Indiana Balance of State

Coordinated Entry Policies and Procedures

30 South Meridian, Suite 900
Indianapolis, IN 46204
317-233-6667

Version 7.2 (12.30.24)
Approved 3.20.25

Table of Contents

Coordinated Entry

A Coordinated Entry (CE) process represents an approach to managing a Continuum of Care's (CoC's) housing crisis response system. CE enables each Region within a CoC to efficiently connect people in crisis to interventions that will rapidly end their homelessness. The CE approach also aligns with the Indiana Balance of State (BOS) goals to transform crisis response systems to improve outcomes for people experiencing a housing crisis.

The CoC program interim rule (24 CFR 578) released by HUD in 2012 requires the establishment of a "centralized or coordinated assessment system," hereafter referred to as Coordinated Entry. The rule defines Coordinated Entry as:

A centralized or coordinated process designed to coordinate program participant intake/assessment and provision of referrals. [Such a] system covers the [Region's] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

Both the CoC Program interim rule and the Emergency Solutions Grants (ESG) program interim rule (***24 CFR part 576***) released in 2011 require that projects operated by recipients and sub-recipients of CoC Program or ESG grant funds must participate in the established Coordinated Entry process (CE).

CE Vision

Households experiencing a housing crisis or homelessness will be quickly assessed and offered appropriate interventions that align with their individualized needs and will resolve the crisis. CE will align available resources effectively to end homelessness in Indiana.

Mission Statement

The mission of the Indiana Balance of State Continuum of Care's Coordinated Entry process is to rapidly connect households that are facing or are at-risk of facing homelessness with the most appropriate need-based interventions.

Why CE?

CE refers to the process used to assess and assist in meeting the housing needs of people at risk of homelessness and people experiencing homelessness. Key elements and benefits of CE **include:**

Element of a CE System	**Benefits**
Designated intake/assessment locations	Clear points of access for households; prevents Clients from seeking services at agencies that cannot help them; can reduce new entries into homeless system through diversion and prevention efforts; can reduce duplicate assessments of the same household.
Standardized assessment tools	Each household assessed utilizing the Standardized Assessment Tool , prioritizes most vulnerable in entire community population.
Centralized Prioritization List	A Centralized Prioritization List in each Region; households no longer manage their status on multiple wait lists; collaboration among service agencies.
Matching needs to interventions	Needs-based approach in lieu of "First Come First Served" interventions. Individual selections for programs are prioritized based on household needs from the centralized list increasing housing match accuracy.

Targeted & coordinated referrals	Tailored to household match; agency knows to expect Client; Client knows what to prepare ahead of time; coordinated across Region

The implementation of Coordinated Entry is now a requirement for homeless service providers that receive Emergency Solutions Grant funding and CoC Program funding from IHCDA or directly from the U.S. Department of Housing and Urban Development (HUD) and is considered a national best practice. When implemented effectively, Coordinated Entry can also improve a Region's ability to improve its performance on its Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and accelerate the Region's progress on ending homelessness.

CE Design Principles

The CE process was designed with core principles centered around the CE VisionWhy CE?. Below are the guiding principles that will help Indiana Balance of State Continuum of Care meet these goals:

- **Client-Centered:** Clients ultimately make the decisions associated with their needs. Referrals are, first and foremost, an option open to the client(s). It is their decision if a referral is the appropriate program for them and it is their right to decline a referral or intervention they feel is not appropriate for them.
- **Trauma-Informed:** Each step of the CE process should be intentionally made with thoughts and considerations about the individualized needs, history, and strengths of the household. Intentionality should include being considerate regarding traumas experienced by the client(s).
- **Consistent and reliable:** The CE process is designed to be consistent and reliable across multiple assessment staff and participants.
- **Housing-focused:** An effort is made to only collect the information that is necessary and relevant to obtain and maintain housing.
- **Housing First:** CE will support a housing first approach and will thus work to connect households with the appropriate permanent housing opportunities, as well as any necessary supportive services, as quickly as possible without preconditions or service participation requirements.
- **Right Fit:** The goal of CE is to provide client(s) with the right housing and supportive services to meet their needs and work with their strengths.

Definitions

Balance of State (BOS): The Indiana Balance of State (BOS) consists of 91 counties which are grouped into 16 Regions. Each Region includes from up to 10 counties. A map of the regions can be found in here.
CA/CAS/CE/CES: Coordinated Access/Coordinated Access System/Coordinated Entry/Coordinated Entry System all pertain to the Coordinated Entry system.

Centralized Point of Access: A central location within a geographic area where individuals and families present to receive homeless housing and services.

Chronically homeless: Chronically homeless is defined by HUD as "an individual or family with a disabling condition who has been continuously homeless continuously for at least 12 months or on at least 4 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(***24 CFR Parts 91 & 578***)
[Documentation currently being updated for a digital file library (TBD)]

Collaborative Housing Assessment Tool (CHAT): The Coordinated Entry Assessment Process designed by the IN

BoS CoC.

