participation includes the following for all Regions in Indiana:

- CoC projects must publish written standards for Client eligibility and enrollment determination
- CoC projects must communicate project vacancies (bed and/or unit) to the Coordinated Assessment administrative entity (Region's Prioritization List Manager) established by Region leadership.
- Persons experiencing a housing crisis must access CoC services and housing using Region defined access points.
- CoC projects must enroll only those Clients referred according to the Region's designated referral strategy.
- CoC projects must participate in the Region's Coordinated Assessment planning and management activities as established by CoC leadership.

XI. Declined Referrals and Grievance Procedures: See Appendix F

XII. Appendices

Appendix A- Referral for Assessment Form

Appendix B- CES Info Sheet to the Client

Appendix C- CES Agency Communication Procedures

Appendix D- Resource Checklist

Appendix E- Housing Plan Assessment

Appendix F- Declined Referrals and Grievance Procedures

