

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2022 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2022 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2022 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: IN-503 - Indianapolis CoC

1A-2. Collaborative Applicant Name: City of Indianapolis

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Coal. for Homelessness Intervention & Prevention

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
7.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
8.	Hospital(s)	Yes	Yes	Yes
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	Yes	Yes
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	Yes	Yes	Yes
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
23.	State Domestic Violence Coalition	Yes	Yes	Yes
24.	State Sexual Assault Coalition	Yes	Yes	Yes
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	HIV/AIDS Organization	Yes	Yes	Yes
35.	Faith Based Organization	Yes	Yes	Yes

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1) The CoC invites new members via multiple avenues, beginning with wide call out methods and narrowing to targeted efforts. The CoC sends out invitations to the quarterly CoC meetings via emails, posts on social media, and provider newsletters. Once the CoC receives interest from an individual, the CoC includes them in CoC communications. The CoC monthly newsletters highlight ways for individuals to become involved. With COVID-19 continuing, the CoC continues hosting weekly, virtual Thursday morning meetings to discuss all the initiatives and items related to homelessness, including public health related items. On average, 75 people attend this meeting, many from organizations new to the CoC. The weekly meetings became an avenue for new members to be involved. On July 19, 2022, the CoC hosted a meeting for new organizations to learn about the annual, local competition. 6 new organizations attended, with 2 new organizations attending the application office hours during the competition. 2) The CoC posts materials and presentations following meetings, via PDF or video format to its website and social media; and are translated upon request to other languages. The CoC continues to conduct its meetings via Zoom meetings. Zoom also allows for participants to utilize closed captioning. All other communication from the CoC includes accessible options for people living with disabilities. 3) The CoC established a lived experience, compensation matrix in the last fiscal year and secured \$30,000 in local funding to compensate persons with lived experience for serving in various parts of the CoC. Hourly rates range from \$15 for interns to \$60 for consulting on a particular project. The CoC partnered with CSH to train 2 cohorts of peer support specialists in the last year. There were 26 people in both cohorts, with 5 people being hired by local providers. The CoC hosted 9 focus groups to develop strategies for the CoC Unsheltered Homelessness Plan. 2 of the 24 participants were persons with lived experience. The NOFO workgroup invited and trained 3 persons with lived experience to oversee the local competition, however, none of those individuals attended the meetings. 4) The CoC is stepping up outreach to organizations representing BIPOC populations. As part of the CoC Unsheltered Homeless Plan focus groups, the CoC sent invitations to the Urban League, community centers serving neighborhoods of color resulting in 6 of the 24 participants being a person of color.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	
	Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;	
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and	
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.	

(limit 2,500 characters)

1) COVID-19 has brought many changes to the Indy CoC, including the addition of a weekly Thursday meeting that is attended by providers and stakeholders. This meeting started as a meeting to provide information quickly about the community’s COVID-19 response as well as a forum for solutions to problems that quickly arose because of the pandemic. Now, this meeting serves to communicate to a wide variety of stakeholders across the continuum on a regular basis. Approximately 75 people each week, including providers, persons with lived experience, community leaders, front line staff, as well as stakeholders such as downtown businesses, health care agencies and the public housing agency. 30 minutes of the meeting is spent addressing problems identified by providers or members of the community to resolve issues faced by persons experiencing homelessness. 2) The Coalition for Homelessness Intervention and Prevention (CHIP) is the lead CoC agency, communicating across workgroups as well as the Thursday Meeting. CHIP uses multiple avenues to inform the community and receive input, including social media and webinars. CHIP hosts a quarterly convening meeting to give updates on the Community Plan to End Homelessness and other important information. 3) The CoC has two new ways to gather information from the public and stakeholders. The first was through listening sessions for the development of the HOME ARP allocation plan. The City hosted 5 virtual group listening sessions over a 17-day period. The City invited a wide group of stakeholders, organizing each listening session by stakeholder type. The email was sent to 587 different organizations, including stakeholders from agencies representing fair housing advocates, persons living with disabilities, veterans, persons fleeing sex assault situations and/or human trafficking. The second method was through the development of the Unsheltered Homelessness Plan. The City hosted 9 virtual focus groups to develop strategies for addressing both unsheltered and sheltered homelessness. 2 of the 24 people attending the focus groups had lived experience, 6 people were persons of color, and 3 identified as LGBTQ+. Both these processes informed the CoC Convening Board, or Blueprint Council (BPC) of priorities for funding.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
NOFO Section VII.B.1.a.(4)		
Describe in the field below how your CoC notified the public:		
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

1) The CoC utilized ads in the local newspaper, social media, email, and a newsletter to notify it was accepting applications for new CoC projects. The CoC utilized social media and emails to notify the public of the new project application availability. The new project posting included a statement of who can seek funding, including organizations who have never applied before, the application, the scoring criteria, and the method for submission. The CoC announced the new application request for proposal via a web posting links/reminders on social media on 7/29. The CoC hosted a webinar on the RFP on 8/1 and hosted two open office hour sessions (8/5 and 8/12) for organizations to bring questions and receive technical assistance. The CoC posted reminders for the office hours and training on 7/27 and 8/5. The CoC posted the materials from the 8/1 training on 8/2. 2) The new project posting instructed applicants to submit proposals to the CoC email information@indycoc.org. The CoC accepted all complete and on-time applications. The CoC received two applications by the deadline of 8/15. The CoC received 3 applications from three organizations that have received funding before but met with two other organizations interested in funding who have never applied for CoC funding before. The CoC is developing new ways to encourage partnerships with these grassroots organizations with currently funded projects/organizations for future competitions. 3) The CoC utilized objective scoring criteria in evaluating projects. The CoC included the scoring criteria in the new project RFP posting. Non-conflicted individuals on the NOFO workgroup scored applications and used the average score to rank new applications. The NOFO Non-Conflicted Workgroup recommended applications for the priority listing to for Board approval on 9/8/22. 4) The CoC utilized electronic formats for all notices and application documents. Anyone requesting an accommodation may receive one. The CoC also utilizes MailChimp for its emails, which reviews every email for accessibility, including size of text and color before sending. Accessibility corrections are made if needed.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.	Housing and Medicaid Services Program (Anthem Blue Cross/Blue Shield)	Yes
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

1) The City is the collaborative applicant and participating jurisdiction, receiving CoC, ESG, and ESG-CV funding. The City, uses the same NOFO Non-Conflicted Workgroup members that determined CoC funding to evaluate ESG applications. The Workgroup will meet on 10/05/22 to review and make recommendations for 2023 ESG funding, coordinating funding streams to meet the goals of the CoC. Two members of leadership, at the City and CHIP, attended a five-week HUD sponsored cohort on how to use a coordinated investment planning tool to braid funding from various resources to serve the most vulnerable and other key populations prioritized by the CoC. This included developing a strategy to utilize the ESG-CV allocation to not only address the pandemic crisis but to move the community's plan to end homelessness forward. The Coordinated Investment workgroup meetings monthly to review the needs of community and recommendations from staff. The workgroup included stakeholders from ESG funded agencies, healthcare agencies, public housing, individuals with lived experience. In 2022, the workgroup, along with the NOFO workgroup prioritized funding for development of units for families. 2) The CoC and ESG Grant managers meet weekly to discuss the successes and challenges among providers with both funding resources. Meetings cover review of system performance dashboards, which measure SPMs for both CoC and ESG funded projects. The City's ESG and CoC teams host quarterly performance meetings, whereby the City and the HMIS teams can offer TA to poor performing recipients and offer creative solutions from peers. 3&4) The City of Indianapolis is the Collaborative Applicant, the Consolidated Plan jurisdiction and the ESG recipient. As part of its 2020-2024 Consolidated Plan, the City incorporated the 2019 PIT, HIC as part of the data analysis and CoC strategic goals are mirrored in the Consolidated Plan goals. The 2021 PIT and HIC informed the development of the HOME American Rescue Plan Allocation Plan. Each year the Action Plan evaluates progress made towards CoC goals and information from annual PIT counts. The PY2023 Action Plan will utilize data from the 2022 PIT and HIC, 2022 project performance dashboards and HDX reports to inform decisions for funding.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

1a) CoC providers have several agreements with Headstart/Early Headstart, local childcare and Pre-K providers to help with children younger than 6. 1b) The Indiana Department of Education (IDOE) recently hired a system navigator to assist local McKinney Vento Liaisons at local school districts navigate housing programs to address stabilize housing for students presenting as homeless. The IDOE participates in the McKinney Vento Liaison workgroup serving as a provider of aggregate data and information to determine if the needs of youth experiencing homelessness are properly addressed. 1c&d) The CoC policies offer guidance to work with education partners for pre-school and school aged children as well as contact information for each McKinney Vento liaison. The McKinney-Vento Liaisons Work Group has representatives from all Marion County school districts and meets monthly. Members collaborate to identify barriers or gaps in achieving education for families, children and youth who have experienced homelessness and lift issues to CoC and YHDP provider leadership. 2a) School on Wheels, a local nonprofit, has MOUS with several shelters and PSH providers to assist students with tutoring and schoolwork help to stabilize the learning of students experiencing homelessness. 2b) The CoC has a letter of agreement with IDOE that outlines the objectives of the partnership; identifying strategies to engage homeless youth within the 9 Marion County School Districts; prioritizing four core outcomes to end youth homelessness; prioritizing special populations such as LGBTQ+ and those in foster care; implementing positive youth development, trauma informed care, and family engagement; committing to a coordinated community approach to prevent and end youth homelessness; expanding capacity to serve homeless youth; and evaluating performance measures set by the CoC. 2c&d) In accordance with CoC policies, all ESG and CoC funded partners must have an identified education liaison, who are typically permanent housing case managers or project supervisors, that ensure the educational needs of clients or children are met.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The Indianapolis Written Standards outline the procedures that all ESG and CoC recipients must follow regarding education programs. Prior to contracting with the City, each provider must designate a staff member as an education liaison as part of its precontract form. Contractually, the City requires a notification within 30 days of any staff change in the event of an education liaison departure or promotion. This staff member must ensure that children are enrolled in school and connected to appropriate services in the community, including early childhood projects such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. The education liaison must inform families with children entering the provider’s housing or service program of the education services available. This staff person may carry out multiple duties within a single organization or partner across other agencies to ensure children are receiving educational services. The City of Indianapolis monitors each provider for compliance, annually. The IDOE and local early learning organizations, First Steps (early intervention services) and Head Start, have assisted the CoC with the development of policies for local providers to follow when informing homeless families of educational services. The CoC trains education liaisons annually to ensure all providers and front-line staff are aware of the current policies. The next session is scheduled 10/26/22. Information and resources related to the policy is regularly updated on the CoC website, and CHIP will send out a system-wide email to notify providers of any new education opportunities or policy changes as they arise.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	Yes	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Healthy Families	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.	