De-Centralized Point of Access: Two or more locations within a geographic area where individuals and families present to receive homeless housing assistance and services

Diversion: Also known as housing problem-solving, diversion is a light-touch case management approach to ending homelessness that encourages and helps households to come up with their own solutions to housing crises. Diversion is not a program; Diversion is a process that enables the client to identify ways to end their housing crises. Diversion is intended to be empowering.

Homeless Management Information System (HMIS): is the information system designated by the Continuum of Care to comply with HUD's requirements and used to record, analyze, and transmit client and activity data regarding the provision of shelter, housing, and services to individuals and families who are homeless or at risk of homelessness. Each Continuum of Care is responsible for selecting a Homeless Management Information System (HMIS) software solution that complies with HUD's data collection, management, and reporting standards." (***24 CFR part 578.3 and 578.7***)

Household: The Clients, consumers, participants, etc., served through the CE. The Household may consist of one person or multiple family members that live together in the same housing unit.

The Indiana Balance of State Service Provision Committee: A Committee that has been established to provide board oversight, input, and approval for BoS Services, including, but not limited to Coordinated Entry.

Project/Program/Provider: Refers to any homeless services provider in the CoC. Currently only those providers currently receiving CoC Program funding and ESG funding are required to participate. Other homeless service providers in Indiana are encouraged to participate voluntarily in their Region's CE.

Referring Agent: Otherwise referred to as the Regional Lead Agency Prioritization List Manager.

Region: The Indiana BOS CoC is made up of 16 Regions. Each Region contains from 1 to 10 counties. A map of the regions can be found here.

Regional Lead Agency: An agency in each of the 16 Regions that will serve as the Managing Entity of its Region's Prioritization List. The Regional Lead Agency will lead the implementation of Coordinated Entry and will commit resources and staffing to administer assessments, analyze assessment results and support referrals to housing interventions. Regional Lead Agencies (or their region's Regional Chair) will also serve on the Indiana Balance of State Service Provision Committee.

Regional Lead Agency Prioritization List Manager: Main contact person at a Regional Lead Agency who is responsible for updating, monitoring, and managing the Prioritization List for his or her Region.

Coordinated Entry Framework of Core Elements

Management Roles

The Coordinated Entry system is being established in all Regions with overall program management support from the Indiana Balance of State Continuum of Care Board. The Regions will focus on quickly connecting households experiencing homelessness to permanent housing interventions. Each Region will develop centralized or de-centralized access points for households, managed by Regional Lead Agencies. These designated regional access points will be the sole locations where homeless or those at-risk of homelessness will be directed for intake/assessment prior to being admitted to many housing

resources. Access points will serve as the locations where households experiencing homelessness will be assessed for housing resources using the CoC's standardized assessment tool. Organizations that are not designated as coordinated entry access points, and therefore are not appropriately trained, are not permitted to conduct coordinated entry assessments.

Lead Agencies

A Regional Lead Agency from each of the 16 Regions will serve as the Managing Entity of its Region's Prioritization List. The Regional Lead Agency for each Region will lead the implementation of the Coordinated Entry and will commit resources and staffing to administer intakes/assessments, analyze assessment results and support referrals to housing interventions. The Regional CE Lead or the Regional Chair for each Region will also serve on the Indiana Balance of State Service Provision Committee to help guide as the systems are launched, managed, and evaluated. Providers will support the implementation of CE and may commit resources and staffing, serve as entry points, and support data collection, analysis, and referrals.

CE Access Sites and Participating Agencies

Agencies in de-centralized CE Regions can agree to become a CE Access Site for their Region's CE System. CE Access Sites serve as locations where individuals experiencing homelessness can seek enrollments, assessments, and/or information related to the Region's CE System. The agency and the Regional CE Lead Agency complete a CE Access Site Agreement.

The CE Access Site Agreement serves to:

- Clarify the responsibilities of the CE Access Site
- Provide an overview of the core eligibility requirement for access to CE (HUD Category 1 and Category 4 Homelessness)
- Specify limitations regarding who can be CE Access Sites
- Solidify expectations for onboarding of new CE Access Sites
- Give expectations should the agreement need to be terminated by either party or by the CoC Board

Standardized Access and Intake/Assessment

Providers that are considered access points to CE must administer the CoC's standardized assessment process according to both CoC and HUD standards. The purpose of the standardized CE Assessment Process in the Indiana BoS CoC is to:

- Engage households in housing problem-solving
- Establish preliminary eligibility for population-specific housing resources (e.g., veterans, youth, people fleeing domestic violence, etc.)
- Identify potential barriers to obtaining and maintaining housing
- Identify level of need and vulnerability
- Identify household strengths
- Match households to housing and services that meet their needs

The assessment process must be standardized across each Region, with uniform decision-making across all assessment locations and staff, based on the CoC's CE policies and procedures. Consistency and reliability of assessment implementation across all access points is essential. CE will use a Client-centered approach, allowing Clients to refuse to answer assessment questions and/or referrals. Reasonable accommodations must be undertaken to ensure individuals with disabilities, language barriers or literacy barriers are able

to fully participate in the assessment process. Providers may utilize interpretation services available via telephone or in-person to assist those whose primary language is something other than English. Staff will take the necessary steps to accommodate those clients with disabilities as well as literacy barriers in the assessment process by making the necessary adjustments.

