

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 2023 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2023 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 2023 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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: Coalition for Homeless Intervention and 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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- Frequently Asked Questions

| | | |
|--------------|--|--|
| 1B-1. | Inclusive Structure and Participation–Participation in Coordinated Entry. | |
| | NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p. | |

In the chart below for the period from May 1, 2022 to April 30, 2023:

| | |
|----|---|
| 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. | CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes | Yes |
| 3. | Disability Advocates | Yes | Yes | Yes |
| 4. | Disability Service Organizations | Yes | Yes | Yes |
| 5. | EMS/Crisis Response Team(s) | Yes | Yes | Yes |
| 6. | Homeless or Formerly Homeless Persons | Yes | Yes | Yes |
| 7. | Hospital(s) | Yes | Yes | Yes |
| 8. | Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations) | Nonexistent | No | No |
| 9. | Law Enforcement | Yes | Yes | Yes |
| 10. | Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates | Yes | Yes | Yes |
| 11. | LGBTQ+ Service Organizations | Yes | Yes | Yes |
| 12. | Local Government Staff/Officials | Yes | Yes | Yes |
| 13. | Local Jail(s) | Yes | Yes | Yes |
| 14. | Mental Health Service Organizations | Yes | Yes | Yes |
| 15. | Mental Illness Advocates | Yes | Yes | Yes |

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|------------------------------|---|-----|-----|-----|
| 16. | Organizations led by and serving Black, Brown, Indigenous and other People of Color | Yes | Yes | Yes |
| 17. | Organizations led by and serving LGBTQ+ persons | Yes | Yes | Yes |
| 18. | Organizations led by and serving people with disabilities | Yes | Yes | Yes |
| 19. | Other homeless subpopulation advocates | Yes | Yes | Yes |
| 20. | Public Housing Authorities | Yes | Yes | Yes |
| 21. | School Administrators/Homeless Liaisons | Yes | Yes | Yes |
| 22. | Street Outreach Team(s) | Yes | Yes | Yes |
| 23. | Substance Abuse Advocates | Yes | Yes | Yes |
| 24. | Substance Abuse Service Organizations | Yes | Yes | Yes |
| 25. | Agencies Serving Survivors of Human Trafficking | No | No | No |
| 26. | Victim Service Providers | Yes | Yes | Yes |
| 27. | Domestic Violence Advocates | Yes | Yes | Yes |
| 28. | Other Victim Service Organizations | Yes | Yes | Yes |
| 29. | State Domestic Violence Coalition | Yes | No | No |
| 30. | State Sexual Assault Coalition | Yes | No | No |
| 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. | Community Foundation & Other Private Funders | Yes | Yes | Yes |
| 35. | Faith Based – Organizations/Community | Yes | Yes | Yes |

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

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|---|--|
| 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 and access for persons with disabilities, including the availability of accessible electronic formats; and |
| 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 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 website also includes links to join workgroups or be included on the email distribution list. Even with the end of the COVID-19 pandemic, the CoC moved its weekly Thursday meeting to a monthly morning meetings to discuss all the initiatives and items related to homelessness. On average, 70 people attend this meeting, many from organizations new to the CoC. The meetings became an avenue for new members to be involved. On May 10, 2023, the CoC hosted a meeting for new organizations to learn about the CoC and its annual, local competition. 15 people attended with 10 new people attending. On July 19, 2023, the CoC hosted a virtual meeting to review the new project RFP with 7 new organizations attending the meeting and 1 new organization 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 conducts its meetings in person, with accommodations made upon request for language or accessibility needs. All other communication from the CoC includes accessible options for people living with disabilities. 3) The CoC encourages organizations representing BIPOC populations, LGBTQ+ and persons with disabilities to apply for funding through the annual competition via targeted emails. In addition, the CoC Diversion Network includes numerous culturally specific organizations such as the Indianapolis Urban League, local community centers and organizations serving LGBTQ+ individuals. In addition, CoC convening meetings are held in accessible locations to enable persons with disabilities to participate.

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| 1B-3. | CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. | |
| NOFO Section V.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; | |
| 3. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and | |
| 4. | 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) The CoC continues the positive operational changes made during the pandemic, most notably the monthly Thursday Meeting. This meeting serves to communicate to a wide variety of stakeholders and serve as a support network. Approximately 70 people attend the meeting each month, including providers, persons with lived experience, community leaders, front line staff, as well as stakeholders such as downtown businesses, health care agencies and the PHA. These calls support open and transparent communication around funding, coordination of services, engagement opportunities, and community building. On a smaller scale, CoC Workgroups are places where stakeholders, persons with lived experience and community advocates work deeply on continuous quality improvement and implementation, such as CES assessment refinement, NOFO scoring and ranking, and strategies to overcome racial inequities. Each of these workgroups has the autonomy to pilot programs and make recommendations to the CoC Governing Board for final approval. The Thursday Meeting is often a first step for new organizations wanting to participate in the various CoC workgroups. 2)The Coalition for Homelessness Intervention and Prevention (CHIP) is the lead CoC agency, communicating across workgroups. CHIP uses multiple avenues to inform the community and receive input, including social media. CHIP hosts a quarterly convening meeting to give updates on the Community Plan to End Homelessness and other import information. 3)The CoC utilizes electronic formats for all notices, public meetings, and various CoC documents. CoC meetings are held in virtual formats or hybrid formats with the in-person meeting held in a fully accessible building. 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. 4) Within the last 12 months, the CoC worked with a consulting group to review the progress made in the CoC’s Strategic Plan to End Homelessness, interview senior leadership, members with lived experience and community providers, and make recommendations. The consulting team hosted open/public sessions and provided surveys for feedback. The consultant’s final evaluations included recommendations to the CoC. The CoC has already implemented on recommendation, increasing the compensation for persons with lived experience.

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| 1B-4. | Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding. | |
| | NOFO Section V.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. | ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats. | |

(limit 2,500 characters)

1) The CoC utilized posts on the CoC website, 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, social media and email on 7/14. The CoC hosted a webinar on the RFP on 7/19 and hosted two open office hour sessions (7/21 and 7/28) for organizations to bring questions and receive technical assistance. The CoC reminded attendees of the weekly Thursday meeting on 7/20 of the office hours and materials available for the new project application. The CoC received eight applications from six organizations, one of which has received CoC before. The CoC is plans to reach out to new organization in the fall of 2023 to educate them about eligible activities, strategies for completing a competitive application and other technical assistance for the next year's competition. 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 eight applications by the deadline of 8/04. 3) The CoC utilized objective scoring criteria for evaluation to select projects. The CoC included the scoring criteria as part of 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 8/29/23. 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:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
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| 1C-1. | Coordination with Federal, State, Local, Private, and Other Organizations. | |
| | NOFO Section V.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) | |

| | | |
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| 18. | Indiana Family and Social Services Administration - Housing and Medicaid Services Program | Yes |
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| 1C-2. | CoC Consultation with ESG Program Recipients. | |
| | NOFO Section V.B.1.b. | |

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| | Describe in the field below how your CoC: |
| 1. | consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the Consolidated Plan update. |

(limit 2,500 characters)