(limit 2,500 characters)

1) The CoC created its emergency transfer plan in 2018, and it's currently undergoing an update. DV providers, including Coburn Place and the Julian Center helped create the original plan and are working on its update. The plan was reviewed by the Indiana Domestic Violence Network. A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. If the person has a safety risk, providers explain the household's options to be immediately connected to a DV provider, who can complete a confidential version of the assessment and provide the household with trauma-informed services. Navigators at Indiana 211 will divert people to the DV crisis line, which is managed by the two 24-hour response crisis providers, Coburn Place and Julian Center. Out of necessity of the COVID-19 pandemic, CoC providers learned how to complete assessments with clients were in the presence of their abuser at the time of the call for help. Indy DV providers developed a new series of questions that would not "out" a survivor who is quarantined with their abuser. 2) The CoC hosted trainings on May 25 and 26 of 2022, which included the basics of trauma informed care for front line staff. The CoC reached out to DV providers to attend the training; however, all front-line staff attending the training benefited. The CoC specifically reached out to CoC funded programs and offered continuing education credits for attendance. The local DV emergency sheltered provided the in-person training.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC coordinates to provide training for:	
1.	project staff that addresses best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and	
2.	Coordinated Entry staff that addresses best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).	

(limit 2,500 characters)

1) Project staff at domestic violence service providers must complete a 40-hour case management institute prior to working directly with survivors. Project staff must update their training with 10 hours of additional education each year thereafter. Direct service staff at the two 24-hour domestic violence service providers, Coburn Place and Julian Center, log an average of 15-20 hours of continuing education each year. During COVID-19, the CoC heavily relied on providers to conduct their own staff training or identify virtual opportunities for project staff. While some offerings are available in person, most training is still conducted on-line with a certification of completion at the end. The Indiana Coalition Against Domestic Violence, the Domestic Violence Network, the Indiana Coalition to End Sexual Assault, the Indianapolis Neighborhood Housing Partnership and the Fair Housing Center of Central Indiana all offered virtual training sessions throughout the year. Training topics include fair housing, dynamics of intimate partner violence, tech safety for advocates and survivors, domestic violence and the law, prevention strategies, and implementing the CES lethality assessment questions. CES navigators are required to have a minimum of one hour of continuing education/training annually after the initial certification as a navigator. After the completion of training in May 2022, the CoC is developing a training schedule to host trainings for CoC and ESG provider staff in 2023, to include trauma informed care and safety planning. 2) As part of CES, the CoC requires and provides annual DV specific, trauma-informed care training, including safety protocols and how to conduct a domestic violence risk assessment to CES navigators. Due to the pandemic, the CoC referred providers to a training through the National Network to End Domestic Violence. The workshops were on-line and allowed staff to work at their own pace to meet the annual training requirement. CES navigators have a 60-day grace period to renew their training each year or they must receive the full training to maintain their position within CES.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
NOFO Section VII.B.1.e.		
Describe in the field below:		
1.	the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
2.	how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1) Each DV provider utilizes a separate, closed track HMIS system to collect and manage information, complying with the Violence Against Women Act that requires all information to remain confidential. CES navigators conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. HMIS Lead agency staff work with DV providers to obtain de-identified/aggregate data for all community reporting and performance information. All providers adhere to HMIS confidentiality and data sharing policies. Provider staff must sign an acknowledgement form of these policies prior to participating in CES, weekly case conferencing or utilization of HMIS. 2) The CoC combines de-identified, unduplicated domestic violence data with its HMIS data. The combined data is used to create a system model which estimates the housing and services needs for this subpopulation. The de-identified data is shared with providers and other CoC partners quarterly and annually and is used to determine the type of housing and social service needs for victims of domestic violence, dating violence, sexual assault, and stalking. For the 2021 competition, the information from HMIS and CES has been used to determine the need for projects as part of the DV bonus funding pool. Of the 2,598 people enrolled in HMIS between 01/01/19 and 12/31/20 with a history of domestic violence, 199 individuals were utilizing RRH. The largest portion of those in HMIS, 728 individuals, were using emergency shelter or crisis housing. During the first six months of 2021, CES completed 748 assessments of individuals with a history of DV and on 10/12/2021, 424 people were waiting for housing.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. the emergency transfer plan policies and procedures; and	
	2. the process for individuals and families to request an emergency transfer.	

(limit 2,500 characters)

1) The CoC approved an emergency transfer plan (ETP) on 8/27/18 and is part of the CES policies and observed by all CoC and ESG/ESG-CV projects. DV providers intend to update the ETP to include new protocols established during the pandemic by the end of quarter 1 of 2023 and be included as part of the CoC written standards. The new policies take into account feedback from DV providers, the City of Indianapolis staff, persons with lived experience and other Indy CoC stakeholders. The ETP ensures the safety of DV survivors from the moment they enter a program and once they are housed but need to move. DV providers have advocates that work with victims of domestic violence. These advocates serve as guides, to help clients navigate their new lives, finding an apartment within their budget and within a geographic area they feel safe. 100% of the clients served by local DV providers must complete a safety plan. As part of that planning process, the process of the emergency transfer plan is shared with clients. 2) Once in a program, if a survivor needs to move, they must work with their case manager to secure another unit within the program or with a different provider. When determining a safe locale, provider staff work with the client and discuss which areas of the city are ideal for the client, including proximity to safe family and friends, employment or school, and to the abuser and their family. Survivors' choices, sense of control, and safety take priority.

** **

1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC's geographic area.

(limit 2,500 characters)

A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. If the person has a safety risk, providers explain the household's options to be immediately connected to a DV provider, who can complete a confidential version of the assessment and provide the household with trauma-informed services. Navigators at Indiana 211 will divert people to the DV crisis line, which is managed by the two 24-hour response crisis providers, Coburn Place and Julian Center. CES navigators conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. HMIS Lead agency staff work with DV providers to obtain de-identified/aggregate data for all community reporting and performance information. All providers adhere to HMIS confidentiality and data sharing policies. The CES Lead hosts weekly case conferencing for all providers. Providers will offer open spots in their programs or staff challenges facing clients. Programs with open spots will reach out to clients in CES, alongside the DV Advocate to offer housing and supportive services assistance. Clients may choose DV specific programs or other programs offered within the CoC. All programs that are not DV specific must follow the same safety, planning and confidentiality protocols as DV providers.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry includes:
1.	safety protocols,
2.	planning protocols, and
3.	confidentiality protocols.

(limit 2,500 characters)

1) A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. If the person has a safety risk, providers explain the household's options to be immediately connected to a DV provider, who can complete a confidential version of the assessment and provide the household with trauma-informed services. With survivors isolated and quarantined with their abusers through the pandemic, new lethality questions were asked of them so as not to "out" them in front of their abuser. DV providers trained DV staff to develop a safety plan for survivors still living with their abusers and to work in a virtual environment with their clients. DV advocates met with survivors in neutral places to offer supportive services while a person waited for housing. Group support was offered virtually, and providers saw increased participation. DV providers used IMPD to check in with survivors more often during stay-at-home orders to ensure safety of clients. Much of these same safety protocols are still in place. 2) All DV providers must work with clients to provide a safety plan. This includes locating a place to live in a geographic area they feel safe in, addressing the procedures if the client were to see their abuser while at work, school or at the bus stop. Advocates will work to ensure protective orders are in place and all paperwork is correctly filed. 3) CES navigators conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. HMIS Lead agency staff work with DV providers to obtain de-identified/aggregate data for all community reporting and performance information. All providers adhere to HMIS confidentiality and data sharing policies. Front line staff sign confidentiality agreements and provide copies to client to offer assurance that all information and data is protected. All documents identifying the address of the survivor are kept in confidential files. Providers must adhere to strong confidentiality provisions as directed by the Violence Against Women Act (VAWA). Physical files are kept in locked offices and file cabinets accessible only to the Advocate maintaining that file. Electronic client files are stored in Eccovia ClientTrack, which requires an authorized account to enter and access client information. ClientTrack accounts are limited to Advocates and select staff who access data for reporting requirements.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy—Updating Policies—Assisting Providers—Evaluating Compliance—Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC’s process for evaluating compliance with your CoC’s anti-discrimination policies; and
4.	your CoC’s process for addressing noncompliance with your CoC’s anti-discrimination policies.

(limit 2,500 characters)

1) The CoC does have anti-discrimination policies as part of its written standards, finalized on 10/19/2020. The anti-discrimination policy specifically references the US Fair Housing Act, the Americans with Disabilities Act and the Equal Access to Housing Final Rule. The written standards are written by CHIP staff, with the direction of the CoC Board. Workgroups are convened when updates are needed, and include stakeholders from provider front line staff, persons with lived experience, and City staff. 2) The CoC offers training on fair housing to all providers within the CoC. Announcements are made through social media, bi-weekly newsletters and the Thursday morning calls. The City provided a virtual training on HUD’s Equal Access Rule to providers on 07/20/2022 and paid for the Fair Housing of Central Indiana to provide virtual trainings via the Thursday morning calls. For providers that are interested in updating their policies, the City provides templates from peers with HUD compliant policies and from peer jurisdictions. 3) The City, through the annual monitoring process, ensures all providers have correct, anti-discrimination policies, as required in their contracts. All policies are to include gender identity and sexual orientation as part of the protective classes listed in anti-discrimination policies. 4) The City investigates all grievances of discrimination by City funded projects. If a complaint is filed via HUD or the Mayor’s office, and is beyond the capacity of City staff, the City will partner with the Fair Housing Center of Central Indiana to investigate. The CoC also will not fund any project that has a complaint filed against them or is underway. Renewal projects that have a complaint under investigation will have to file a corrective action plan with the Non-Conflicted Workgroup to include a solution to the complaint as well as a process for improving compliance with fair housing regulations.

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area—New Admissions—General/Limited Preference—Moving On Strategy.	
	NOFO Section VII.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2021 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Indianapolis Housing Agency	59%	Yes-Both	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
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NOFO Section VII.B.1.g.

Describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or |
| 2. | state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference. |

(limit 2,500 characters)

1) There is only one PHA, the Indianapolis Housing Agency (IHA), in the CoC catchment area. IHA Commissioners adopted the homeless preference in October, 2017, which gave an HCV preference to nine applicant households per month (108 annually). An amendment to the homeless preference, adopted in September 2019, increased the preference to 300 HCVs in 2019, with 7 per month each year after that. Between September 2019 and January 2020, collaborative efforts of CoC providers identified, referred, and supported households in obtaining the vouchers, locating units, and moving into permanent housing. CoC Project Managers focused on permanent supportive housing and coordinated entry refinement to form a single implementation workgroup that met weekly to track progress, problem-solve, streamline processes, and address barriers. The implementation workgroup identified four priority populations, PSH move on, chronically homeless, RRH transfers, and Wheeler Mission (ES) clients. Of those not housed, the implementation workgroup identified 13 different reasons for not utilizing the voucher, including voucher expiration, self-resolution, client decision, and criminal history, to name a few. IHA and the CoC currently have two MOU's in place to formalize the working relationship around EHV's and FYI vouchers. The CoC tracks progress of the vouchers in HMIS on the system performance dashboard, including traditional vouchers, NED vouchers and FYI vouchers. From 8/1/21 to 7/31/22, 1,288 households were served. Of those permanently housed, 0% have returned to homelessness. 2) Not applicable.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
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Not Scored—For Information Only

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	Yes
7.	Public Housing	No
8.	Other Units from PHAs:	
	Foster Youth to Independence	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	No
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). NOFO Section VII.B.1.g.	
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	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.