In order to ensure transparency, one of the guiding values of the CoC's standardized assessment design, the assessment is embedded with talking points that each assessor must share with households directly. These talking points explain the purpose of coordinated entry assessment, the process of being assessed, and what to expect afterward. The Indiana BoS CoC approach to coordinated entry assessment is driven by the following, additional values:

- Racial and social equity
- Importance of rapport-building between assessors and participants

Assessment Process

The purpose of the assessment process, as described in detail above, is to identify a household's needs and barriers in order to match them to an appropriate housing resource through the CoC's inventory of CoC-funded housing, ESG-funded housing, VA-funded housing such as SSVF or HUD-VASH, and other housing resources that have elected to participate in the coordinated entry system. Access to emergency shelter and other crisis resources should not be contingent on whether a person has or has not been assessed using the CoC's standardized assessment tool.

Who can be assessed?

Households who meet the criteria of categories 1 and/or 4 of HUD's homelessness definition should be assessed through the CE system. Those categories are defined as follows:

Category 1: Literally homeless

1. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    a. Has a primary nighttime residence that is a public or private place not meant for human habitation;
    b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
    c. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 4: Fleeing/Attempting to Flee Domestic Violence

1. Any individual or family who:
    a. Is fleeing, or is attempting to flee, domestic violence;
    b. Has no other residence; and
    c. Lacks the resources or support networks to obtain other permanent housing

Note: "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking).

All policies and procedures related to Domestic Violence can be found in the Coordinated Entry –

Domestic Violence Policies Supplement document [In-process (location tbd)]. These policies include, but are not limited to:

- **Emergency Transfer Planning**
- **Safety Planning**
- **CHAT Lethality Scoring Rubric**

Assessment Process Overview

A detailed, step-by-step description of the assessment process can be found in the assessment's accompanying manual/script document. A high-level overview of the process is as follows:

1. First, using the assessment script, assessors will explain the assessment process to households including the purpose, what to expect, and more. Households will be given the opportunity to consent to move forward, or to choose to continue with the assessment another day.
2. Prior to entering any household data into HMIS, assessors must ensure that the appropriate releases of information have been completed and that the household consents to have their information entered into and shared in the system.
3. The assessment is phased, meaning that assessors may complete the phases at different appointments if that is what allows for rapport-building with the participant and makes the most sense. For example, an assessor and a household may complete the first phases through the housing problem-solving conversation. The household may pursue some of the potential alternatives to homelessness identified through that conversation, with an agreement to complete the remainder of the assessment at a future appointment if, in the end, the problem-solving is unsuccessful if the household continues to experience homelessness.
4. Once an assessor has completed the full assessment with a household, they will share the key points provided in the script at closing. This includes information about what to expect next, encouragement to continue searching for housing, and more.

Re-assessment at 90 Days

Assessors should engage households to conduct a re-assessment at every 90-day interval during which they are experiencing homelessness. This is important because a household's situation may have changed during the time period. For example, a household may have self-resolved their homelessness; or a household may be experiencing more vulnerabilities as a result of their continued experience of homelessness.

Assessors must use the robust contact information collected through the assessment process to make three good faith attempts to contact a household in anticipation of 90 days having passed from their previous assessment date. If three contact attempts fail, a household should be removed from the prioritization and be exited from Coordinated Entry.

A note on data collection: **If a Client indicates on the Client release of information ("ROI") form that he or she does not agree to enter his or her data into the Homeless Management Information System ("HMIS") or share it with other HMIS providers, his or her data should NEVER be entered into HMIS.**

Prioritization

Prioritization Standards

Referrals to housing openings will be made based on the prioritization policy described in this policy and procedure manual. All staff who engage with households enrolled in coordinated entry should be trained on the referral process, including the ability to effectively communicate the following:

1) A thorough and transparent description of the housing offer; including key information such as provider name, housing location, rental assistance package, eligibility criteria, etc.
2) Support to the household to help them make an informed decision about whether or not to accept the housing referral
3) Guidance about what will happen if the household decides to decline the housing referral

When referring a client to a housing opening, the referring agent will consider a set of prioritization criteria for each project type. The order of a Client's priority on the Prioritization List must not, under any circumstances, be based on disability type or diagnosis.

Programmatic Score Ranges

Prioritization is separated between PSH and TH/RRH based, largely, on chronicity and vulnerability as indicated by the assessment score. These score ranges will be updated, as needed, by the Indiana BoS CoC Board. All decisions regarding the intervention needed for a particular client should be made with client input. A CHAT score of 12 or higher indicates a default recommendation for Permanent Supportive Housing. A CHAT score below 12 indicates a default recommendation for Rapid Re-Housing. Additionally, case conferencing may be used to refer to a program other than the program indicated by the assessment score, in order to best meet the needs of the client.