1) The City is the collaborative applicant and participating jurisdiction, receiving CoC and ESG funding. The City uses the same NOFO Non-Conflicted Workgroup members that determined CoC funding to evaluate ESG applications. The Workgroup will meet on 10/04/23 to review and make recommendations for 2024 ESG funding, coordinating funding streams to meet the goals of the CoC. In 2021, 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. The workgroup included stakeholders from ESG funded agencies, healthcare agencies, public housing, individuals with lived experience. CHIP, the City and the CoC continue the lessons learned from this workshop In 2022, the NOFO Non Conflicted workgroup prioritized funding for development of units for families under both funding resources. 2) The CoC and ESG Grant managers meet monthly 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 review the data from HMIS and can offer TA and 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 PY2024 Action Plan will utilize data from the 2023 PIT and HIC, 2023 project performance dashboards and HDX reports to inform decisions for funding.

| | | |
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| 1C-3. | Ensuring Families are not Separated. | |
| | NOFO Section V.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 questions or requesting technical assistance to resolve noncompliance by service providers. | Yes |

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|-------|---|--|
| 1C-4. | CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. | |
| | NOFO Section V.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 V.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)

1) CoC providers have several agreements with Headstart/Early Headstart, local childcare and Pre-K providers to help with children younger than 6. 2) 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 and 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. The CoC and its YYA providers, including YHDP funded providers, has a letter of agreement with IDOE that outlines the objectives of the partnership. The MOU outlines roles of each organization in 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. 3&4) 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. 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. Brightlane, 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. Brightlane staff attend the Thursday calls and they have a new agreement at Wheeler Center for Women and Children expansion, both efforts to get families with children better connected to services.

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

Describe in the field below written policies and procedures your CoC uses 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 planned for fall of 2023.

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| 1C-4c. | Written/Formal Agreements or Partnerships with Early Childhood Services Providers. | |
| | NOFO Section V.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 Indiana | Yes | Yes |

| | | |
|-------|---|--|
| 1C-5. | Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers. | |
| | NOFO Section V.B.1.e. | |

In the chart below select yes or no for the organizations your CoC collaborates with:

| | Organizations | |
|----|---|-----|
| 1. | state domestic violence coalitions | Yes |
| 2. | state sexual assault coalitions | Yes |
| 3. | other organizations that help this population | Yes |

| | | |
|--------|--|--|
| 1C-5a. | Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. NOFO Section V.B.1.e. | |
|--------|--|--|

Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:

| | |
|----|--|
| 1. | update CoC-wide policies; and |
| 2. | ensure all housing and services provided in the CoC's geographic area 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 to include the new VAWA regulations and the use of a VAWA budget line in CoC funding. The CES Refinement Subworkgroup for DV providers, including Coburn Place and the Julian Center that helped create the original plan, are working on its update. The DV subworkgroup also includes 6 people with lived experience. CES policies outline the method for identifying and referring persons fleeing DV situations, including human trafficking and other forms of DV. 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 who request DV services or housing specific for persons fleeing DV 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 who 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. The CoC has continued this practice as it had a positive response from persons seeking assistance and from front line staff. The CoC will add these positive updates from the pandemic to its CES policies. 2) The CoC is planning a training for fall of 2023 to update the provider staff about the revised Emergency Transfer Plan, recent changes to VAWA, how to assess people entering the system and utilization of trauma informed care. The CoC wants all front-line staff to understand the challenges of working with persons with DV experience or history. Clients in CES are referred to DV programs; however, they may choose any program within the CoC and all front-line staff are to be prepared to work with clients with DV backgrounds. The local DV emergency shelter provided the in-person training.

| | | |
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| 1C-5b. | Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.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 DV 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. 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, and the Fair Housing Center of Central Indiana all offered virtual training sessions. 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. The CoC is planning a training for fall of 2023 to update the provider staff about the revised Emergency Transfer Plan, recent changes to VAWA, how to assess people entering the system and utilization of trauma informed care. The CoC wants all front-line staff to understand the challenges of working with persons with DV experience or history. Clients in CES are referred to DV programs; however, they may choose any program within the CoC and all front-line staff are to be prepared to work with clients with DV backgrounds. Based on the successful attendance at the May 2022 trainings, the CoC is developing a training schedule to host more in-person trainings for CoC and ESG provider staff in 2023, to include trauma informed care and safety planning. 2) The CoC provides CES Assessors annual DV specific, trauma-informed care training and updating the documentation forms to include the broader HUD definition of DV. Coordinated Entry Refinement Group for DV providers is developing a mandatory, on-line training module for CES Assessors for October/November 2023. The tool will be available for new people and returners, enabling them to complete the training when they begin a new job and recertify annually. CES Assessors are required to have a minimum of one hour of continuing education/training annually after the initial certification. CES Assessors 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-5c. | Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |

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

(limit 2,500 characters)

1) CES works quickly to identify persons fleeing DV. A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. The CoC utilizes best practices developed during the COVID-19 pandemic. For example, with survivors isolated and quarantined with their abusers, the lethality questions asked of them are done in a way so as not to "out" them in front of their abuser. 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. DV providers meet with survivors in neutral places to offer supportive services while a person waits for housing. Group support is offered virtually, and providers continue to see increased participation. DV providers train CES staff to develop a safety plan for survivors still living with their abusers and how to work in a virtual environment. 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 with clients who choose to have protective orders in place and all paperwork is correctly filed. During the pandemic, DV providers use 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) CES Assessors conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. 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 staff 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.

| | | |
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| 1C-5d. | Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |

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| | Describe in the field below: |
| 1. | the de-identified aggregate data source(s) your CoC used 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 Assessors conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. CES utilizes a Confidential Prioritization Inclusion form for DV provider staff to gather information for persons with highly sensitive information to participate in CES and the prioritization of the CoC. 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. HMIS data from DV providers is not included in any of the public facing system performance dashboards as another layer to protect confidentiality of the clients served. 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 2022 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 people enrolled in HMIS on 8/31/23, 3,361 people had a history of domestic violence and 127 individuals were utilizing RRH. More broadly, there are 382 individuals utilizing RRH, PSH or OPH. On 8/31/23, 434 people with histories of DV were in CES, waiting for housing.

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| 1C-5e. | Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. | |
| | NOFO Section V.B.1.e. | |
| | Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance: | |
| 1. | whether your CoC has policies and procedures that include an emergency transfer plan; | |
| 2. | the process for individuals and families to request an emergency transfer; and | |
| 3. | the process your CoC uses to respond to individuals' and families' emergency transfer requests. | |

(limit 2,500 characters)

1) The CoC approved its 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 have been working on updates the ETP to include new protocols established during the pandemic and be finalized as part of the CoC written standards in the next year. The ETP updates will include more guidance for immediate emergency needs such as temporary hotel stays and other temporary lodging needs as well as the new expanded definition of homelessness under VAWA. These new policies incorporate feedback from DV providers, the City staff, persons with lived DV experience and other Indy CoC stakeholders. The ETP, as part of the CoC written standards, ensures the safety of all CoC clients that may be facing DV situations from the moment they request assistance via CES. 2) As part of the update, the CoC will conduct annual training for CES Assessors and CoC and ESG funded project case managers on how to talk about the ETP with their clients. This communication includes who clients should contact in the event an emergency transfers needs to occur and the options for clients. The training will also emphasize that the ETP is not limited in its scope to DV providers, but a policy applicable for all providers. This training will be offered live and via electronic training modules that can be accessed by any provider at any time. 3) Once in a program, case managers serve as guides, to help clients navigate their new lives, finding an apartment within their budget and within a geographic area they feel safe. 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. Providers work with clients to complete a safety plan should the client wish to complete a safety plan. This can include plans on what to do if the abuser finds them at the bus stop, grocery store or other place. 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. This change or adjustment can also include improving security and safety with accommodations if the client chooses not to move to another unit or stay within a site-specific project.