PHA
Indianapolis Hous...

1C-7e.1. List of PHAs with MOUs

Name of PHA: Indianapolis Housing Agency

1D. Coordination and Engagement Cont'd

1D-1.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition.	20
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2022 CoC Program Competition that have adopted the Housing First approach.	20
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation; and
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.

(limit 2,500 characters)

1) All new projects must meet threshold guidelines before being considered for funding, including meeting housing first guidelines. Narrative questions are scored in the plans and methods the project will use to comply with housing first. Projects funded through the City are required, contractually, to follow housing first principles. 2) The CoC written standards include housing first guidance for all programs. In February 2021, the CoC governing board endorsed the Corporation for Supportive Housing (CSH) Dimensions of Quality Assessment and Certification Process for CoC Funded PSH projects. The CSH Quality Supportive Housing Certification Program awards a Quality Seal of Approval to single- and scattered-site supportive housing projects that meet or exceed rigorous standards for supportive housing outcomes. To ensure fidelity to the Housing First Model, six providers and 10 projects underwent the CSH Dimensions of Quality Certification process. This first cohort of projects, underwent an examination in five areas, including tenant centered, accessible, coordinated, integrated and sustainable practices. The certification process took place over one year (2/2021 – 1/2022), with technical assistance offered during the winter and spring of 2022 for projects not meeting the certification threshold. Certification requires the projects meet standards of 70% or higher in each of the five practices. 60 percent of the projects achieved the full certification with 10% receiving a preliminary certification, with full certification to be achieved after technical assistance. 3) The HMIS team and City staff evaluate projects based on their attainment and nonattainment data, or the reasons for accepting or rejecting referrals, to determine the reasons why a program may have low attainment and to determine if they follow housing first models. Projects must not exclude participants from their program that have current or past substance abuse, history of victimization or a criminal record unless imposed by federal, state or local regulations. Projects may not impose income or service participation requirements as part of their program. The local Housing to Recovery Fund is also another resource that encourages housing first principles. Projects that meet or exceed expectations/outcomes may receive a 5% bonus. The idea is to offer incentives to projects not funded under federal resources to participate in housing first and work together as a collaborative system.

1D-3.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:	
	1. your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;	
	2. whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;	
	3. how often your CoC conducts street outreach; and	
	4. how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

1) The Professional Blended Street Outreach (PBSO) team is a collaborative approach to ensuring that all persons experiencing unsheltered homelessness in Indianapolis (Marion County, Indiana) are identified, engaged and offered services through the Continuum of Care. Full- and part-time professional outreach workers representing a variety of organizations comprise PBSO membership, and they work in teams of 2-3 workers engaging in street outreach according to a schedule agreed upon by all member agencies. Most teams consist of members from different agencies, allowing for a variety of experience and expertise among each team. The CoC is divided into quadrants with teams specializing in serving a particular quadrant(s), visiting each section daily and creating familiarity with established encampments as well as with areas where new encampments may develop. Orientation to PBSO, signing of MOUs, etc. is managed by the Street Outreach Manager of a nonprofit service provider who also receives referrals and coordinates communication among PBSO teams, the Office of Public Health & Safety, the Indianapolis Metropolitan Police Department's Homeless Unit, and other support entities. PBSO team members represent a wide variety of entities including homeless service providers, Community Mental Health Centers, the VA, and Marion County Probation. All outreach workers in the system work to locate clients and connect them with housing providers when the clients have been referred to housing. 2) The PBSO teams cover all of Marion County, which is the entire geographic area of the CoC. 3) Teams conduct street outreach six days per week during the day and three times per week during the evening. 4) PBSO teams include members who speak Spanish and know ASL and are called as needed. Individuals speaking another language can be reached through the services of an independent translator, accompanying PBSO teams to the client's location. In 2021, Coordinated Outreach staff leveraged partnerships to connect to 604 individuals, many of whom were not previously engaged. This resulted in 61 new CES assessments and 131 permanent housing placements. Outreach workers were also able to connect individuals directly to non-congregate shelters, which offered previously unsheltered individuals new opportunities to connect to housing and services.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	692	1,121

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	No
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1. systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2. works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3. works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) The CoC uses multiple avenues to provide up-to-date information on mainstream resources available for program participants. CoC newsletters, bi-weekly emails, and social media to inform providers about updates to access SSI/SSDE resources, to accessing free/reduced childcare through Indiana’s Build Learn Grow program, and to connect to Indiana Health Coverage Program Area Medicaid Rehabilitation Options. The weekly CoC Thursday Morning zooms have been another source of information, including information related to mainstream resources- including SOAR, substance abuse programs, and IRS payments/credits. Each weekly meeting is followed up by a system-wide email with more detailed information. 2) The CoC piloted a program through the Housing to Recovery fund and partner provider, Horizon House, to connect people experiencing homelessness to health insurance and help navigate the healthcare system. The goal of the program is to connect more people to health insurance, primary health care services and improve health outcomes for persons experiencing homelessness. IU Health contributed \$500,000 in 2021 and the CoC is asking for an additional \$1 million to expand the program model across the entire CoC. 3) CoC and ESG funded projects are evaluated based on their ability to connect individuals to healthcare services and/or enroll them in health insurance. The CoC Performance Workgroup meets quarterly with City staff to review performance of each project and offer solutions to improve performance. On 5/25 and 5/26 of 2022, the CoC offered free training that included presentations on best practices for supporting clients on obtaining TANF, WIC and SNAP benefits. This was the first, system wide in-person training for front staff since the beginning of the pandemic. Staff earned continuing education credits as incentive for their attendance. The CoC offered free SOAR training for providers, emphasizing the importance of educating new front-line staff on the benefits of this training. While providers did not take advantage of this free training, the CoC will continue to offer the training free of charge to providers, reaching out to providers who are performing poorly in this area in quarterly performance monitoring. In 2023, the City will contractually obligate CoC and ESG funded providers to have at least one SOAR certified person on staff for the next round of funding.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

(limit 2,500 characters)

During the pandemic, the City leased an empty school (IPS #68) to serve as a non-congregate site for persons presenting with COVID-19 variants or other illness. Though not currently in use as a non-congregate shelter, the lease is still in effect and can be reactivated/mobilized as a non-congregate shelter site. The City utilized CDBG funding to create pods within the school to keep households, either individuals or families, distanced from other households. The CoC continues its collaboration with the Marion County Health Department, offering guidance to local shelters and providers on how best to serve their clients and mitigate the spread of COVID-19 or other infectious diseases. For example, the Marion County Health Department has provided guidance to emergency shelters on how to repurpose areas of their shelter to serve as isolation space or non-congregate space. Family Promise of Greater Indianapolis, a local shelter, is expanding their successful shelter model. In June 2020, Family Promise began a program to rent ten apartments in the name of the organization. Local congregations and corporations procured the housewares and furnishings. Each apartment is used as a temporary homeless shelter for a family with children, all but eliminating the trauma associated with a shelter experience. The family works with a case manager to secure permanent housing as soon as possible. The case manager also provides referrals and transportation to wraparound services like mental health evaluation/treatment, physicals/immunizations, childcare/school enrollment, employment search/prep/retention, and more. If the guest family wants to stay in the apartment and take over the lease, that's ideal. They keep the furnishings. If they find a new place, Family Promise provides them with a Mustard Seed (local partner) referral for furniture, Goodwill vouchers for housewares, and more. The now vacant apartment and its furnishings become a shelter for the next family that calls. Currently (September 2022), Family Promise has 20 apartments serving as shelter. Family Promise utilizes a master lease for these units, providing an alternative non-congregate shelter model for families that are focused on family unification and permanent housing placement.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) The CoC is ready for future public health emergencies through its partnership with the Marion County Health Dept. and its Director, Dr. Virginia Caine who sits in an appointed seat on the CoC governing board. She offers leadership and guidance to address current and future public health issues. She attends the Thursday morning weekly calls, listening to providers' concerns and offers guidance in the development of policies and procedures regarding outbreaks. Another example of policy development includes the Office of Public Health and Safety convening a workgroup on how to prevent the spread of Monkey Pox. The group is utilizing Public Health Order #8 from the COVID-19 pandemic, which remains in effect and offers a base for new policy development. Policies and guidance developed under this workgroup will be included as guidance for the next update of the CoC's written standards, set for winter 2023. 2) The CoC established a homelessness disaster response team, with protocols for quickly activating and responding to emergencies. The disaster response team includes new partnerships, established through the COVID-19 pandemic, who had not previously engaged in the homelessness system. This includes the Marion County Health Department, the Indiana Department of Health, IU Health, and Anthem Health. The CoC homelessness disaster response team will coordinate with local disaster response centers, creating a centralized distribution of emergency supplies. The team can be activated quickly and offer a quick supply line for homelessness service providers. The third way the CoC is ready for future emergencies is through the engagement of new partners. As a result of the COVID-19 pandemic, parties normally not consulted when it comes to homelessness have now come to the table to strategize about how their work impacts persons experiencing homelessness. With these relationships established, in future emergencies, the CoC will only need to reactivate these communication lines, not create them.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) The CoC utilizes a weekly Thursday morning meeting, conducted virtually at 8:30 am to communicate information about the community’s public health response. The first meeting was conducted 3/19/20 to respond to the COVID-19 pandemic, immediately following the stay-at-home order that began 3/16/20. The meeting was initially structured to focus on weekly updates from the health dept, FSSA, City, and the CoC as well as opportunities for service providers to announce changes to their operations and problem-solve issues related to the pandemic. Each meeting agenda was developed in response to evolving community needs. Over time, the meeting has followed a more consistent structure with the first 30 minutes to communicate information from CoC and City leadership, sharing a weekly dashboard of progress on our community rehousing effort, and followed by 30 minutes of service-provider focused discussion on key topics identified by partners and agency leaders, including: SOAR training needs, local PHA collaboration, agency hiring and staffing challenges, etc. Roughly 70 people attend the Thursday morning meeting. 2) After each meeting a follow-up email is sent from the Executive Director of CHIP, Chelsea Haring-Cozzi, summarizing information shared and links to important resources. Safety measures, changing health guidance and information about vaccine information are all shared during the Thursday morning meeting. The CoC also established two Facebook sites, one was a general COVID/homelessness site that was public, and another was a service provider/private group specific to COVID communication and practices. Both continue to serve as spaces to offer a virtual opportunity to exchange information, share problems, and lift larger issues to CoC leadership.

1D-9.	Centralized or Coordinated Entry System–Assessment Process. NOFO Section VII.B.1.p.	
Describe in the field below how your CoC’s coordinated entry system:		
1.	covers 100 percent of your CoC’s geographic area;	
2.	uses a standardized assessment process; and	
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.	