Referral Prioritization

Within each range of scores, the following prioritization hierarchy must be followed:

1. Chronic Homeless Status: For PSH program openings, individuals who are chronically homeless (as described in the Definitions section) are prioritized above those who are not chronically homeless.
2. Vulnerability as indicated by assessment score: Referrals will prioritize the highest score within the applicable score range when a housing opening is available. Case conferencing and client choice may recommend an alternative intervention to the program identified by score.
3. Length of Time Homeless: After considering highest vulnerability, the documented amount of time homeless is the next consideration, prioritizing individuals with the highest length of time homeless.
4. Regionally determined Tiebreakers: Each region within the BoS CoC will determine, for their region, a set of tiebreaking criteria as outlined in the next section. If the first three prioritization criteria are equal among two separate households on the prioritization list, the referring agent will use their regionally determined criteria.

Referrals will also be based on each program's admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult male referrals.

Regionally Determined Tiebreakers

The Regional Planning Council (RPC) within each region shall determine a set of tiebreaking criteria for their region. These criteria must be submitted, at least annually, to the IN BoS CoC Service Provision Committee. Suggested Tiebreakers are below:

Suggested Factors for Tiebreaking:

1. Population specific resource (e.g., targeted to people who are fleeing DV, youth, etc.)
2. Vulnerability to harm or death
3. Vulnerability to victimization, including physical assault, trafficking or sex work
4. High utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities

5. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)

Suggested Factors for Tiebreaking for TH/RRH beds only:

1. Income that is at 50% area median income (AMI) or higher
2. Household has identified a potential housing option and could exit homelessness with time-limited assistance like RRH

Prioritization List Management and Notification of Referral

Prioritization List management and notification of referrals will be the responsibility of Regional Lead Agency staff members. Regional Lead Agency staff members may be assigned or may periodically trade-off responsibility among Regional Lead Agency staff members for alerting the client's case manager when an opening has become available for them in a specific program. When it is a Regional Lead Agency staff member's given time (day, week or month) to take on this responsibility, they will need to check program availability at least weekly to see if new openings are becoming available and contact the household's case manager to notify them of an opening in a program.

Special Populations

There are many sub-populations of people coming through the Coordinated Entry process that may have special needs or need to be directed to specific resources to have their needs met. While this document includes specific instructions for some of those populations, intake/assessment staff members who believe that a client is eligible for another specific resource should contact the Regional Lead Agency or Regional Chair for assistance and attempt to connect the client(s) with appropriate resources.

Provider Declines Referral

Provider-Declined referral procedures can be found in **EXHIBIT B**

Client Declines Referral

1. If a client declines a referral this must be communicated back to the Prioritization List Manager, assessment and referral provider, and/or client advocate within three business days.
2. All client declined referrals must be reviewed by the Prioritization List Manager, assessment staff, and/or client advocate designated by the Region.
3. When a declined referral is communicated to the housing referral provider or designee, the client's CE HMIS record must be updated to reflect the reason for denial.
4. A client who denies three sequential referrals will be encouraged to participate in a case conferencing meeting with the Regional Lead Agency Prioritization List Manager, assessment staff, and/or client advocate, and will be removed from the Prioritization List. If the client seeks housing assistance later, CE intake/assessment staff may enter a new CE enrollment for the client and complete the CE intake/assessment.
5. If a program receives a referral for a client removed previously from the program for any reason, (including but not limited to: violence, illegal activity, threats, or damage to property) the client may be re-assessed by the program for re-admittance into the program following a ninety day period and on a case-by-case basis.

Grievance Procedures

Grievance procedures can be found in **EXHIBIT B**.

Referral Criteria for All Region Projects

Each Region must define a referral criterion for all projects within the Region's geographic area. The referral criteria must identify all the eligibility and exclusionary criteria used by a program to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e., whether the Client is either accepted or denied enrollment). The referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all Client's assessed.

Program-Specific Eligibility Criteria

Agencies participating in Coordinated Entry must submit all their eligibility criteria to the Regional Lead Agency before they can participate in the Coordinated Entry process. Any changes to a program's eligibility criteria or target population must be sent immediately to the Regional Lead Agency and Regional Chair to make sure referral protocol is updated accordingly. Criteria that agencies may have that are not bound to local law or strict funders' requirements will be reviewed by the Regional Lead Agency and Regional Chair along with data about people who have remained in emergency shelter for more than 45 days or are living on the street. If the Regional Lead Agency or Regional Chair has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Regional Lead Agency and/or Regional Chair may request to meet with the provider to discuss their criteria. If the Regional Lead Agency and/or Regional Chair can clearly show a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Regional Lead Agency and/or Regional Chair may recommend to the Regional Planning Council and Service Provision Committee that the provider be de-prioritized for CoC or other sources of funding.