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

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| Describe in the field below how your CoC: | |
| 1. | ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC's geographic area; and |
| 2. | proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking. |

(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. The CoC utilizes best practices developed during the COVID-19 pandemic. For example, with survivors isolated and quarantined with their abusers, the lethality questions asked of them are done in a way so as not to “out” them in front of their abuser. CES Assessors are trained to ask these questions and identify persons with safety risks. If the person has a safety risk, CES Assessors explain the household’s option to be immediately connected to a DV provider, who can complete a CES Inclusion Form, 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 Assessors conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. The CES Lead hosts weekly case conferencing for all providers. Providers will inform CES of 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. Persons fleeing DV, while offered services and housing with DV providers, may choose from any program within the CoC that has open space for housing and/or services. All programs that are not DV specific must follow the same safety, planning and confidentiality protocols as DV providers. 2) The CoC uses feedback from DV clients to identify barriers to housing with the system. For example, Coburn Place held focus groups with survivors of domestic violence, dating violence, sexual assault and stalking and identified healing from trauma and mental health as key barriers to stable housing. This feedback is use by Coburn Place to improve its supportive services for clients, enabling them to see pathways to success.

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| 1C-5g. | Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs. | |
| | NOFO Section V.B.1.e. | |
| | Describe in the field below how your CoC: | |
| 1. | ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and | |
| 2. | accounted for the unique and complex needs of survivors. | |

(limit 2,500 characters)

1) The CoC and its providers encourage the use of expertise from persons with lived experience in a meaningful way. Many of the DV providers have not only included persons with lived experience on the Board, but also hired individuals for executive and leadership staff beyond having persons with lived experience serve as front line staff. These leadership teams develop policy within their own organization as well serve on CoC workgroups to develop CoC wide policy and training for the CoC. For example, Julian Center has 4 persons with lived experience out of 13 Board of Director members and 4 persons with lived experience out of 9 on its leadership team. In total, Julian Center has 7 staff members with lived experience of its 49-member team, excluding the leadership team. In another example, Coburn Place experienced a transition in leadership and held 2 focus groups with 20 participants to discuss the new mission and vision for the organization. The vision was “we illuminate a path forward to restore hope and promote healing.” Survivors said, “I don’t see a path forward right now.” They talked about a longing for connection and for more services around mental health and healing. As a result, Coburn Place has instituted a monthly Welcome Week of activities to help build community and launched survivor yoga and exercise programs. In the months since the launch of a comprehensive Survivor Health Program, about 20 individuals opt to participate, resulting in the most engagement the provider has seen since the prior to the pandemic. 2) All providers are required to follow CES Assessment policies, developed by the CES Refinement workgroup with involvement of persons with lived DV experience. The policies are structured to account for the complex needs of DV survivors. This includes completing cultural awareness training, utilizing language translation services offered in the area, using confidential communication methods, social media restrictions on all staff members during work hours, and getting consent by the client at the first meeting to participate in the CoC. Staff use multiple communication methods with survivors, including confidential text messaging, offering new phones to survivors, confirming that the phone being uses is confidential and away from the abuser. Staff also respect the name, gender and preferred pronouns of each individual requesting housing and/or services.

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

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| | 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 |

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

Describe in the field below:

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| 1. | how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families; |
| 2. | how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy; |
| 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 and updated in December 2022. 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 revised and maintained by CHIP staff through CoC workgroup and stakeholder collaboration, and with approval of the CoC Board. Workgroups are convened when updates are needed, and include stakeholders from the Indiana Youth Group, Trinity Haven and Damien Center, organizations that provide services to LGBTQ+ individuals and households. In addition, the May training for CoC frontline staff included a session by Cultivating a Belonging Culture, focusing the inclusion of LGBTQ+ individuals and households. 2) The CoC offers training on fair housing to all providers within the CoC. Announcements are made through social media and the monthly Thursday meetings. 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.

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| 1C-7. | Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. | |
| | NOFO Section V.B.1.g. | |
| | <p>You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.</p> <p>Enter information in the chart below for the two largest PHAs highlighted in gray on the current 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:</p> | |

| Public Housing Agency Name | Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2022 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 | 68% | Yes-Both | Yes |
| | | | |

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

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| | 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 geographic boundaries. The CoC has partnered with IHA to improve the use of vouchers by persons experiencing homelessness over a long period to improve the admissions percentages measured in the NOFO. Beginning in Oct. 2017, IHA Commissioners adopted the homeless preference which gave an HCV preference to nine applicant households per month (108 annually). In September 2019, an amendment to the homeless preference, 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. In 2021, IHA increased the number of HCV's available to the CoC increased to 530. Since this time, the IHA administrative plan has been updated to remove all limits on HCVs available to the CoC. 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 and IHA are now working to combine all preferences and the partnership in a single, master MOU to cover all programs. The CoC tracks progress of the vouchers in HMIS on the system performance dashboard, including traditional vouchers, NED vouchers and FYI vouchers. From 8/1/22 to 7/31/23, 1,215 households were served. 2) Not applicable.

| | | |
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| 1C-7b. | Moving On Strategy with Affordable Housing Providers. | |
| | 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. | | |

| | | |
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| 1C-7c. | Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. | |
| | NOFO Section V.B.1.g. | |

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 |

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| 1C-7d. | Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. | |
| | NOFO Section V.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)? | Yes |
| | | 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. | Project Based Vouchers |

| | | |
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| 1C-7e. | Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). | |
| | NOFO Section V.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 |
|--|--|-----|

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

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2023 CoC Application Navigational Guide;
 - Section 3 Resources;
 - PHA Crosswalk; and
 - Frequently Asked Questions

| | | |
|-------|----------------------------------|--|
| 1D-1. | Discharge Planning Coordination. | |
| | NOFO Section V.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 |

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

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| 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 2023 CoC Program Competition. | 28 |
| 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 2023 CoC Program Competition that have adopted the Housing First approach. | 28 |
| 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 2023 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing. | 100% |

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

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

| | |
|----|---|
| | Describe in the field below: |
| 1. | how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC 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 throughout the new project application are scored in the plans and methods the project will use to comply with housing first. Applicants are required to describe their experience with the Housing First Model, describe any evaluation they completed to determine their fidelity to Housing First and describe the program’s design incorporating the Housing First model. Projects funded through the City are required, contractually, to follow housing first principles. Renewal projects are evaluated outside the competition but many of the measures within the scoring tool reward projects that follow the Housing First model. 2) The CoC written standards include housing first guidance for all programs. The CoC developed a Housing First evaluation to comply with these written standards, which included factors such as compliance with being low barrier, admission requirements, access regardless of sexual orientation, gender identity, or marital status, provision of assistance to speed up admission to a program, accepting referrals through CES, use of feedback and input from clients, measures to prevent eviction, lease restrictions used. Projects are awarded points based on compliance with the Housing First model, with high scoring projects performing the best. 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 on a quarterly basis. 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.