(limit 2,500 characters)

1) The CES covers all of Marion County, which is the CoC geographic area, with 18 different access points. A broad range of organizations use CES to connect households experiencing homelessness to housing and services, including the local police, affordable housing developers, landlords, IHA, faith-based organizations, and McKinney Vento Liaisons. ESG and CoC recipients cover a range of provider types, including mental and physical health providers, housing service providers, emergency shelters, and DV service providers. 2) CES utilizes a standardized assessment process. The CHIP CES team provides comprehensive online training for all new CES Assessors, which is reinforced through quarterly data quality audits, ad hoc trainings, and annual Assessor refresher trainings. The standardized process includes scripts used throughout the computerized CES enrollment in HMIS as well as standard processes for administering and updating the assessment. The CoC currently utilizes the VI-SPDAT as part of its CES Assessment. 3) Annually, the CES team surveys key stakeholders, including provider leadership, direct service staff and persons with lived experience. The response from the surveys, combined with data from HMIS, sets up the projects for the CES Refinement team each year. The CES Refinement team is currently meeting to update the CES policies and process with the goal to improve efficiency, effectiveness, and equity in its assessment. Key team members are front line staff and persons with lived experience who participate in CES. The CES team is also investigating ways to collect feedback more than once per year, such as collecting input/surveys from clients at various points in their housing journey.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1) CES has 18 Access Points that provide flexible options to meet people where they are, including in-person assessments at homeless service agencies, at the person’s residence, or in their preferred location, virtual assessments via Zoom, or phone assessments. From 10/1/20-09/30/21, there were 6 virtual assessments completed and 1,125 via phone. There are also established referral pathways between McKinney Vento Liaisons, local police, diversion programs, hospitals, and re-entry services to connect people who may not be receiving homeless services elsewhere to CES Assessors (some of whom specialize in re-entry, youth and young adults, or DV). PBSO and Housing Focused Outreach are integrated with CES and provide outreach and CES assessments for unsheltered people who are unlikely to access other services. PBSO and Outreach Assessors completed 766 CES Enrollments from 10/1/20-9/30/21. 2) The CoC utilizes the VI-SPDAT as on part of the CES assessment along with identifying vulnerabilities related to chronicity and homelessness, current risks to health and safety, daily functions, wellness and substance abuse history. The CoC is utilizing HUD TA to revamp the CES assessment tool to accurately identify and measure vulnerabilities, ultimately replace the VI-SPDAT with a more equitable tool and to refine prioritization policies to ensure those most in need of assistance are prioritized for housing assistance. 3) CES also remains flexible to prioritize populations when crises arise, such as encampment closures, housing programs losing their funding, emergency transfers, or people at high-risk of COVID. This enables persons in most need of assistance to receive permanent housing choices consistent with the CoC priorities. 4) The CES enrollment workflow includes two phases: the Crisis Needs Assessment and the Housing Needs Assessment. Assessors are trained to complete both phases only when someone meets HUD’s definition of Cat 1 or Cat 4. People who are Cat. 2 or 3 should not complete the full Housing Needs Assessment. In doing so, assessors are eliminating questions for those who only need the Crisis Needs Assessment. The CoC is expanding CES with the use of System Navigation resources to proactively work through the most vulnerable people in the housing pools to ensure they have the homeless and vital documents necessary for housing referrals and leases and reduce their time from entering the system to housing.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	08/16/2022

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

1) The CoC developed its own Racial Equity Dashboard using HMIS data with a 12 month lookback on information. The tool evaluates disproportionality among race, poverty, sheltered and unsheltered homeless populations. The tool is updated monthly. The dashboard provides insight into program entries, assessment scores, housing placements and returns to homelessness among several groups such as Black households, Latinx households, LGBTQ households, youth and youth adult households, veteran households, and households with mental health concerns or physical disabilities. The dashboard looks at CoC wide data and can also drill down into specific project types to examine disparities in more specific parts of the system. Information from this dashboard was included in the most recent racial assessment, using data from 8/1/21 to 7/31/22. The CoC also used the CoC Racial Equity Analysis Tool for Marion County, as suggested by HUD. The racial equity assessment also used data from PIT populations and the 2015-2019 ACS to find disproportionalities within the homeless population. 2) Over the assessment, the CoC reviewed the percent of persons entering by CES assessment score, exits, and system performance measure components. Each item was evaluated through an equity lens, comparing the homeless population to the general Marion County (MC) population, which is the equivalent geography of the CoC. While the City has multiple populations of color, the Black Community represents the largest of those populations, both within Marion County and the homeless population. As such, the CoC has focused on the disproportionate results impacting the Black, homeless population. The CoC found Black persons represented 56% of the homeless population, but only 30% of the MC population. The CoC found White persons represented 30% of the homeless population, but 62% of the MC population. The CoC found Black households are more likely to experience sheltered homelessness and White households are more likely to experience unsheltered homelessness. The CoC found that racial disparities are greatest in family homelessness, with 74% of homeless families identifying as Black. Also, Black households show up disproportionately in RRH programs because of lower VI-SPDAT scores. As a result, they have lower rates of permanent housing placement and higher rates of returns to homelessness.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes

5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC utilizes the VI-SPDAT as part of the CES assessment to define the vulnerability of a person or family experiencing homelessness. The CoC convened workgroups to set the framework for a new assessment. The first step was to define vulnerability and severe service needs. "Severe service needs" is term used by HUD, the CoC Written Standards and the CES Policies but nowhere is it clearly defined. The CES Defining Vulnerability Workgroup met 4 times in 04/22. Members included people with lived experience, mental health, and/or substance use, Blueprint Council members, CES Skilled Assessors, experts in research and assessment tools, CoC housing and service providers, and HMIS staff. Members were recruited to represent workgroup values of lived expertise, racial equity, and being trauma-informed and person-centered. CES and the CoC acknowledge that individuals may be especially vulnerable due to their race, sexual orientation, gender identity, and household composition. However, these characteristics cannot be used to prioritize individuals due to the Fair Housing Act. The CES workgroup discussed co-occurring factors that may be used to measure vulnerability instead. The recommendation for the new definition was made on 5/27 and approved by the CoC governing board on 6/27/22. The outcomes for vulnerability fall in six categories: 1) vulnerable to death or suicide; 2) vulnerable to experience abuse, exploitation, or victimization, or to being taken advantage of; 3) vulnerable to significant negative health outcomes; 4) vulnerable to criminal justice system involvement; 5) vulnerable to continued homelessness; and 6) vulnerable to unwanted family separation. These six outcomes are prioritized based on population age and household size, to reduce the impact of racial inequity in the system from the first point of contact, the CES assessment. To supplement this effort, the CoC has encouraged the hiring of more black individuals for front line staff and leadership positions within the CoC. Feedback from persons with lived experience is the request to have more assessors "look like them," so they may feel comfortable that the person working with them understands their perspective and challenges. The CoC approved a standing committee to set further strategies for addressing racial disparities in the next three years. The committee will develop strategies that respond to the 08/22 racial assessment in fall and winter 2022/2023.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC posts a public Racial Equity dashboard that measures successes and outcomes of the CoC programs, utilizing data from HMIS in order to identify the disparities in the Indy CoC system in relatively real time. The dashboard is updated the 7th of every month and is reviewed by the Racial Equity Committee of the CoC Governing Board. The dashboard can examine system performance measures by project type (ES, TH, PSH, RRH, Street Outreach, CES) and by protected class. Those performance measures include the percentage of people of color who are entering the coordinated entry system, the prior residence of those clients, the average CES assessment score of clients of color compared to their white counterparts, how many clients of color were active in projects in the last year, how many clients of color have exited programs in the last year, and how many clients of color who have returned to homelessness. The Racial Equity Committee of the CoC Governing Board has been tasked with setting strategies and benchmarks for measuring progress to improve outcomes for homeless populations who identify as Black or African American. The CoC is working with Power Analysis, to meet with this group monthly. The target is to have goals and benchmarks by the end of calendar year 2022. CoC utilizes equity measures to evaluate renewal projects, new project applications and ESG applications. Projects are asked to explain how the results from the dashboard impact their decision making and program development. In addition to how the projects will work to prevent or eliminate disparities in outcomes for homelessness assistance, the NOFO Non-Conflicted Workgroup has identified that organizations need to model racial equity within the power structures and partnerships. Questions in the CoC renewal evaluations, new project application, and ESG application ask about organizational, internal values when it comes to racial equity. These answers are tracked and compared to the Racial Equity Dashboard to evaluate whether the new projects have had an impact in eliminating disparities in outcomes. The NOFO Non-Conflicted Workgroup determined priorities utilizing the information from the dashboards, including the trending PIT subpopulations, to determine the priorities for the PY2022 CoC competition funding. The Voucher Deployment dashboard is used by the CoC to evaluate progress made to reduce and eliminate racial disparities.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC’s outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

(limit 2,500 characters)

The CoC continues its outreach to invite persons with lived experience to serve on its governing board, its workgroups and as employees of the providers it funds. The CoC conducts its outreach at the weekly Thursday calls, through social media, and email newsletters, asking providers and PBO workers to identify or nominate persons for participation.. The CoC even conducts targeted outreach to partners such as the Marion County Re-Entry Coalition, Indiana Youth Group, Outreach, Inc., Indianapolis Urban League, and the Indianapolis Housing Agency. The CoC established a lived experience compensation matrix in the last fiscal year and secured \$30,000 in local funding to compensate persons with lived experience for serving in various parts of the CoC. The Housing Trust Fund contributed \$20,000 and the United Way of Central Indiana contributed \$10,000. Hourly rates range from \$15 for interns to \$60 for consulting on a particular project. The CoC partnered with CSH to train 2 cohorts of peer support specialists in the last year. There were 26 people in both cohorts, with 5 people being hired by local providers. The CoC hosted 9 focus groups to develop strategies for the CoC Unsheltered Homelessness Plan. 2 of the 24 participants were persons with lived experience. Each person with lived experience earned \$50 for participating in each focus group meeting. The NOFO workgroup invited and trained 3 persons with lived experience to oversee the local competition, however, none of those individuals attended the meetings. In July 2022, the CoC paid for 5 individuals with lived experience to attend the conference hosted by the National Alliance for Ending Homelessness. Registrants had the opportunity to attend plenaries and workshops focused on long-standing and emerging issues in the homelessness field, including race equity, creative housing solutions, peer support, older adult homelessness, unsheltered homelessness, and much more. Persons with lived experience who serve on the CoC in any capacity, are welcome to attend trainings to further their education, such as fair housing or CoC provided training. The Funds to pay for training, hotel stays, and conference fees comes from local philanthropic dollars.