Referral Process

- Referrals will only be made to programs with open housing units. When a housing unit is open, the agency managing the program reaches out to the Regional CE Lead and indicates the specific information around the housing unit (bedroom size, program, and number of openings).
- The application for the permanent housing opening will be completed by the agency that receives the client referral.
- If a household is referred, HMIS will be updated with a CE Event Referral. Prioritization List Managers do not consider clients with active CE Event Referrals as eligible for new program openings.
- If CE intake/assessment staff cannot reach intake/assessment staff at the PSH project, another PSH project that meets the household's composition will be chosen for the referral.
- If a household does not follow up with the referred project within three days of its scheduled appointment, the referred project will notify CE intake/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 opportunity and the next eligible Client on the Prioritization List will be offered the housing. Households will remain on the Prioritization List if CE intake/assessment staff is unable to contact them within three days or if Client rejects a housing referral opportunity.

Coordinated Entry Statewide Policy on Transfers around the State

When a household has been assessed in one Region and requests that its assessment be transferred to another Region the following processes will be used *(Note: per a Client's choice they may be included in two Prioritization Lists at the same time or he or she may choose to switch from one Region's list to the another Region's list. It is not recommended that a Client be included in more than two lists at one time.):*

HMIS (shared) Client process:

1. The person who was made aware of the household's request will notify his or her Region's Prioritization List ("PL") Manager.
2. The PL Manager will determine if a release of information, ROI, is needed to share information with the new Region's Prioritization List Manager or if the HMIS ROI is adequate.
3. New Region's PL Manager will check the CE eligibility requirements for the Region's housing stock where the household would like to go.
4. If the household appears eligible, the new PL Manager will complete an HMIS intake for the new region's Coordinated Entry Project. Upon completion of the enrollment in the new region, the former PL Manager must exit the client from the initial Coordinated Entry Project, unless the client intends to remain on both PL's and the PL Managers agree it is in the client's best interests. If the client chooses to be included in both Region's Prioritization Lists the PL Managers for both Regions must coordinate how they will communicate with the other Region regarding the client.
5.

Non-HMIS (not shared) Client process:

1. The person who was made aware of the household's request will notify his or her Region's PL Manager.
2. The PL Manager will obtain an ROI to speak to the other Region regarding the Client transfer and will ensure that any agency that will need Client information to execute the transfer is covered by the ROI.
3. New Region's PL Manager will check the CE eligibility requirements for the Region's housing stock in the Region where the household would like to transfer.
4. If the household appears to be eligible, the original PL manager will e-mail or fax the CE Assessment to the receiving Region via secure e-mail or secure fax for review.
5. The PL Manager of the receiving Region will review the Client's CE Assessment and either contact the household for further information or assign the appropriate access point in the Region with the task of connecting with the household.
6. Once all information is obtained and the client is accepted or declined the new Region will inform the referring PL Manager of the outcome.
7. If accepted, Client will be added to the receiving Region's Prioritization List, following best practices for anonymized data. Upon completion of the enrollment in the new region, the former PL Manager must exit the client from the Prioritization List, unless the client intends to remain on both PL's and the PL Managers agree it is in the client's best interests.

Additional Guidelines:

A Client may be included in more than two Prioritization Lists at the PL Managers' discretion and preferably only in situations where appropriate housing is limited due to family size, health, or safety. The client should want to live in the Region(s) he or she are requesting to be transferred or added to. Filling housing vacancies takes time and effort, and this process hopes to prevent households from being placed on all lists because they are willing to live "anywhere" in the state. Staff should have conversations with clients regarding client choice and accessibility and resources in the community in which they wishing to be transferred to. clients should be notified that county residency may be required for some referrals. If the Region that the client would like to transfer to has eligibility criteria that does not allow the client to access its CE, then the client must be informed that they are not eligible for CE in that Region.

Participation Requirements

HUD and VA have recently established guidance that instructs all HUD funded projects to participate in

their CoC's Coordinated Entry system. A project includes any homeless prevention or homeless assistance program regardless of funding source. However, projects that receive HUD funding (CoC Program, ESG) or VA funding (SSVF, GPD, VASH) must further comply with the specific participation requirements as established by the corresponding CoC jurisdiction. Entitlement cities receiving direct funding from HUD are active participants in their Region's CE process which includes being active members of their CE Regional Planning Council.

The State of Indiana has established minimum statewide requirements for CE participation for all state-funded providers, including but not limited to those funded by Emergency Solutions Grant ("ESG"), and TH.

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 Regional Lead Agency Prioritization List Manager.
- Coordinated Entry Access Sites must be utilized for enrollment into CoC Projects.
- CoC projects must enroll only those clients referred according to the Region's designated referral strategy.
- CoC projects must participate in their Region's Case Conferencing and Regional Planning Council.

Governance and Oversight

Indiana Balance of State Continuum of Care Board of Directors

The Indiana BoS CE process will have three levels of governance, roles, and responsibilities. CE is governed by the Indiana BoS CoC Board of Directors. The Board will be responsible for:

- Evaluating the efficiency and effectiveness of the CE process;
- Providing general oversight of CE;
- Recommending and approving changes or improvements to the process, based on performance data.

Indiana Balance of State Service Provision Committee

The second level of governance for the system is the Indiana Balance of State Service Provision Committee. The Indiana Balance of State Service Provision Committee is responsible for:

- Providing general oversight and management of CE;
- Investigating and resolving consumer and provider complaints or concerns about the process, which are not resolved at the local level. Providing information and feedback to the Indiana BoS CoC Board of Directors;
- 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 BoS CoC Board of Directors.