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| 1D-3. | Street Outreach—Scope. | |
| | NOFO Section V.B.1.j. | |

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| | 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. In addition to PBSO, there is an Unsheltered Veteran Workgroup that meets weekly to coordinate efforts to engage and house unsheltered veterans. 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. An expanded outreach, targeting the downtown mile square with the highest concentration of unsheltered homelessness, works seven days per week, including evening hours. 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 2023, Coordinated Outreach staff leveraged partnerships to connect to 1,508 individuals, many of whom were not previously engaged. This resulted in 411 new CES assessments and 175 permanent housing placements.

| | | |
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| 1D-4. | Strategies to Prevent Criminalization of Homelessness. | |
| | NOFO Section V.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:

| | Your CoC's Strategies | 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 |

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|----|------------------------------|--|--|
| 5. | Other:(limit 500 characters) | | |
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| 1D-5. | Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS. | |
| | NOFO Section V.B.1.I. | |

| | HIC Longitudinal HMIS Data | 2022 | 2023 |
|--|----------------------------|------|------|
| Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR. | Longitudinal HMIS Data | 484 | 546 |

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| 1D-6. | Mainstream Benefits–CoC Annual Training of Project Staff. | |
| | NOFO Section V.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:

| | Mainstream Benefits | CoC Provides Annual Training? |
|----|--|-------------------------------|
| 1. | Food Stamps | Yes |
| 2. | SSI–Supplemental Security Income | Yes |
| 3. | SSDI–Social Security Disability Insurance | Yes |
| 4. | TANF–Temporary Assistance for Needy Families | Yes |
| 5. | Substance Use Disorder Programs | No |
| 6. | Employment Assistance Programs | Yes |
| 7. | Other (limit 150 characters) | |

| | | |
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| 1D-6a. | Information and Training on Mainstream Benefits and Other Assistance. | |
| | NOFO Section V.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, SSDI, 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 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 monthly CoC Thursday Meeting zooms have been another source of information, including information related to mainstream resources- including SOAR, substance abuse programs, and IRS payments/credits. Each Thursday 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 contributed another \$400,000 in 2023. 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 5/15 and 5/16 of 2023, the CoC offered free training that included presentations on best practices for supporting clients on obtaining TANF, WIC and SNAP benefits. The CoC now makes this 2 half-day, system wide in-person training an annual event for front staff. The training is first offered to CoC and ESG funded projects, and then opened to all homelessness providers. 3) 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. The City has updated its contracts with CoC and ESG funded providers to have at least one SOAR certified person on staff for 2023 program and 2024 program funding, respectively.

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

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| 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-CV 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. In the last year (8/1/22 to 7/31/23) Family Promise has served 64 households via this model.

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| ID-8. | Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases. | |
| | NOFO Section V.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. Following the development of the policy, the Damien Center lead an information and training session on the containment and treatment of Monkey Pox. Public Health Order #8 from the COVID-19 pandemic offers a base for new policy development within the CoC and all its providers. Policies and guidance developed under this workgroup have been included as guidance for the latest update of the CoC's written standards, approved in December 2022. 2) The CoC established a homelessness disaster response team, with protocols for quickly activating and responding to emergencies. The disaster response team includes 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. 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. When activated, the CoC homelessness disaster response team coordinates with local disaster response centers, creating a centralized distribution of emergency supplies and update policies to prevent the spread of outbreaks among people experiencing homelessness. The team can be activated quickly and offer a quick supply line for homelessness service providers to help address and slow outbreaks.

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| ID-8a. | Collaboration With Public Health Agencies on Infectious Diseases. | |
| | NOFO Section V.B.1.o. | |
| | Describe in the field below how your CoC: | |
| 1. | shared information related to public health measures and homelessness, and | |
| 2. | facilitated 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 the monthly Thursday Meeting, conducted virtually at 8:30 am to communicate information about the current public health measures and recommendations as they relate to homelessness. 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. Over time, since the pandemic, 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 the community housing effort, communicating any updates to CoC policies, public health guidance or other important notifications, 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 Meeting each week. 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 annual vaccine updates and boosters are all shared during the Thursday Meeting. The CoC also has two Facebook sites, one was a general homelessness site that is public facing and another that is service provider/private group specific to share communication and practices that should be implemented to prevent or limit disease outbreaks among program participants. Both continue to serve as spaces to offer a virtual opportunity to exchange information, share problems, and lift larger issues to CoC leadership.

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| 1D-9. | Centralized or Coordinated Entry System–Assessment Process. | |
| | NOFO Section V.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 16 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, and faith-based organizations. 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 CoC CES Team provides comprehensive online training for all new CES Assessors, monitors and addresses data entry/quality 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 initial CES Assessment. An interim prioritization was implemented 9/18/23 in place of the VI-SPDAT. The CoC utilizes this interim prioritization while a long-term replacement for the VI-SPDAT is created and implemented. The interim prioritization utilizes age, racial identity disparate impact measures, pregnancy, and disabling condition to prioritize households. 3) The CoC hires an external consultant to complete a CES evaluation annually, surveying key stakeholders, provider leadership, front-line service staff, and persons with lived experience. The purpose of the evaluation is to measure system efficiency, effectiveness, and equitability in preventing or resolving people’s homelessness. The CoC uses the feedback from the evaluation to prioritize opportunities for improvement within CES. Currently, a workgroup comprised of direct service providers across a variety of subpopulations, CoC leadership, and people with lived experience of homelessness are working with a team from Technical Assistance Collaborative to amend CES vulnerability assessment tool to ensure it is racially equitable as well as accurate capturing the vulnerabilities of those evaluated. Two focus groups have also been conducted with a total of 16 individuals with lived experience to receive feedback on the assessment tool and ideas for the future tool. The CES Refinement workgroup is using 2022’s evaluation to find avenues to collect feedback from people who have received housing and services through CES and use this information to improve the assessment tool.

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| 1D-9a. | Program Participant-Centered Approach to Centralized or Coordinated Entry. NOFO Section V.B.1.p. | |
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| | 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 16 Access Points that provide flexible options, 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 9/1/2022-8/31/2023, there were (3022 total) 11 virtual assessments completed and 651 via phone. There are 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). Professional Blended Street Outreach (PBSO) and Housing Focused Outreach provide outreach and CES assessments for unsheltered people who are unlikely to access other services. PBSO and Skilled Assessors completed 706 CES Enrollments from 9/1/2022-8/31/2023. 2) The CoC utilizes the VI-SPDAT as one part of the CES assessment while also identifying vulnerabilities related to chronicity and homelessness, risks to health and safety, daily functions, wellness and substance abuse history. The CoC utilizes a workgroup comprised of providers, CoC leadership, and people with lived experience, led by a team from the consulting firm Technical Assistance Collaborative, to revamp the CES assessment tool so it accurately identifies and measures vulnerabilities. The CoC is utilizing an interim prioritization until a long term replacement for the VI-SPDAT is created and implemented. 3) In CES case conferencing, clients’ case managers relay their housing preferences. A Housing Acquisition Team builds relationships with local landlords to expand the number of housing options available. The Housing Navigation Team monitors the list of those likely to be referred for housing and ensures they have vital documents, and barriers like active warrants are resolved so the time from referral to housed is decreased. 4) The CES enrollment workflow includes two phases: the Crisis Needs Assessment and the Housing Needs Assessment. Assessors 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 to eliminate unnecessary questions. The CES workgroup prioritizes creating a shorter assessment to reduce the burden on both clients and providers, and ask only questions directly related to assessing someone’s vulnerability.