1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	9	0
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	0
3.	Participate on CoC committees, subcommittees, or workgroups.	34	0
4.	Included in the decisionmaking processes related to addressing homelessness.	2	0
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

In July 2022, the CoC paid for 5 individuals with lived experience to attend the conference hosted by the National Alliance for Ending Homelessness. Registrants had the opportunity to attend plenaries and workshops focused on long-standing and emerging issues in the homelessness field, including race equity, creative housing solutions, peer support, older adult homelessness, unsheltered homelessness, and much more. Persons with lived experience who serve on the CoC in any capacity, are welcome to attend trainings to further their education, such as fair housing or CoC provided training. Funding from local philanthropic dollars can be utilized to attend trainings that require fees. The CoC partnered with CSH to train 2 cohorts of peer support specialists in the last year. There were 26 people in both cohorts, with 5 people being hired by local providers, including the Damien Center, Horizon House, Pando, and Stopover. All three of those providers are CoC funded providers including in the priority listing. Partners in Housing, another provider included in the CoC listing, utilized Housing Trust Funds to hire a person with lived experience. Peer support specialists bring their own personal knowledge of what it is like to live and thrive with homelessness, mental health conditions and substance use disorders. They support residents towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The peer support workers assist the support service coordinators with acclimating the new residents at move-in, assisting them in connecting to mental health services, assisting in creating recovery groups and providing residents with information about outside recovery groups. Through Peer Support, clients meet others who have felt as they do—who have been through similar difficulties to those they are currently facing—and have come out the other side. This inspires a level of hope and reminds them that life will not always be this way. Peer support workers can help break down barriers of experience and understanding, as well as power dynamics that may get in the way of working with other members of the treatment team.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

(limit 2,500 characters)

1) Most projects within the CoC utilize two forms of client feedback: structured and unstructured. Clients are given the opportunity to provide detailed feedback through structured Participant Surveys that they receive by mail. Program participants can also file a grievance regarding any aspect of the program through a written grievance procedure. Periodically, group meetings are held in which participants have the opportunity to express needs, concerns and suggestions. In addition, staff regularly solicit unstructured feedback from individuals on their caseload, bringing praise as well as concerns back to program management for consideration. Finally, participants may respond to social media posts from the agency as a means of providing feedback about services and other aspects of the program. Providers have also utilized the hiring of peer support specialists to help improve their programs. The recent hiring of Peer Support Specialist who have lived experience and are trained and certified to use their experience to assist others has been instrumental in shedding light on how best to integrate peer services into our housing program. Because they can relate to the experiences of our program participants, they are often able to make suggestions for increased flexibility that better meets the needs of clients. YHDP funded projects utilize a CQI process, quarterly, to examine the performance of each project as well as client feedback on each of the programs. 2) Persons with lived experience expressed a desire to participate in the CoC but noted the challenge of the time required would result in a significant loss of income. The CoC responded with its compensation matrix. Hourly rates range from \$15 to \$60, paying living wages for most work. Most recently, the CoC hosted 9 focus groups to develop strategies for the CoC Unsheltered Homelessness Plan. The guidance from persons with lived experience included a strategy to improve the count of people who are unsheltered and living outside of the downtown area. Feedback the CoC received is that during the PIT, the CoC does not have the manpower or connections to count those in the county that are unsheltered and are not congregated in the downtown or near downtown areas. Because of this, there has been some discussion about how we can leverage communication and partnership with grassroot organizations that may know of more camps or unsheltered people not congregated in the downtown or near downtown areas.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

(limit 2,500 characters)

1) In November 2021, the City of Indianapolis enacted an updated zoning ordinance to allow more housing typologies within a majority of Marion County. For example: before the enactment, the most a developer could get out of the most-used residential zoning district D-5 could only have a duplex but now the City permits up to 4 units in a home. This allows small apartments in D-8, allows compact homes, and allows more height. The City also relaxed the setbacks and open space requirements, relaxed and enhanced its mixed use districts and applied a Transit-Oriented Development Overlay along our Bus Rapid Transit lines for more pedestrian-oriented design while increasing the intensity of uses, including residential, along those corridors. Reforming these zoning policies enables more affordable housing and reverses disparity in housing development at the local level. 2) The City of Indianapolis is challenged by many regulations that are placed upon the community by the State of Indiana General Assembly. Some of these regulations are challenging to affordable housing, such as restrictions to rent control or restrictions on inclusive zoning. However, each year, City officials work diligently to educate state legislators on the importance of affordable housing and inclusive neighborhoods. When the General Assembly for the State of Indiana assembles committees to study the issue, the City participates in any way it can as an advocate for furthering affordable housing. Recent examples include the Indiana Housing Task Force and the Low Barrier Shelter Task Force. Each group was assembled within the General Assembly to study the impacts and barriers to affordable housing.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	07/29/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
	You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:	

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below. NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	
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You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	100
2.	How many renewal projects did your CoC submit?	16
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process. NOFO Section VII.B.2.d.	
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- Describe in the field below:
- | | |
|----|---|
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing; |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing; |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(limit 2,500 characters)

1) The CoC developed publicly accessible dashboards, using data from HMIS to report progress in all system performance measures. The CoC can evaluate performance for all projects, regardless of funding, utilizing the HMIS system and CES. The data is updated the 7th of every month so users can look at their progress for placing households in permanent housing over the course of the year. 2) The HMIS User Workgroup, through monthly meetings, review the dashboard and look at indicators that may impact the permanently housed SPM, as well as data quality issues. The group discusses barriers to improve their performance with peers and share solutions. Annually, the CoC measures renewal projects on a variety of system performance measures, including their ability to permanently house clients. The monthly discussions within the HMIS User Workgroup enable providers to make programmatic changes to improve performance. 3) The CoC renewal project scoring tool measures the percentage of persons served by a project with vulnerabilities or severity of needs, including history of victimization/abuse, criminal histories, chronic homelessness, low or now income, and/or past or current substance abuse. Projects can score up to 4 points for having a large portion of their client base with severe needs, offsetting any lowered score in other measures. The CoC evaluates the scoring tool each year to ensure the tool is fair to projects serving clients with severe service needs, who also may have lower performance. If needed, point evaluation can be changed to encourage performance and adjust for barriers faced by CoC funded projects. 4) The final priority listing and ranking for 2022 ranks projects by overall performance. Renewal projects are allowed to submit corrective action plans, with plans to improve performance. For projects in need of additional service dollars, the Housing to Recover Fund is available for projects serving more clients with severe service needs, that also need to improve performance. The Non-Conflicted Workgroup is aware by placing a renewal project to straddle Tier 1 and 2 places some DV units at risk for funding. As such, the City is submitting a DV bonus project to expand the capacity of the local DV providers by taking the lead on a DV project, providing direct TA to growing DV providers in the area that may not have the fiscal capacity to manage a CoC project but are still serving this population.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below:	
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.

(limit 2,500 characters)

1) The CoC set a goal to reflect the demographics of its homeless population, specifically increasing the number of people of color on its governing board resulting in 8 of the 14 people identifying as a person of color. The CoC developed an Unsheltered Homelessness Plan over the summer of 2022. The City hosted 9 virtual focus groups to develop strategies for addressing both unsheltered and sheltered homelessness. 2 of the 24 people attending the focus groups had lived experience, 6 people were persons of color, and 3 identified as LGBTQ+. Both these processes informed the CoC Convening Board, or Blueprint Council (BPC) of priorities for funding. 2) The CoC added questions to the application to ask how each project will address racial inequities found within the last racial equity assessment. Projects were asked to provide the steps it takes to serve persons of color, how its thinking about racial equity informs the development and implementation of its programs, and the trainings offered to staff to address racial inequities. The renewal scoring tool also awards 3 points to address inequities, using the same evaluation method in the HUD scoring tool template. 3) The CoC Non-Conflicted Workgroup, who oversees the local competition, including the development of the scoring tool, revision to CoC policies regarding the competition and the priority listing reaches out to persons of different races throughout the year. 28% of the members identify as African American. The Non-Conflicted Workgroup also reached out to three persons with lived experience to join the team and provided a virtual training session in May 2022 for the new members. However, none of the persons with lived experience attended the meetings during the competition. The CoC will continue its outreach efforts and adjust meeting times as needed to be inclusive of all voices. 4) Projects within the CoC have described barriers in serving families requiring larger units, with a higher number of bedrooms. Of the families experiencing homelessness in the CoC, the racial equity assessment found 74% were African American. Larger units to serve these families were prioritized in the 2022 competition and projects with bigger units were included in the 2022 priority listing. Horizon House, a new PSH project in the priority listing will set aside 10 of the 30 units to be 3-bedroom units. By adding larger units, the CoC can begin to address this barrier faced by African American families.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
	2. whether your CoC identified any projects through this process during your local competition this year;	
	3. whether your CoC reallocated any low performing or less needed projects during its local competition this year; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

(limit 2,500 characters)

1) The CoC has reallocation policies that include voluntary and involuntary reallocation. Under the voluntary reallocation policy, projects elect to reallocate part or all of their budget. Under the involuntary policy, the projects must meet spending targets by project size and meet minimum performance standards. Projects with larger budgets must meet higher percent drawdown goals. During most years, projects not meeting drawdown goals or minimum performance standards are involuntarily reallocated. One project decided to voluntarily reallocate a portion of the DV bonus to another project in the 2022 competition as it was not meeting drawdown thresholds. 2) The CoC utilized HMIS based scoring tool in the 2022 competition, with projects able to view data impacting their scores in real time. Projects not meeting their spending targets and/or not meeting minimum performance standards for renewals (set at 70 out of 100 points) were allowed to appeal to the NOFO Non-Conflicted workgroup to be considered for renewal. 3) The NOFO Non-Conflicted Workgroup members heard 5 corrective action plans from 4 organizations and voted to allow 4 projects to renew and 1 project to fully reallocate due to low performance as part of the 2022 competition. 4) One of the projects not renewed was done so at the provider's request. The second project not renewed did not follow through with its improvement plan, including meeting with HUD TA.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	Yes
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/11/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	09/08/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/23/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/23/2022
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Eccovia - ClientTrack
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC’s HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

	Enter the date your CoC submitted its 2022 HIC data into HDX.	05/05/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.

(limit 2,500 characters)

1) The CoC and CHIP, the HMIS Lead, have supported DV housing and service providers in obtaining a separate instance of HMIS from the same vendor the CoC uses. By utilizing the same vendor, the HMIS Lead can provide additional training and support to the DV providers regarding the HMIS Data Standards, database customization, and comparable database requirements. CHIP expanded its HMIS team to include a single person dedicated to providing virtual or on-site technical assistance to providers in working with HMIS. This person may also provide technical assistance to DV providers utilizing the same vendor for tracking their data. DV providers have access to the CoC HMIS to accept referrals from the Coordinated Entry System but they use a comparable database for all data entry. 2) the CoC is in compliance with 2022 HMIS Data Standards.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,825	81	1,644	94.27%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	315	134	181	100.00%
4. Rapid Re-Housing (RRH) beds	1,121	185	936	100.00%
5. Permanent Supportive Housing	1,391	0	1,343	96.55%
6. Other Permanent Housing (OPH)	1,951	0	1,835	94.05%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

Not applicable to the Indy CoC. All HMIS bed coverage exceeds 85%.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by February 15, 2022, 8 p.m. EST?	No
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	01/24/2022
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	05/05/2022
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2B-3.	PIT Count–Effectively Counting Youth.	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

1) Each year, the PIT planning process begins with the PIT Planning Workgroup. Representatives of youth and young adults (YYA) serve on the workgroup, including a Youth Action Board (YAB), and staff from Outreach, Inc. and Damien Center, two groups that receive YHDP funding. The CoC invited IYG, another YHDP funded organization, to attend and consulted with McKinney-Vento Liaisons. A YAB member created a one-pager about the PIT to pass out to YYA before the PIT to encourage participation by YYA. During the week of the PIT, volunteers administered surveys at Outreach, Inc. and the Damien Center at their community night to engage homeless youth in the response. 2) The CoC invited YAB members to participate in the PIT count, but none attended. YYA were present at Outreach, Inc. in the dayroom when volunteers administered surveys with their peers. YYA that were present asked to learn more about the 2022 PIT count process and the use of data. After learning more, the YYA connected with the CHIP for future PIT counts. 3) During the planning process, representatives from Outreach, Inc. and the Damien Center suggested surveying YYA experiencing homelessness at their physical locations during the times YYA are present, during normal drop-in hours and during the community night for YYA. Outreach, Inc. also suggested surveying take place at the Westminster Food Pantry, as that is a location where many YYA go to get food. The CoC asked IYG to conduct surveys during their open drop-in hours (Mon and Wed) during the week of the PIT. The YAB dedicated one of their meetings to discussing the best places to reach YYA experiencing homelessness for the 2022 PIT. They (YAB) also shared on their social media site in November about the PIT and asked for any followers to DM the best locations to find and survey YYA experiencing homelessness. This information was shared with PIT count organizers.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section VII.B.5.a and VII.B.7.c.	
	In the field below:	
	1. describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;	
	2. describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and	
	3. describe how the changes affected your CoC’s PIT count results; or	
	4. state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.	