Regional Planning Council

The third level of governance for the CE process is the Regional Planning Council (RPC) within each Region. The RPC 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 BoS CoC Service Provision 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 BoS CoC Service Provision Committee

Low Barrier Policy

The term "low barrier" refers to minimal eligibility and enrollment obstacles resulting in persons experiencing homelessness being engaged and enrolled in homeless assistance projects regardless of perceived barriers such as lack of income, lack of sobriety, presence of criminal records, or historical non-compliance with program requirements. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, domestic violence status, or substance use unless the project's primary funder or local government jurisdiction requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics.

Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the Region providing a justification for their enrollment policy. Projects offering Prevention and/or Short-Term Rapid Re-housing assistance (i.e. 0 – 6 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

Fair and Equal Access

Each Region must ensure that each client has fair and equal access to CE programs and services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. Each Region will ensure fair and equal access to programs and services for every Client regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or domestic violence status. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each Region. Each Region's written policies and procedures must establish protocols for fair and equal access to regional housing and services.

If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the program should make every effort to accommodate the individual. Alternatively, the agency could assist the individual in locating alternative accommodations that are appropriate and responsive to the individual's needs, if it is preferable to the client.

Emergency Services

Access points must provide directly or plan through other means to ensure universal access to emergency services/crisis response services for clients seeking emergency assistance during each hour of the day and every day of the year. Each Region must document its planned after-hours emergency services approach. Access to after-hours crisis response may include telephone crisis hotline access, 211, coordination with law enforcement, and/or emergency medical care. 211 will advertise for CE. ICADV (Indiana Coalition Against Domestic Violence) network will also provide written marketing materials available for those

persons with barriers that prevent them from hearing about CE through traditional avenues. Advertising will be accessible, focused on safety and client-centered. Written materials will be made available at locations where known homeless persons visit such as: hospitals, clinics, libraries, food pantries, grocery stores, state parks, etc...

Inclusivity of Sub-populations

All sub-populations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to crisis response services in a Region regardless of the characteristics and attributes of their specific sub-populations.

Outreach

All outreach activities and projects in a Region must be integrated with the Region's CE design, serving as an engagement resource or designated access point for the Region's resources, services, and housing.

Stakeholder Inclusion

Regions must support the implementation, expansion, and ongoing operation and evaluation of CE by regularly gathering stakeholder input and creating opportunities to receive feedback. Each Region must develop a plan to collect stakeholder feedback at least annually and will engage participants from CE to collect stakeholder feedback which includes: all component types in the Region, such as referral sources, individuals and families experiencing homelessness that have received services through CE including those who have been successfully housed, those who declined services/housing, those awaiting housing or who have been just recently connected to homeless services and programs, those successfully diverted, funders of homeless response systems, Clients that have decided to stop or exit CE, and mainstream system providers. This feedback can be gathered semi-annually through surveys, focus groups, and annually by other means and will engage the providers in the Region that are funded by ESG or CoC. Each Region must use the standardized list of questions for collecting Stakeholder feedback. The standardized list of questions is included in the "Coordinated Entry State Evaluation" section of this Policy will be used to improve the process

Full Coverage

The full geography of the IN BOS CoC must be covered by CE services including access to crisis response services, intake/assessment of Clients, and referral options.

Privacy Protections

CE operations and staff must abide by all State of Indiana privacy protections as defined by the Indiana BoS CoC Board of Directors and its sub-committees. Client consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to a Client as a result of his or her participation in HMIS will be the same protection offered as a part of CE.

List of Resources

Each Regional Lead Agency will maintain a list of all available resources in the Region, including each project's/program's eligibility criteria and number of available beds (including seasonal beds). The list of resources must be updated annually and available to the public.

Coordinated Entry Training

Each Region must develop and implement an annual CE training plan to ensure all participating partners are knowledgeable of Region-specific participation and performance expectations, are following

statewide guidelines and protocols for CE operations, and are striving to achieve national best practices and promising approaches for the most effective Coordinated Entry System. Needs or gaps in training effectiveness will be assessed annually as part of each Region's evaluation of CE processes.

Elements of locally specific training may include the following:

- CE access points and access protocols;
- General eligibility requirements for all Region projects
- Prioritization standards and protocols for how Client's placement on Prioritization Lists will be managed;
- Referral processes and protocols (such as CE Event Referral Practices)
- Data collection, data management, data sharing and reporting requirements and responsibilities.