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| 1D-9b. | Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations. | |
| | NOFO Section V.B.1.p. | |
| | Describe in the field below how your CoC through its centralized or coordinated entry: | |
| 1. | affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness; | |
| 2. | informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and | |
| 3. | reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan. | |

(limit 2,500 characters)

1) CoC’s website has a prevalent link for those experiencing homelessness with connections to immediate resources that can relate to various households’ situation. This includes a link to the Keys to Housing Resource Guide, which lists CES access points, which also can be printed and distributed, for people experiencing a housing crisis. CHIP, the CoC Lead Agency, funds, prints, and distributes over 14,700 copies of Handbook of Help, which is a housing and supportive services resource with an online companion. The Handbook of Help provides information about CES access points across the community. The CES access points include opportunities for virtual or phone assessments, in addition to in-person assessments, to provide equal access to people who may have barriers that make in-person appointments challenging. The CoC utilizes a no wrong door approach as part of CES, meaning that clients can access housing resources regardless of point of entry. CES access points are intentionally placed at a diverse group of organizations, some of which, for instance, specifically serve LGBTQ+ individuals, YYA, families, veterans, people fleeing domestic violence, or people experiencing chronic homelessness. Over the past year, the CoC has collaborated with community centers located within communities of color to provide diversion and prevention services, as well as access to the housing assessment through CES. 2) The CES consent form, provided to individuals and households seeking housing via CES prior to the initiation of any housing assessment, informs clients about the components of the assessment, what the information is going to be used for and how, and the rights of the household under federal, state, and local fair housing and civil rights laws. 3) All CES access points are required to have an internal grievance policy to ensure that program participant rights are protected. If CES participating agencies are unable to resolve a grievance, following the Indianapolis CES has a system-level grievance policy, a client may address their concerns with the CES Lead, CHIP. The City of Indianapolis, as a funder of CES and collaborative applicant, may investigate any discrimination complaints, following its policies, if grievances are not addressed at the provider or CoC lead agency level. The City of Indianapolis, is the Collaborative Applicant, funding all CoC agencies including the CES Lead, as well as the participating jurisdiction for the Consolidated Plan.

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| 1D-10. | Advancing Racial Equity in Homelessness–Conducting Assessment. | |
| | NOFO Section V.B.1.q. | |

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|----|---|------------|
| 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–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance. | |
| | NOFO Section V.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 Racial Equity Dashboard using HMIS data with a 12-month lookback. 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. In the 2022 Analysis, The CoC found Black persons represented 56% of the annual 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. Data on the equity dashboard, one year later (8/1/22 to 7/31/23), unfortunately, show the same trends.

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| 1D-10b. | Implemented Strategies that Address Racial Disparities. | |
| | NOFO Section V.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. | Yes |

| | | |
|-----|--|-----|
| 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. | Implemented Strategies that Address Known Disparities. | |
| | NOFO Section V.B.1.q. | |

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC recognizes that disparities, particularly disparities among Black households, exist within the system of homelessness service provision. According to 2023 Point-In-Time Count Data, 52% of individuals experiencing homelessness in Indianapolis are Black, a 1% decrease from the 2022 Racial Equity Analysis. This is an overrepresentation compared to the general population of Marion County, where 28% of residents are Black. To address this, in April of 2023, the Blueprint Council (BPC), the Indianapolis CoC’s governing body, set a goal for the CoC to reduce Black homelessness by 35% by 2025 in recognition of these disparities. This goal requires a 35% reduction in overall Black homelessness and Black homelessness within all subpopulations – families, youth and young adults, veterans, and those experiencing chronic homelessness. To advance this goal, the BPC has prioritized the following key tactics: 1) relaunch a Housing Command Center model, which is a mobile team focused on comprehensive rehousing activities; 2) design and implement an equitable housing assessment and prioritization tool within CES; and 2) improve and scale housing stability supportive services by building the capacity, expertise, and consistency of Indianapolis’ housing case managers. In addition, the BPC has committed to hiring a Racial Equity Officer to support advancement of this goal and strategies across the CoC, shifting decision-making to Black individuals with lived experience of homelessness across the CoC, creating greater opportunities to partner with Black organizations and organizations that have a history of serving Black populations.

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| 1D-10d. | Tracked Progress on Preventing or Eliminating Disparities. | |
| NOFO Section V.B.1.q. | | |
| Describe in the field below: | | |
| 1. | the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and | |
| 2. | the tools your CoC uses. | |

(limit 2,500 characters)

1) 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. 2) CoC utilizes equity measures to evaluate renewal projects, new project applications and ESG applications. In the 2023 CoC Competition, new project scoring rated the series of racial equity questions at a higher weight than previous years and added questions for projects to answer on how the project would address disparities in outcomes. In addition to how the projects will work to prevent or eliminate disparities in outcomes for homelessness assistance, the NOFO Non-Conflicted Workgroup prioritized projects that would specifically address the CoC’s goal to reduce Black homelessness by 35%. 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. Projects are asked to explain how the results from the dashboard impact their decision making and program development. The Voucher Deployment dashboard is used by the CoC to evaluate progress made to reduce and eliminate racial disparities.

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| 1D-11. | Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC’s Outreach Efforts. | |
| NOFO Section V.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 Meetings, through social media, and email newsletters, asking providers and PBSO 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 2021 fiscal year and continues to secure local funding to compensate persons with lived experience for serving in various parts of the CoC. In 2022, the Housing Trust Fund contributed \$20,000 and the United Way of Central Indiana contributed \$10,000. Hourly rates have been updated to range from \$18 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 NOFO workgroup invited four persons with lived experience to provide feedback on the renewal project scoring tool. All four of those individuals were compensated according to the CoC matrix. Additionally, a previous YAB member joined the NOFO workgroup during the 2023 Competition and provided guidance and input for the scoring of new project applications as well as the priority listing. 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. 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. The Funds to pay for training, hotel stays, and conference fees comes from local philanthropic dollars.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness. | 25 | 1 |
| 2. | Participate on CoC committees, subcommittees, or workgroups. | 25 | 1 |
| 3. | Included in the development or revision of your CoC's local competition rating factors. | 4 | 0 |
| 4. | Included in the development or revision of your CoC's coordinated entry process. | 21 | 1 |

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

Describe in the field below:

- | | |
|----|---|
| 1. | how your CoC routinely gathers feedback from people experiencing homelessness; |
| 2. | how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and |
| 3. | the steps your CoC has taken to address challenges raised by people with lived experience of homelessness. |

(limit 2,500 characters)