(limit 2,500 characters)

1) In 2022, the CoC made a change regarding data collection from the CoC's largest shelter to improve data quality and accuracy for family households. The CoC used a HMIS CSV file from the large shelter, downloading the information and converting the file into a base R file. This creates a replicated PIT-formatted report that was more easily combined with the sheltered report from CoC's HMIS and the unsheltered PIT from paper surveys. This new method enabled the CoC to use deduplication across all PIT data sources and helped with household member linking. In 2022, the CoC opted to match children and adults in households by examining consecutive Enroll IDs and matching children to the adult with the smaller Enroll ID. This allowed for more accurate reporting on the number of adults in families with children on the demographic splits between different household types. 2) The CoC added site-based volunteer shifts at known places for persons experiencing unsheltered homelessness, such as local library branches, food pantries, Horizon House Day Room, Outreach, Inc., Pourhouse, the Damien Center Community Night, IYG drop-in hours and Catholic Charities breakfasts. The addition of volunteers is a change, post pandemic, from the 2021 PIT when only street outreach workers conducted the unsheltered count. The CoC hosted 21 shifts during the week of the 2022 PIT, although surveys only asked about a person or family's location for the evening/night of 1/24/22, the official date of the 2022 PIT. 3) The biggest change in the methodology has been the multi-day survey, increasing the time to find and engaged folks living unsheltered, thus contributing to a more accurate count. For the first time since 2019, the CoC found 2 children experiencing unsheltered homelessness with a parent. This supports the CoC's data on family homelessness as a continuing issue and a need for the City to develop larger units affordable to this population and support the development of units through the CoC that meet the needs of families.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section VII.B.5.b.	

In the field below:

1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;
2.	describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time

(limit 2,500 characters)

1) The Indy CoC utilizes a survey each year as part of the annual PIT count to determine the causes of first time homelessness. Past results have included lack of affordable housing, high eviction rates and racial disparities. 2) Diversion remains the key strategy to prevent first time homelessness expanding over the past four years to include 8 Diversion Programs in the CoC. The Homeless Initiative Program (HIP) led the initiative with a pilot program and expanded funding to \$1 Million. HIP implements diversion by engaging in a Housing Problem Solving conversation and identifying client strengths, natural support systems, mainstream resources, and flexible financial assistance to avoid homelessness or to help them exit to housing rapidly and retain stable housing. From October of 2021 – June 2022, ten core partner community agencies piloted the use of Housing Problem Solving with flexible funding provided through United Way of Central Indiana to divert households from literal homelessness, creating a network with clearly defined priorities, strategies and metrics.. From 8/1/21 to 7/31/22, these programs served 301 households. In the summer of 2022, HIP received a Community Catalyst grant from the Indiana Family and Social Services Administration’s Division of Mental Health and Addiction to pilot a Holistic Housing Diversion Project (“Holistic Housing”) as a coordinated, collaborative crisis response to housing insecurity, mental health, and substance use disorders. In addition to the core partners directly accessing funding, proposed organizations that will serve as referral sources include McKinney-Vento Liaisons, Community Partners for Child Safety, Indiana Youth Group, hospital social workers, home-based CPS case managers, Recovery Café, and Horizon House. Holistic Housing plans to serve 500 households during the 30-month grant period. The strategy was developed through a racial equity lens to address the persistent drivers of inequity and builds on local efforts already underway and knits these efforts into a cohesive system focused on a housing problem solving approach. The group has worked to standardize conversations with persons who qualify for diversion services and identify ways to prevent first time homelessness. 3) Melissa Bell, Diversion & Holistic Housing Project Manager from Healthnet and Sharvonne Willamas, Director of Community Building and Family Stabilization of CHIP are leading this strategy.

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section VII.B.5.c.	
	In the field below:	
1.	describe your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the length of time individuals and families remain homeless.	

(limit 2,500 characters)

1) The key strategies to reducing the length of time homelessness are to enhance coordinated entry, prioritizing vulnerable households for permanent housing. As part of the CES Assessment and Prioritization Refinement Project, the CoC developed a new definition of vulnerability, considering six different factors at the initial assessment. The factors take into account experiences with systematic oppression and other factors that are associated with high rates of homelessness. This, along with the VI SPDAT, will determine prioritization within CES. The CoC is also working to scale permanent housing by developing a single housing inventory tool for landlords and tenants/providers to connect, called Padmission. Currently, 258 properties are registered and 109 units are currently (8/2/22) accepting applications. Padmission has 271 active users from CoC providers, aiding their clients in the search for permanent housing. Merchants Affordable Housing, the agency overseeing Padmission, has increased outreach to landlords to accept housing subsidies and/or housing choice vouchers. The CoC focused the Housing Acquisition Team's resources and the Flexible Funding to increase the pool of landlords and unit supply. 2) Additionally, outreach programs are focusing their efforts on person(s) with the longest length of homelessness. CES admission has been streamlined, with enhanced support from the system navigators to connect with clients to prepare them from housing. This support includes organization and securing documents needed for housing, finding additional resources while waiting for housing, and working in tandem with providers through the referral process. CES prioritizes households with the most chronicity and longest length of time of homelessness to be housed with open PSH or RRH units. The CoC is working with providers and persons with lived experience to develop housing focused case management standards, that enable front line staff to better understand the challenges and barriers individuals and families face as they choose a place to live from unsheltered situations. This will include peer support to mentor individuals through the transition process. The work will begin in October 2022. 3) Danielle Bagg Wireman, Senior Director of Impact at CHIP and Greg Stocking, VP of Rental Assistance Programs at Merchants Affordable Housing, will oversee the implementation of the strategy for reducing the length of time homeless.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing—CoC's Strategy NOFO Section VII.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) The CoC’s primary strategy to increase the rate of exits to permanent housing for all households is to create more permanent housing options for individuals entering the homelessness system, either through ES, TH or RRH. The Indianapolis Community Plan to End Homelessness outlines five priorities, one of which is to increase the number of PSH units by 222 units each year over the next five years through any source of funding. The CoC added 132 units in 2019, 320 units in 2020, and 233 units in 2021. The CoC, through the 2022 local competition, will increase PSH by 34 units. These additional units are the result of many years of work towards this strategy, developing a pipeline of permanent supportive housing. Six different projects are in the planning stages of the pipeline, adding 153 new supportive housing units in the next two years (2023 and 2024). The additional PSH units enable the flow of persons moving from ES, SH, TH and RRH to permanent housing. Those individuals can either move directly into PSH or as others move into PSH, it will free other housing opportunities for those in ES, SH, and TH. 2) The CoC is working with providers and persons with lived experience to develop housing focused case management standards, that enable front line staff to better understand the challenges and barriers individuals and families face as they choose a place to live from unsheltered situations. This will include peer support to mentor individuals through the transition process. The work will begin in October 2022 and identify ways to not only place people in permanent housing, but stabilize their housing. Specific to CoC funds, projects are also scored on permanent housing placement and retention as part of the renewal process. City staff meet quarterly with projects to review their permanent housing placement numbers prior to annual scoring. All projects, CoC funded and otherwise, are included in the Indy CoC dashboard, reporting permanent housing placement by project type and by individual project, with data updated monthly. HMIS data quality meetings review the system performance dashboards. 3) Rodney Stockment, the Strategy Director for Homelessness with the City of Indianapolis will oversee this strategy.

2C-4.	Returns to Homelessness—CoC’s Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC’s strategy to reduce the rate of additional returns to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1) The Indy CoC uses the 12-month marker as an early detection of high rates to homelessness as a red flag. Quarterly HMIS performance meetings include discussion among providers to identify households returning to homelessness in HMIS and CES, as well as similar causes for returns among those households. Additionally, providers are required to attend weekly case conferencing meetings where they are encouraged to discuss challenges with clients who are at-risk of returning to homelessness if assistance ends or ask for assistance with a transfer. Individuals and families may transfer for a variety of reasons, but the priority is to keep them stably housed in order to prevent returns. Staff also use lessons learned from the quarterly HMIS performance meetings to identify high risk households for returns that should be discussed in case conferencing.

2) The CoC strategy for reducing returns to homelessness is to strengthen housing focused practices. First, the CoC is increasing funding resources for housing case management. The City and the Central Indiana Community Foundation (CICF) have developed a \$6 million dollar Housing to Recovery fund, with a goal to reduce case management ratios to 1:15. The fund is an outcome-based mechanism to increase housing stability. Housing to Recovery funds housing and tenancy supports, housing case management, and other items needed to stabilize housing for persons who experienced homelessness. Horizon House, a project included in the priority listing, is one of the top performers with only 17 percent of clients returning to homelessness. Horizon House case managers worked with those individuals to quickly rehouse them and stabilize their housing.. Second, the CoC continues the work from the 3 Home Now summit meetings to standardize housing case management services.. Multiple stakeholders, including persons with lived experience, suggested that the CoC address the disparity in case management services among providers. A workgroup has been formed to work on standardizing housing case management, using best practices from Horizon House and the experiences of persons with lived experience. Written standards on this issue are expected to be drafted by spring 2023. Returns to Homelessness is also a measure in the renewal project scoring tool. 3) Rodney Stockment, Strategy Director for Homelessness with the City of Indianapolis and Leslie Kelly, Director of Programs with Horizon House will oversee this strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section VII.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1) The Indianapolis Community Plan to End Homelessness set a key strategy to implement programs that increase educational attainment and connection to the job market. It also outlines a strategy for families with children to provide training, resources and support to ensure that the educational and financial care needs of the family are met. This includes employment training and financial counseling for families through partnerships with local workforce development and education groups. The Indianapolis Community Plan to End Homelessness set a goal to expand and enhance wraparound services. Under this goal, a key strategy is to prioritize access to employment training, certification opportunities, and job placement for individuals and families experiencing homelessness. To improve performance in this area, the CoC included more points in its scoring criteria for renewal projects that increase income of their clients. 2) The CoC has a signed MOU with EmployIndy that covers five years of the Community Plan, expanding on its partnerships with individual providers, to increase access to employment for all individuals experiencing homelessness. EmployIndy will host job fairs at provider locations and conduct outreach to employers and staffing agencies with open positions on behalf of providers. The CoC and its employment provider partners are targeting the households receiving time limited housing rental assistance such as CDBG-CV RRRH, YHDP RRH, ESG RRH, and ESG-CV RRH. The CoC is also targeting the re-entry population; veterans; youth and young adults; and, single parent households. This includes offering peer support groups, working with individuals to develop resumes, providing tables to help with virtual training and education, and investing directly in employment programs that work with populations with multiple barriers to employment. One of the challenges of the endemic has been finding affordable childcare for parenting households. On 8/12/22, the CoC kicked off its family shelter workgroup to foster relationships and strategies for reducing family homelessness. Strategies identified by the group include connecting clients with job opportunities at childcare facilities to reduce costs of childcare; and connecting clients with mainstream childcare vouchers and other resources to pay for childcare. 3) Rodeny Francis with EmployIndy and Sharvonne Williams, Director of Community Building and Family Stabilization of CHIP will oversee this strategy.