Elements of standardized approaches across all Regions in Indiana will be reinforced by state-level training (available via webinars and/or in-person) and capacity building opportunities and may include but are not limited to the following:

- Effective strategies for the CE assessment process, score analysis, and referral determinations;
- Effective Client engagement techniques for challenging or difficult to engage Clients
- Trauma-informed care throughout the CE process
- Intake/Assessment practices and approaches that honor the lived experience of the specific culture or sub-population accessing emergency services
- Co-occurring issues of substance use disorders, mental illness, physical disability, chronic health conditions, and sexual assault and family violence
- Domestic and sexual violence 101, exploring dynamics of violence and how violence impacts a person's executive decision making and functioning
- Information specific to working with immigrant/refugee and undocumented people and families as it relates to domestic and sexual violence
- Strategies for culturally competent CE practices and mitigating historical inequities among racial, ethnic, and cultural minorities
- Maintaining high quality data collection and reporting practices
- Strategies for maintaining Client confidentiality and privacy while coordinating care among multiple Regional partners
- Linkage of CE practices to achieving HUD's Region system performance measures.
- Effectively implementing the Equal Access Rule
- Trainings on topics related to culturally appropriate engagement

Data Sharing

All Regions must comply with the data sharing policies developed by the Indiana BoS CoC Board of Directors and its sub-committees.

HMIS and Data Collection

Each Region will use a data collection system as designated by the RPC to manage data related to CE operations. It is recommended that Regions collect data in the HMIS system designated by the IN BoS CoC Board of Directors. At a minimum, data collected from CE participants must include all data necessary to generate an accurate and complete Coordinated Entry Annual Performance Report (CE APR). The data required for entry into HMIS includes the following HUD Universal Data Elements: Name, Social Security Number, Date of Birth, Ethnicity, Race, Gender, Veteran Status, Disabling Condition, Residence Prior to Program Entry, Zip Code, Length of Stay at Previous Residence and Homeless Cause. Data must

be entered HMIS on a regular and consistent basis. "Regular and consistent" means within a five (5) business days period of intake/assessment or discharge. Use of the designated HMIS will allow for providers to gather data accurately and ensure they are collecting the data points required for the APR. The CE APR data will be derived from the HUD Universal Data Elements (UDEs) as amended by HUD and select Project-Specific Data Elements (PSDEs).

Regions may independently explore and utilize other HMIS functions and services in support of CE operations.

Mainstream Services

Each Region must implement a screening protocol to assess each Client's potential eligibility for the following mainstream resources or services:

- Housing
- Medical benefits
- Nutrition assistance
- Income supports

Coordinated Entry Statewide Evaluation

The Statewide CE process will be evaluated annually to ensure it is operating at maximum efficiency. The IN BoS CoC has contracted with C4 as a third-party contractor to provide an unbiased evaluation of 4 Regions each year, completing the entire Evaluation process in a 4-year cycle.

Evaluation mechanisms will include the following (see table above):

- *A monthly review of metrics from the Coordinated Entry process.*
    - Total number of individuals/families receiving CE services
    - Total number of individuals/families completing CE intake/assessment
    - Number of individuals/families by CHAT score
    - Number of individuals/families receiving CE referrals to RRH, TH, PSH and Other
    - Length of time from completion of CE Client intake/assessment to program entry
- *Each Region will conduct an Annual Coordinated Entry Evaluation with people experiencing homelessness that have been through the Coordinated Entry process.* The standardized questions to be used while conducting the Client Evaluations of the CE process are as follows:
    - Do you feel the assessor understood the things that made it hard for you to find housing?
    - What would you change about the questions that were asked during your housing intake/assessment?
    - Was the Coordinated Entry process explained to you during your intake/assessment? Are there things you would change about the process?
    - Is the program you were offered and accepted a "good fit" for you? Does it solve your housing needs?
    - Did the CE process meet your expectations and/or expected timelines?
- Each Region will conduct an Annual Coordinated Entry Evaluation with providers in the Region who are ESG or CoC funded and participating in the Coordinated Entry process. The standardized questions to be used while conducting the Partner Agencies Stakeholder Feedback and Evaluation of the CE process are as follows:
    - Is the CHAT successfully capturing the barriers of our clients?
    - What would you change to make CE more successful?
    - Was the intake/assessment process smooth for your clients? If not, what changes should be made?

- If you are a PSH provider, how quickly are you receiving referrals when a unit becomes available?
- Is CE successful in your Region with selecting and housing clients who are the most vulnerable in the community?

A comprehensive system evaluation of CE must be performed annually to ensure that both qualitative and quantitative information is collected and used to identify opportunities for continuous system improvement. Results of the statewide evaluation of CE operations may be shared with funders and policy makers.

NARRATIVE/Areas of inquiry should include but not be limited to the following:

1. CE Coverage
    A. Which Region projects are participating? What does participation mean (listing vacancies, accepting referrals)?
    B. Are all geographic areas of the Region covered by CE processes? (non-HMIS)
2. System Gaps
    A. What is the actual demand for Region crisis response services?
    B. Is demand effectively managed by the available resources and Region assets?
    C. What is the distribution of referrals by project type?
    D. What are rates and reasons for referral rejections?
3. Intake/Assessment Process
    A. Is participant intake/assessment data complete, accurate, and timely for referral process?
    B. Is the intake/assessment process respectful of participant preferences, culturally appropriate, and/or trauma informed? (non-HMIS)
    C. When referred, do participants get accepted/enrolled?
    D. When referred, do participants accept referral options?
    E. What is the length of time from referral to placement in housing?
    F. Are prioritized populations being successfully referred and enrolled in available housing and services?
4. Is there intake/assessment information collected that is not readily used to inform case planning or care coordination? (non-HMIS)
5. Access Consistency
    A. Does the relationship between referrals and eligibility vary in terms of presenting program participants' race, household size, age or gender of children, or geography (such as rural vs. urban)?
    B. If the Region has established different access points for singles, families, survivors of domestic violence, and youth are those sub-populations experiencing variance in rates of referral and enrollment when compared to other groups?
    C. Do rates of return to homelessness vary by program participant characteristics or site?