1) The CoC utilizes two forms of client feedback: structured and unstructured. Persons with lived experience sit on the CoC Governing Board and various CoC workgroups. Their input and feedback is utilized every meeting by these CoC workgroups, approving priority listings, setting policies, and offering guidance on how to improve SPMs. Prior to the 2023 Competition, the NOFO Workgroup utilized surveys of for persons with lived experience to improve the renewal project scoring tool. 2) Program participants are given the opportunity to provide detailed feedback through structured Participant Surveys that they receive by mail. Periodically, group meetings are held in which participants can 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 CoC and ESG funded housing programs. Because Peer Support Specialists can relate to the experiences of program participants, they are often able to make suggestions for increased flexibility that better meets the needs of clients. 3) The guidance from persons with lived experience has translated into a strategy to improve the count of people who are unsheltered and living outside of the downtown area. Feedback received during the PIT was that 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 and planning to leverage communication and partnership with grassroot organizations that may know of more camps or unsheltered people not congregated in the downtown area. In addition, survey respondents on the NOFO scoring tool listed the permanent housing measure as the highest priority versus other measures. As a result, the scoring tool continues to give greater weight to the permanent housing measure.

| | | |
|--------|---|--|
| 1D-12. | Increasing Affordable Housing Supply. | |
| | NOFO Section V.B.1.t. | |
| | Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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 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. The updated housing regulations have created an easier process for permitting review resulting in fewer variance requests. In 2022, there was a significant drop in development standards variance requests totaling a 38% decrease of zoning applications in residential districts. Now that the TOD Amendment has been implemented to further reflect the BRT Strategic Plans, planning staff have more opportunity to address the design of the proposed developments ensuring they meet both the Infill Housing Guidelines and the BRT Strategic Plan recommendations. Planners focus more on how the building relates to pedestrians at the ground level, architecture, and enhanced landscaping. The TOD Overlay has and will continue to encourage more and higher density development along the BRT lines; however, displacement does not have to be a consequence. DMD has taken steps to mitigate this by adopting an Anti-Displacement strategy. The City of Indianapolis is investing nearly \$56 million in American Rescue Plan funding to go to housing and neighborhood redevelopment, part of an overall effort to focus more intensely on preventing displacement, housing loss and homelessness. 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen. | |
|-------|---|--|

| | | |
|----|--|------------|
| 1. | Enter your CoC's local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline. | 07/14/2023 |
| 2. | Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC's local competition—meaning the date your CoC published the deadline. | 05/03/2023 |

| | | |
|-------|---|--|
| 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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e. 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 |
| 6. | Provided points for projects based on the degree the projects 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. | 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 V.B.2.a., 2.b., 2.c., and 2.d. | |

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? | 18 |
| 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 V.B.2.d. | |

Describe in the field below:

| | |
|----|---|
| 1. | how your CoC 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 2023 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 NOFO 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 adding a high performing organization the opportunity to submit a DV project, using its experience serving persons with histories of DV.

| | | |
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| 1E-3. | Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process. | |
| | NOFO Section V.B.2.e. | |

| | |
|------------------------------|---|
| Describe in the field below: | |
| 1. | how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications; |
| 2. | how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and |
| 3. | 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) In 2022, the CoC developed an Unsheltered Homelessness Plan to respond to the Unsheltered NOFO. 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+. While the CoC did not receive funding, this process informed the CoC Convening Board, or Blueprint Council (BPC) to develop priorities for funding. The BPC, in early 2023, set a goal to reduce Black homelessness by 35% and in turn, the NOFO Workgroup set a priority to fund new projects that would address that goal. The NOFO 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. In addition, a former YAB member joined the NOFO Workgroup for the 2023 competition, bringing their lived experience expertise to the group. 2) The CoC application includes questions asking how each project will address racial inequities found within the last racial equity assessment. Projects are 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. These questions increased in weight in the new project evaluation from 6 points to 9 points in the 2023 competition. The renewal scoring tool also awards 3 points to address inequities, using the same evaluation method in the HUD scoring tool template. 3) New projects, in the 2023 Competition, were scored on their ability to identify barriers to participation faced by persons of different races. Horizon House, a project prioritized in Tier 1, identified the need to amend behavioral expectations in its Day center after seeing and hearing growing evidence of racial tension, often reflected in racial slurs used against Black neighbors. Horizon House very consistently enforces the policy that does not allow such behavior, providing consequences for such behavior, creating a more welcoming and safe environment for all persons.

| | | |
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| 1E-4. | Reallocation—Reviewing Performance of Existing Projects. | |
| | NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC's 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. A project may complete a corrective action plan during the first year of not meeting minimum performance standards or drawdown goals to outline specific actions the organization will take in the next year to improve performance. Projects not meeting drawdown goals or minimum performance standards are involuntarily reallocated after multiple years of not meeting minimum performance standards or drawdown goals. As part of the 2023 Competition, the NOFO Workgroup reallocated one project after not meeting its drawdown goals for the 2nd year in a row. 2) The CoC utilized HMIS based scoring tool in the 2023 competition, with projects able to view data impacting their scores in real time. All projects meet the minimum performance standard of 70 out of 100 points. However, 7 projects needed to complete corrective action plans for not meeting the drawdown threshold or goal for their project. 3) The NOFO Workgroup members heard 7 corrective action plans from 4 organizations and voted to allow 6 projects to renew and 1 project to fully reallocate due to not meeting a drawdown goal as part of the 2023 competition. 4) Of the 7 corrective action plans for projects that did not meet threshold, the NOFO Workgroup decided to renew the applications instead of reallocation. Reasons for renewal instead of reallocation include a project not meeting the threshold for a first time, specific actions listed for improvement in the corrective action plan, and noticeable improvement in the current grant to meet drawdown goals.

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| 1E-4a. | Reallocation Between FY 2018 and FY 2023. | |
| | NOFO Section V.B.2.f. | |

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| | Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023? | Yes |
|--|--|-----|

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| 1E-5. | Projects Rejected/Reduced–Notification Outside of e-snaps. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen. | |

| | | |
|----|---|------------|
| 1. | Did your CoC reject any project application(s) submitted for funding during its local competition? | Yes |
| 2. | Did your CoC reduce funding for any project application(s) submitted for funding during its local competition? | Yes |
| 3. | Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition? | Yes |
| 4. | If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023. | 07/28/2023 |

| | | |
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| 1E-5a. | Projects Accepted–Notification Outside of e-snaps. | |
| | NOFO Section V.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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023. | 08/16/2023 |
| 1E-5b. | Local Competition Selection Results for All Projects. | |
| | NOFO Section V.B.2.g. | |
| | You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen. | |
| | <p>Does your attachment include:</p> <ol style="list-style-type: none"> 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank–if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds. | Yes |
| 1E-5c. | Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline. | |
| | NOFO Section V.B.2.g. and 24 CFR 578.95. | |
| | 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: <ol style="list-style-type: none"> 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. | 09/22/2023 |
| 1E-5d. | Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website. | |
| | NOFO Section V.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 was posted on your CoC’s website or partner’s website. | 09/22/2023 |

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 |
|--|--|---------|

| | | |
|-------|------------------------------------|--|
| 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 V.B.3.a. | |

| | | |
|--|---|------------|
| | Enter the date your CoC submitted its 2023 HIC data into HDX. | 04/24/2023 |
|--|---|------------|

| | | |
|-------|--|--|
| 2A-4. | Comparable Database for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers. | |
| | NOFO Section V.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 HMIS comparable databases; | |
| | 2. state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2022 HMIS Data Standards; and | |

3. state whether your CoC's HMIS is compliant with the FY 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 comparable databases. One DV provider uses a separate instance of HMIS from the same vendor the CoC uses. CHIP and the CoC have assisted another provider in working with their vendor to ensure it is an HMIS comparable database. CHIP provides 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 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) DV housing and service providers are using a HUD-compliant comparable database that is compliant with FY 2022 HMIS Data Standards. 3) The CoC's HMIS is in compliance with 2022 HMIS Data Standards.