2C-5a.	Increasing Non-employment Cash Income–CoC's Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) The CoC strategy for increasing access to non-employment income for clients is to provide more frequent training of front line staff on improving access to these benefits. With high staff turnover in the last year, training and program review has been the focus to improve access to non-employment income. First, the CoC offered free SOAR training to front line staff in the last fiscal year and will continue to do so throughout 2023 via the free on-line resource, to ensure front line staff are adequately trained on the Social Security Systems. The City will contractually obligate providers to have at least 1 staff member to complete a SOAR certification to better serve clients. Second, the CoC provided training to front line staff to increase their knowledge in connecting households experiencing homelessness with federal, state, and local benefits programs. The City offered 2 half day trainings on May 25 and 26, 2022, with CE credits available to staff upon completion. 50 staff from 17 organizations completed the training. Lastly, 10 PSH projects funded under the CoC have undergone the CSH Dimensions of Quality certification process, which involved reviewing 40 indicators across 4 project components and tenant outcomes, on-site visits, and focus groups to score organizations. This included a project's ability to connect clients with the resources to increase their income, including through non employment streams. 70% of the projects received certification by CSH and will seek renewal of their certification every 3 years. The CoC will enhance coordinated entry, funding system navigation projects, hiring 4 FTE positions to assist clients with acquiring the documents needed to file applications for non-employment income. System navigators will work with clients upon entry to CES until they move into a unit, with the program the client chooses. The system navigator is a partner to ensure the client understands all their choices, to assist with the gathering of documents, to access benefits that may be available to them prior to housing and to offer a soft hand off to the program. System Navigators will partner with Indiana Legal Services or other pro bono legal aid services to help clients access alimony and child support. The system navigators will serve as another access point for clients while they are waiting/preparing for housing. 2) Natalie Roberts, City of Indianapolis CoC Grant Manager is responsible for the oversight of this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
Horizon House II	PH-PSH	16	Housing
Partners in Housi...	PH-PSH	19	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? Horizon House II
2. Enter the Unique Entity Identifier (UEI): KGM2E8A6A5Q7
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 16
5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? Partners in Housing - Sherman Forrest
2. Enter the Unique Entity Identifier (UEI): SD4XNH3MMDJ3
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 19
5. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

Not applicable.

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.e.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2022 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	3,638
2.	Enter the number of survivors your CoC is currently serving:	3,201
3.	Unmet Need:	437

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(c)		
Describe in the field below:		
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or	
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.	

(limit 2,500 characters)

1) The DV need is calculated for housing or services by counting all individuals within the CES who have some experience with DV in their past. Of the 437 in CES, 175 reported currently fleeing. The CoC counted all individuals actively enrolled within HMIS who self-identified as experiencing DV in the Current Serving Number. 2) The CoC utilized unduplicated data from HMIS and CES on 9/13/2022. The data included projects utilizing HMIS only. 3) 98 of the 437 individuals in CES experiencing DV in their past have already been referred to a permanent housing program within the CoC and are in the process locating the securing housing. Of those in the CES pool, 221 households were assessed as having the level of service need of a permanent supportive housing project. Barriers to meeting the needs of all survivors include a small number of PSH units that specifically serve survivors and lack of chronic status/documentation, resulting in survivors falling lower in the prioritization pool for non-DV specific PSH projects.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.		

Applicant Name
City of Indianapolis

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2022 Priority Listing:

1.	Applicant Name	City of Indianapolis
2.	Project Name	2023 City of Indianapolis RRH -DV BONUS
3.	Project Rank on the Priority Listing	19
4.	Unique Entity Identifier (UEI)	UC2LTU2LWHF1
5.	Amount Requested	\$306,443
6.	Rate of Housing Placement of DV Survivors–Percentage	66%
7.	Rate of Housing Retention of DV Survivors–Percentage	88%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

1) The rate of housing placement of DV survivors is the number of households with DV experience that exited the CES to permanent housing (215) divided by the number of households with DV experience that entered the CES within the last year (327). Of the 215 households who were placed in permanent housing, maintained, or exited to permanent housing, only 27 returned to homelessness. 188 households, or 88%, retained their housing. 2) The rates account for exits to safe housing destinations and do not include households that exit a program, back to their abuser. 3) The CoC used HMIS and CES data for September 1, 2022 to August 31, 2022.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below how the project applicant:		
1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;	
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;	
3.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1&2) In 2018, lethality questions were added to the CES application to immediately identify DV survivors and refer them to a DV provider. Upon referral to a DV provider, survivors are paired with an advocate to determine the housing and services best meeting their needs. If RRH is the most appropriate option for the survivor based on their assessment score and case conferencing, they are referred to Salvation Army for RRH. In 2020, 344 individuals identified in CES were currently fleeing domestic violence at the time of contact with CES. That number was 325 in 2021. The City has noticed a decline in the number of providers who have been able to utilize DV Bonus and CoC funding to serve the increasing numbers of survivors. As part of this project, the City will combine DV Bonus reallocation and additional DV Bonus funding to expand the CoC capacity with another organization, the Salvation Army. The City and its subrecipient, will follow the CoC Emergency Transfer Plan (ETP), ensuring the safety of DV survivors from the moment they enter a program and once they are housed but need to move. Once in a program, if a survivor needs to move, they must work with their case manager to secure another unit within the program or with a different provider. 3&4) Advocates work quickly with landlords to secure the unit via deposit. The City has set a goal for survivors to move into a unit 30 days after receiving a referral. To remain in permanent housing, survivors often benefit from financial assistance in areas such as credit repair. 5) The CoC has a move-on assessment used by all permanent housing providers to determine when a household is ready to exit a program. Many clients who no longer need rental assistance, remain enrolled in services. All clients are offered supportive services up to 6 months past their exit from the program. Philanthropic dollars at the Salvation Army can offer services or diversion needs to help a household sustain their housing if after 6 months from exiting the program.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		
Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:		
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	

4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1) Advocates or staff conduct the intake with individual survivors in a safe location identified by the individual(s). When serving couples, intake will take place in separate locations. 2) Special lethality questions were asked to determine the immediate safety need of the survivor in their current situation to determine if immediate shelter was necessary or if the survivor would remain housed until housing assistance could be provided. 3) All documents identifying the address of the survivor are kept in confidential files. Staff adhere to strong confidentiality provisions as directed by the Violence Against Women Act (VAWA). Physical files are kept in locked offices and file cabinets accessible only to the Advocate maintaining that file. Electronic client files are stored in Eccovia ClientTrack, which requires an authorized account to enter and access client information. ClientTrack accounts are limited to Advocates and select staff who access data for reporting requirements. 4) Salvation Army staff receive training at least once per year to learn how to assist survivors with creating a safety plan, including cyber, physical, and workplace safety. Staff are trained to meet in mutually safe places to conduct assessments or work in a virtual environment over the phone or zoom. Staff were trained on how to ask the questions and not "out" the survivor in front of their abuser. 5) Advocates use a victim-centered approach when working with survivors to address challenges about their housing, whether it is scattered-site units and single-site rental assistance by creating a location specific safety plan. Advocates help survivors search for housing in areas determined by client choice, proximity to employment or school, safe friends and family. Each victim chooses their own housing and advocates help vet the location and landlord. The vetting process aids the survivor in advocating for themselves in the search for housing, ensuring their housing is safe, clean, affordable, and located in an area that meets their needs.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

The City of Indianapolis is seeking to use a reallocation of DV bonus funds and request additional DV Bonus funding to expand the capacity of its DV providers. The CoC has recently reallocated funding from DV providers unable to take on additional projects. A new provider, the Salvation Army, will work through its Women and Children’s Center as part of this project. The primary focus of the Women and Children’s Center is to provide safe, stable emergency housing to individuals who are homeless or who are escaping domestic violence, human trafficking, or other forms of abuse. While most persons served are single women or women with children, the facility also welcomes victims of violence who are male, transgender, or gender diverse. Additional services will enhance survivor safety, house clients quicker, and lower the Advocate to client ratio. By lowering the Advocate to client ratio, survivor safety will increase because of the in-depth, quality services to clients. Advocates will be able to respond faster and allocate more time to each survivor. The Women and Children’s Center in downtown Indianapolis is located on a bus line and near other community services that may benefit residents. The Center director, Pam Fleck, has a BS in Business Administration and nearly 30 years of experience at the Center. Staff includes care coordinators with at least an associate degree and specialized training, a family support specialist that works individually with parents and children, maintenance staff, and support staff who provide 24/7 intake, advocacy, and security. Community partners provide additional onsite services including basic medical care, legal consultation, tutoring, and access to SNAP, WIC, and other entitlement programs. The Salvation Army Indiana Division Social Services are overseen by Dena Simpson MA, MPA, who is Divisional Social Services Director and has been with The Salvation Army for 18 years in various leadership roles. Wendy Haag, BS, Med, Indianapolis Area Command Social Services Director, has been with The Salvation Army for less than a year. Her experience and education surround social services and education along with direct service experience with RRH funds for survivors of violence.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of the project applicant’s experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1) The Salvation Army was one of the first DV providers to deliver housing options and supportive services to survivors of domestic violence. When survivors choose RRH, it is The Salvation Army's goal to place them in housing that meets their needs and wants as quickly as possible. The additional project will allow the Salvation Army to house survivors faster than ever before. A new Housing Navigator position will cultivate relationships with landlords and specialize in obtaining housing with the goal of housing survivors quickly and safely. 2) The Salvation Army's leadership provides voluntary services training along with a case management certification program to all new staff as part of their onboarding, emphasizing the importance of survivor choice and survivor needs. It is an agency philosophy that services are survivor-centered and trauma-informed. Survivors choose services and housing options without fear of punishment or consequences. If a survivor is uncomfortable with their Care Coordinator, they can make a verbal or written request for a new Advocate at any time. 3) The Salvation Army staff are trained in trauma-informed care, victim-centered interactions with survivors, survivor choice, and how to build trust, compassion, and respect with survivors. The Salvation Army provides weekly and monthly trainings. Trauma has long-term physical and mental effects, and each survivor is at a different point in their path toward healing from trauma when they access The Salvation Army's programs. It is the Salvation Army's goal to meet survivors where they are. The Salvation Army recognizes that each survivor is on their own unique journey to housing stability and self-sufficiency. Programs and services are designed to empower clients on this journey. Care Coordinators, advocates, and Community Family Outreach Coordinator will introduce new partnerships, expanding the options survivors have for housing. 4) The Salvation Army services are flexible to meet survivors where they are in their journey toward healing and their personal skills and goals. The intake process begins with the crisis line; identifying immediate needs and providing access to those needs. Care Coordinators will provide an evaluation of the survivor's history regarding housing, employment, education, and experience with other service providers in the community. It also includes a needs assessment and a personal plan for well-being and housing. After intake, Care Coordinators work with survivors through case management to understand strengths, aspirations, and goals. Adding more staff will allow more time for survivors to build upon their strengths. 5) The Salvation Army serves vulnerable populations without discrimination based on race, national origin, religion, sex, gender identity, or age. In 2020, Salvation Army served a population of survivors who identified as 47% African American, 29% White, and 18% Multi-Racial, 6% other races and 83% female and 17% male. Staff attend annual training on cultural competency that is provided by Indiana ACLU, ICADV, DVN, and the Indiana Coalition Against Sexual Assault. The training offers staff a better understanding of the unique challenges and needs survivors in historically marginalized communities face. Specific trainings include understanding how domestic violence can impact survivors who are disabled, who are transgender, who have also experienced sexual abuse, or who are living in tribal communities. Advocates follow up with survivors referred to outside support services in the event they experience discrimination, often utilizing a different organization. 6) Weekly support groups offer peer to peer contact with other survivors and receive mentoring from the licensed therapist leading the group. Topics include red flag indicators, safety planning, children's behavior issues, parenting, trauma support, education of abuse tactics, setting boundaries, taking care of mental health needs, and physical health. The Salvation Army offers group sessions for arts, computer skills, and cooking. More group sessions will be added based on survivor interest. Staff mentors will