EXHIBIT A: Coordinated Entry Prioritization Policy

The Indiana BoS CoC has determined that an effective CE prioritization policy ensures that households who meet the following criteria are prioritized for housing resources including TH, RRH, and PSH:

- people who are least likely to resolve their homelessness situation independently as the result of severity of service needs and barriers to obtaining and maintaining housing
- people with the longest lengths of time homeless

This prioritization policy aligns with HUD's Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Prioritization for Permanent Supportive Housing (must have a disabling condition)				
First Priority	Chronically homeless	Highest assessment score 12 and above	Longest length of time homeless	Locally determined tiebreaker(s)
Second Priority	Not chronically homeless	Highest assessment score 12 and above	Longest length of time homeless	Locally determined tiebreaker(s)

Prioritization for Transitional Housing and Rapid Rehousing				
First Priority	Not chronically homeless	Highest assessment score 11 and below	Longest length of time homeless	Locally determined tiebreaker(s)

Regions may adopt factors to aid in decision-making when there are multiple households with the same chronicity, score, and length of time homeless. Some tiebreaker information may require discussion in a case conferencing setting, while others may be derived from HMIS data. Regions must submit the tie breakers they will utilize to the CoC's Service Provision Committee on an annual basis for approval. If regions wish to use a factor for tiebreaking that is not included in this list, they may request approval from the CoC's Service Provision Committee. The Service Provision Committee will consider these requests on a case-by-case basis, based on local data and justification.

Factors for Tiebreaking:

1. Population specific resource (e.g., targeted to people who are fleeing DV, youth, etc.)
2. Vulnerability to harm or death
3. Vulnerability to victimization, including physical assault, trafficking or sex work
4. High utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities

5. Significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type)

For TH/RRH beds only:

6. Income that is at 50% area median income (AMI) or higher
7. Person has identified a potential housing option and could exit homelessness with time-limited assistance like RRH

EXHIBIT B: Declined Referrals and Grievance Procedures

Provider Declines Referral

There may be rare instances where program staff do not accept a referral from the Coordinated Entry process. Refusals are acceptable only in certain situations, including:

- The person does not meet the program's eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this program; and
- The person has previously caused serious conflicts within the- program and was banned (e.g. was violent with another consumer or program staff).

If program staff determines a consumer is not eligible for their program after they have received the referral from Coordinated Entry, the consumer should be sent back to their initial intake/ assessment point for staff to determine a place for them to sleep that night (if they do not already have one). If intake/assessment hours are over for the day, the consumer should be referred to population-appropriate emergency shelter. Within 48 hours of their re-entry into shelter, a representative from the program that refused them, the intake/assessment staff member, and the person experiencing homelessness must meet to determine the best next step for the consumer. Any cases that are unable to be resolved to the consumer's satisfaction will be referred to the Service Provision Committee to be addressed as soon as possible. If a program is consistently refusing referrals (more than 1 out of every 4) they will need to meet with the Regional Planning Council to discuss the issue that is causing the refusals.

Provider Grievances

Providers should bring any concerns about Coordinated Entry to the Regional Planning Council, unless they believe a consumer is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the chair of the Regional Planning Council. The chair should then schedule for that provider's representative to come to the next available Regional Planning Council meeting so the issue can be resolved. If the issues need more immediate resolution, the chair will oversee determining the best course of action to resolve the issue.

Consumer Grievances

The intake/assessment staff member or the intake/assessment staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the intake/assessment staff member or intake/assessment staff supervisor include

complaints about how they were treated by intake/assessment staff, intake/assessment center conditions, or violation of data agreements. Any other complaints should be referred to the chair of the Regional Planning Council for resolution as above. Any complaints filed by a consumer should note their name and contact information so the chair can contact them and offer them the chance to appear before the committee to discuss them.

I. If the Regional Planning Council is unable to reach a decision and plan for resolution, the Regional Chair will forward the grievance information to the Coordinated Entry Analyst, via secure email or fax. The Coordinated Entry Analyst will then present the grievance for review by the Service Provision Committee during the next monthly phone call/meeting.
2. If the Service Provision Committee is unable to reach a decision and plan for resolution, the Coordinated Entry Analyst will then forward the grievance to the IN BOS CoC Board of Directors for review during the board's next monthly meeting.
3. The IN BOS CoC Board of Directors decision is final and will be communicated back to the Regional Chair of the grievance's originator. The Regional Chair will then communicate the final decision to the agency/program and client involved.