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

Enter 2023 HIC and HMIS data in the chart below by project type:

| Project Type | Total Year-Round Beds in 2023 HIC | Total Year-Round Beds in HIC Operated by Victim Service Providers | Total Year-Round Beds in HMIS | HMIS Year-Round Bed Coverage Rate |
|--|-----------------------------------|---|-------------------------------|-----------------------------------|
| 1. Emergency Shelter (ES) beds | 1,302 | 93 | 1,041 | 86.10% |
| 2. Safe Haven (SH) beds | 0 | 0 | 0 | |
| 3. Transitional Housing (TH) beds | 270 | 75 | 187 | 95.90% |
| 4. Rapid Re-Housing (RRH) beds | 776 | 73 | 703 | 100.00% |
| 5. Permanent Supportive Housing (PSH) beds | 1,209 | 31 | 1,178 | 100.00% |
| 6. Other Permanent Housing (OPH) beds | 1,293 | 0 | 1,183 | 91.49% |

| | | |
|--------|--|--|
| 2A-5a. | Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5. | |
| | NOFO Section V.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 V.B.3.d. | |
| | You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen. | |

| | |
|--|----|
| Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST? | No |
|--|----|

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|--------------|------------------------|--|
| 2B-1. | PIT Count Date. | |
| | NOFO Section V.B.4.a | |

| | | |
|--|---|------------|
| | Enter the date your CoC conducted its 2023 PIT count. | 01/23/2023 |
|--|---|------------|

| | | |
|--------------|--|--|
| 2B-2. | PIT Count Data–HDX Submission Date. | |
| | NOFO Section V.B.4.a | |

| | | |
|--|---|------------|
| | Enter the date your CoC submitted its 2023 PIT count data in HDX. | 04/23/2023 |
|--|---|------------|

| | | |
|--------------|--|--|
| 2B-3. | PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count. | |
| | NOFO Section V.B.4.b. | |

| | | |
|----|---|--|
| | Describe in the field below how your CoC: | |
| 1. | engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process; | |
| 2. | worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and | |
| 3. | included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count. | |

(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., Damien Center, and Indiana Youth Group (IYG), three groups that receive YHDP funding. The workgroup sought to include unaccompanied youth with lived experience in the planning of the PIT, but none were able to attend the planning workgroup. 2) At the suggestion of youth-serving providers, volunteers administered surveys at Outreach Inc. and IYG 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. 3) YYA were present at Outreach, Inc. in the dayroom and at the Westminster Food Pantry when volunteers administered surveys with their peers.

| | | |
|-----------------------------------|--|--|
| 2B-4. | PIT Count–Methodology Change–CoC Merger Bonus Points. | |
| NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable; | |
| 2. | describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023. | |

(limit 2,500 characters)

1) In 2023, the CoC partnered with the Institute for Community Alliances (ICA) to utilize ICA's PIT/HIC portal for the sheltered PIT. This was the first time the CoC used this portal. HMIS and non-HMIS participating agencies submitted and confirmed aggregate and/or client level detail counts on all individuals and households residing in facilities on the night of the count. HMIS participating agencies entered enrollments, shelter stays, and HUD required data elements into HMIS to provide aggregate counts. HMIS provided a formatted PIT count report for agencies to review and confirm the accuracy of data. HMIS participating agencies then utilized the portal to confirm aggregate counts and project information. Non-HMIS participating agencies and DV agencies using comparable databases could either utilize the portal or provide aggregate counts into the portal. HMIS Lead staff worked directly with agencies to reconcile data incongruities or inconsistencies identified by ICA in the data cleaning and data aggregation process. 2) In 2023, the ICA PIT portal was also used to administer the unsheltered surveys. This was the first year an electronic portal was used for data entry. This electronic format allowed users to input survey data directly into the application and provided conditional logic to increase data quality and accuracy. New outreach teams, meal sites, and community partners were also incorporated into the volunteer base and methodology for conducting surveys. Surveys were administered by over 100 volunteers, including volunteers from the Professional Blended Street Outreach team, members of the Indianapolis Metropolitan Police Department Homeless Unit, and volunteers from local service providers. Surveyors administered surveys at 25 locations, including 10 pre-determined geographic areas (e.g., Downtown Mile Square) and 15 service-based sites (e.g., libraries, local churches, and other service providers). 3) The use of the ICA PIT/HIC portal in the 2023 count allowed for a more efficient and accurate count. New partners and outreach teams contributed to a more accurate unsheltered count. These changes resulted in the highest recorded unsheltered count and the highest count of unsheltered families with children. This supports the CoC's data on family homelessness as a growing crisis 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.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. Results from the 2023 PIT included job loss (31.9%), family problems (24.8%), mental health issues (23.5%) and eviction (21.1%). 2) Diversion remains the key strategy to prevent first time homelessness and includes 11 Diversion Programs in the CoC that continue to reduce the area’s incidence of first time homelessness. 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. The CoC has identified new funding resources to fund projects, including Day 1 Family Fund and the United Way of Central Indiana. From 8/1/22 to 7/31/23, the CoC Diversion programs served 446 households. The Diversion programs have a 8% returns to homelessness rate, meaning of those served 8% entered homelessness within 2 years of exiting the diversion program. 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 over a 30-month period and as of 7/31/23, has served 170 households. 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/HIP is leading this strategy.

| | | |
|---------------|--|--|
| 2C-1a. | Impact of Displaced Persons on Number of First Time Homeless. | |
| | NOFO Section V.B.5.b | |

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

| | | |
|-----------|--|----|
| 1. | natural disasters? | No |
| 2. | having recently arrived in your CoCs’ geographic area? | No |

| | | |
|--------------|--|--|
| 2C-2. | Length of Time Homeless–CoC’s Strategy to Reduce. | |
| | NOFO Section V.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. The most successful strategy to enhance CES is the addition of system navigators. The CoC piloted a system navigation program with a local provider, HIP, to support people coming to CES. 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. System Navigators remain part of the process of referral, having them as part of the process once they are housed, as soft hand off, to the program provider of the client's choice. Programs that utilize the system navigation project as a partner have had positive outcomes, including reducing the average time from referral to housed reduced to 32 days compared to the average of 54 days for projects that do not use system navigators. 2) 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. CES prioritizes households with the most chronicity and the longest length of time of homelessness to be housed with open PSH or RRH units. Street outreach programs are focusing their efforts on person(s) with the longest length of homelessness. Work began in 2022 to establish a "by name list" to identify individuals and families who qualify as chronically homeless. The purpose is to connect these households to CES and prioritize them for housing. The implementation of this list began on 8/7/23 and within the first week, the list included 177 persons. 3) Danielle Bagg Wireman, Senior Director of Impact at CHIP and Niki Wattson, Clinical Supervisor at Horizon House 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 V.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 2023 local competition, will increase PSH by 46 units and 30 RRH units through housing bonus funding and reallocation. 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 coming on-line in the next two years (2023 and 2024). Currently, 107 PSH units are under construction and will be placed in service by March 2024. In addition, the CoC is working to combine all partnerships with the local PHA into a single MOU, laying out the roles and responsibilities of organizations and pathways for clients to move into permanent housing. The MOU will clarify paths requiring different supportive service needs as the move into different voucher programs. 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 began in October 2022 and is working to identify ways to place people in permanent housing and 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 V.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. The CoC has utilized a new funding resource developed by the City and Central Indiana Community Foundation called Housing to Recovery. 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, and this included some people with some of the highest acuity in terms of service needs. The pilot project with Horizon House is now being duplicated by other organizations, including Partners in Housing, another organization in the 2023 priority listing. The lessons learned have helped shaped the thinking of CoC providers, especially in terms of the service need and ways to intervene in more meaningful ways to keep people housed. Providers have learned through this program that moving on to stable housing is not just for persons with low service needs, but for all types of clients. A CoC workgroup is forming to take these lessons learned from this pilot program and the experience from persons with lived experience to standardize housing case management.