offer individual support 24/7 to survivors, inviting them to participate in programming. Opportunities are shared with survivors at every meeting with them, and via monthly emails, and posters at the main offices. 7) The Salvation Army will continue offering parenting classes, comprehensive children's program, and referrals for childcare. Children's Program offers schools-out sessions from 8am-8pm, tutoring 3 days a week, healthy relationships/anti-bullying.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

Pathway of Hope is an evidence-based practice team approach used by the Salvation Army, with both qualitative and quantitative methods that are client-driven and goal-centered. Pathway of Hope was developed from many different social work approaches, practices, and theories. Simplified, POH is a Strength-Based, Person in Environment Practice, centered on both the Humanistic and Family Systems Theories. As case managers meet with the client to address that need, through motivational interviewing and open-ended questions, building a relationship with the client to find exactly why they have as short, medium- and long-term needs. The SA residential and support programs include crisis intervention, emergency shelter, substance use treatment, access to information and resources, pastoral care, and extensive case management along with long-term case management with the Pathway of Hope model to ensure access to mainstream benefits and resources. Our staff is trained in best practices along with knowledge and experience in housing first priorities and practices. The plan considers those who are fleeing or attempting to flee domestic violence or trafficking situations who lack resources or support networks to obtain other permanent housing options. Child Custody: Advocates assist parents with active DCS cases to reunite families. Legal Service: Advocates assisted clients to file Protective/No Contact orders and make referrals to the Neighborhood Christian Legal Clinic and Indiana Legal Services. Criminal History: If a client needs legal help regarding their criminal history, they are referred to a legal partner. Bad Credit History: The Salvation Army offers direct financial assistance to repair credit to secure housing. Advocates have access to "flex funds" that repair credit and pay deposits and first month's rent. Education: Referrals to education partners include the Urban League, Ivy Tech, Excel Center, IUPUI, and Enroll Indy. Advocates host individual financial empowerment sessions and financial literacy sessions. Job Training and Employment: The Salvation Army works with and makes referrals for employment to partners. Physical/Mental Healthcare: The Salvation Army makes referrals to external mental health providers: Midtown Mental Health and Gallahue Mental Health. Referrals are also made to medical, dental and vision provision partners. Drug and Alcohol Treatment: The Harbor Light Center at the Salvation Army, provides a full continuum of addiction treatment for men, women, transgender, and gender-diverse individuals aged 18 and older. Treatment is provided for substance use (drugs and alcohol) as well as a gambling addiction support program. Childcare: The Salvation offers a robust children's programs at its emergency shelter. RRH clients will be able to use those services in the shelter or be referred to another provider.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;

	5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
	6. provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
	7. offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

The project will provide more PH options for households, especially families, fleeing DV. Care Coordinators focus on obtaining housing, maintaining housing and building survivor knowledge, and on the general health and well-being of survivors, children, and strengthening the family unit. 1) The Salvation Army was one of the first DV providers to deliver housing options and supportive services to survivors of domestic violence. When survivors choose RRH, it is The Salvation Army's goal to place them in housing that meets their needs and wants as quickly as possible. The additional project will allow the Salvation Army to house survivors faster than ever before. A new Housing Navigator position will cultivate relationships with landlords and specialize in obtaining housing with the goal of housing survivors quickly and safely. 2) The Salvation Army's leadership provides voluntary services training along with a case management certification program to all new staff as part of their onboarding, emphasizing the importance of survivor choice and survivor needs. It is an agency philosophy that services are survivor-centered and trauma-informed. Survivors choose services and housing options without fear of punishment or consequences. If a survivor is uncomfortable with their Care Coordinator, they can make a verbal or written request for a new Advocate at any time. 3) The Salvation Army staff are trained in trauma-informed care, victim-centered interactions with survivors, survivor choice, and how to build trust, compassion, and respect with survivors. The Salvation Army provides weekly and monthly trainings. Trauma has long-term physical and mental effects, and each survivor is at a different point in their path toward healing from trauma when they access The Salvation Army's programs. It is the Salvation Army's goal to meet survivors where they are. The Salvation Army recognizes that each survivor is on their own unique journey to housing stability and self-sufficiency. Programs and services are designed to empower clients on this journey. Care Coordinators, advocates, and Community Family Outreach Coordinator will introduce new partnerships, expanding the options survivors have for housing. 4) The Salvation Army services are flexible to meet survivors where they are in their journey toward healing and their personal skills and goals. The intake process begins with the crisis line; identifying immediate needs and providing access to those needs. Care Coordinators will provide an evaluation of the survivor's history regarding housing, employment, education, and experience with other service providers in the community. It also includes a needs assessment and a personal plan for well-being and housing. After intake, Care Coordinators work with survivors through case management to understand strengths, aspirations, and goals. Adding more staff will allow more time for survivors to build upon their strengths. 5) The Salvation Army serves vulnerable populations without discrimination based on race, national origin, religion, sex, gender identity, or age. In 2020, Salvation Army served a population of survivors who identified as 47% African American, 29% White, and 18% Multi-Racial, 6% other races and 83% female and 17% male. Staff attend annual training on cultural competency that is provided by Indiana ACLU, ICADV, DVN, and the Indiana Coalition Against Sexual Assault. The training offers staff a better understanding of the unique challenges and needs survivors in historically marginalized communities face. Specific trainings include understanding how domestic violence can impact survivors who are disabled, who are transgender, who have also experienced sexual abuse, or who are living in tribal communities. Advocates follow up with survivors referred to outside support services in the event they experience discrimination, often utilizing a different organization. 6) Weekly support groups offer peer to peer contact with other survivors and receive mentoring from the licensed therapist leading the group. Topics include red flag indicators, safety planning, children's

behavior issues, parenting, trauma support, education of abuse tactics, setting boundaries, taking care of mental health needs, and physical health. The Salvation Army offers group sessions for arts, computer skills, and cooking. More group sessions will be added based on survivor interest. Staff mentors will offer individual support 24/7 to survivors, inviting them to participate in programming. Opportunities are shared with survivors at every meeting with them, and via monthly emails, and posters at the main offices. 7) The Salvation Army will continue offering parenting classes, comprehensive children's program, and referrals for childcare. Children's Program offers schools-out sessions from 8am-8pm, tutoring 3 days a week, healthy relationships/anti-bullying.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

The members of the Advisory Board of the Salvation Army provide advice, guidance, and direction to the Salvation Army services and programs according to their areas of expertise which include development and fundraising, property, human resources, programming and social services, DEI committee, finance, diverse culture knowledge, and experience of understanding homelessness and trauma. Members of the Board serve as Chairs with the Advisory Councils at The Harbor Light Treatment Facility and Ruth Lilly Women and Children's Emergency Shelter. Involvement with the boards and councils includes individuals who have previously lived experience or lived experience with family members. Client surveys are completed during programs and when clients exit programs and services. Community and resident meetings are provided weekly or as needed to encourage conversations around care in residential and non-residential programs and how The Salvation Army can succeed in best practices and changing needs of individuals receiving care. Each location provides a leadership meeting to ensure effective communication from direct service providers to leadership, valuing client and staff input.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

- | | |
|----|---|
| 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete. |
| 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'. |
| 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
| 4. | Attachments must match the questions they are associated with. |
| 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. |
| 6. | If you cannot read the attachment, it is likely we cannot read it either. |
| | <ul style="list-style-type: none"> . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). . We must be able to read everything you want us to consider in any attachment. |
| 7. | After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include. |

Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	PHA Homelessness ...	09/21/2022
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	09/21/2022
1E-1. Local Competition Deadline	Yes	Notification of P...	09/22/2022
1E-2. Local Competition Scoring Tool	Yes	Local Competition...	09/22/2022
1E-2a. Scored Renewal Project Application	Yes	Scored Forms for ...	09/21/2022
1E-5. Notification of Projects Rejected-Reduced	Yes	Notification of P...	09/21/2022
1E-5a. Notification of Projects Accepted	Yes	Notification of P...	09/21/2022
1E-5b. Final Project Scores for All Projects	Yes	Final Project Sco...	09/21/2022
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	09/21/2022

3A-2a. Healthcare Formal Agreements	No	Healthcare Formal...	09/21/2022
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: PHA Homelessness Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: Scored Forms for One Project

Attachment Details

Document Description: Notification of Projects Rejected-Reduced

Attachment Details

Document Description: Notification of Projects Accepted

Attachment Details

Document Description: Final Project Scores for All Projects

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Housing Leveraging Commitments

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/22/2022
1B. Inclusive Structure	09/22/2022
1C. Coordination and Engagement	09/22/2022
1D. Coordination and Engagement Cont'd	09/22/2022
1E. Project Review/Ranking	09/22/2022
2A. HMIS Implementation	09/22/2022
2B. Point-in-Time (PIT) Count	09/22/2022
2C. System Performance	09/22/2022
3A. Coordination with Housing and Healthcare	09/22/2022
3B. Rehabilitation/New Construction Costs	09/22/2022
3C. Serving Homeless Under Other Federal Statutes	09/22/2022

4A. DV Bonus Project Applicants	09/22/2022
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required