3) Rodney Stockment, Strategy Director for Homelessness with the City of Indianapolis and Lillian Kelly, Director of Programs with Horizon House will oversee this strategy.

| | | |
|-------|--|--|
| 2C-5. | Increasing Employment Cash Income—CoC's Strategy. | |
| | NOFO Section V.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 employment 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. Multiple agencies applied and received funding from the Lilly Endowment to expand their employment initiatives to hire dedicated employment specialists. Services include working with the prosecutor’s office to expunge records for employment, transportation assistance, employment clothing and job preparation such as interview skills, resume writing and internet/computer readiness. The CoC is prioritizing projects and organizations who seek other funding resources to fund these supportive services. Two of the three agencies (HIP and Horizon House) that received awards have multiple projects within the 2023 priority listing. 3) Rodeny Francis with EmployIndy and Leslie Kelly with Horizon House will oversee this strategy.

| | | |
|--------|---|--|
| 2C-5a. | Increasing Non-employment Cash Income—CoC’s Strategy | |
| | NOFO Section V.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 first 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 continued high staff turnover, training and program review has been the CoC's focus to improve access to non-employment income, making front line staff more aware of the requirements and pathways for their clients. First, the CoC offers free SOAR training to front line staff each fiscal year and will continue to do so throughout 2023 and 2024 via the free on-line resource, to ensure front line staff are adequately trained on the Social Security Systems. Because providers have been slow to take the SOAR training, the City will obligate providers to have at least 1 staff member to complete a SOAR certification to better serve clients via its 2023 CoC and 2024 ESG funded contracts. The CoC also provided training to front line staff to increase their knowledge in connecting households experiencing homelessness with federal, state, and local benefits programs, covering the state Women Infant and Children programs, TANF, SNAP and a SOAR overview. The City coordinated 2 half-day trainings on May 15 and 16, 2023. 46 staff from 20 organizations completed the training. The second CoC strategy for increasing access to non-employment income for clients is to enhance coordinated entry, funding system navigation projects, hiring 4 FTE system navigator positions to assist clients with acquiring the documents needed to file applications for non-employment income. System navigators 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 partner with Indiana Legal Services or other pro bono legal aid services to help clients access alimony and child support. The system navigators serve as another access point for clients while they are waiting/preparing for housing. 2) Rodney Stockment, Strategy Director for Homelessness with the City of Indianapolis 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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2023 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 V.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 |
|--|--|-----|

| | | |
|--------------|--|--|
| 3A-2. | New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources. | |
| | NOFO Section V.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 |
|--|--|-----|

| | | |
|--------------|--|--|
| 3A-3. | Leveraging Housing/Healthcare Resources–List of Projects. | |
| | NOFO Sections V.B.6.a. and V.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 |
|----------------------|--------------|-------------|---------------|
| 2024 Partners in ... | PH-PSH | 23 | Both |
| 2024 Adult and Ch... | PH-PSH | 24 | Housing |

3A-3. List of Projects.

1. What is the name of the new project? 2024 Partners in Housing King Commons
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: 23
5. Select the type of leverage: Both

3A-3. List of Projects.

1. What is the name of the new project? 2024 Adult and Child Hanna Commons
2. Enter the Unique Entity Identifier (UEI): G3ANMA9UF9M5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 24
5. Select the type of leverage: Housing

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|--------------|--|--|
| 3B-1. | Rehabilitation/New Construction Costs–New Projects. | |
| | NOFO Section V.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 |
|--|----|

| | | |
|--------------|--|--|
| 3B-2. | Rehabilitation/New Construction Costs–New Projects. | |
| | NOFO Section V.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 to the Indianapolis CoC.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
 - 24 CFR part 578;
 - FY 2023 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 V.F. | |

| | | |
|--|--|----|
| | 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 |
|--|--|----|

| | | |
|-------|---|--|
| 3C-2. | Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. | |
| | NOFO Section V.F. | |

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)

Not applicable to the Indianapolis CoC.

4A. DV Bonus Project Applicants for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

| | | |
|-------|------------------------------------|--|
| 4A-1. | New DV Bonus Project Applications. | |
| | NOFO Section I.B.3.I. | |

| | |
|--|-----|
| Did your CoC submit one or more new project applications for DV Bonus Funding? | Yes |
|--|-----|

| | | |
|--------|-------------------------|--|
| 4A-1a. | DV Bonus Project Types. | |
| | NOFO Section I.B.3.I. | |

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 2023 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 I.B.3.I.(1)(c) | |

| | | |
|----|--|-------|
| 1. | Enter the number of survivors that need housing or services: | 3,795 |
| 2. | Enter the number of survivors your CoC is currently serving: | 3,361 |
| 3. | Unmet Need: | 434 |

| | | |
|--------|--|--|
| 4A-3a. | How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(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. On 8/31/23, 395 households, accounting for 434 individuals, were in CES and waiting for housing with a DV history. The CoC counted all individuals actively enrolled within HMIS who self-identified as experiencing DV in the Current Serving Number, on 8/31/23 to find a total of 3,361 individuals receiving services and/or housing. 2) The CoC utilized unduplicated data from HMIS and CES on 08/31/2023. The data included projects utilizing HMIS only. 3) 71 of the 434 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, 161 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 I.B.3.I.(1) | |
| | 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 |
| Damien Center |

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 2023 Priority Listing for New Projects:

| | | |
|----|--|---------------------------------|
| 1. | Applicant Name | Damien Center |
| 2. | Project Name | 2024 Damien Center DV Bonus RRH |
| 3. | Project Rank on the Priority Listing | 26 |
| 4. | Unique Entity Identifier (UEI) | JYFBW9MH1RA5 |
| 5. | Amount Requested | \$386,863 |
| 6. | Rate of Housing Placement of DV Survivors–Percentage | 47% |
| 7. | Rate of Housing Retention of DV Survivors–Percentage | 100% |

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| 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 I.B.3.I.(1)(d) | |

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

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| 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 entered a Damien Center Program (92) divided by the number of households that entered a Damien Center program (192). Of the 92 households who were placed in permanent housing, maintained, or exited to permanent housing, none have returned to homelessness. 92 households with DV experience, or 100%, 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 Damien Center used data from their intake assessment in the client files and HMIS data.

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| 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 I.B.3.I.(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) Damien Center’s Housing Assistance Program (HAP) has long served DV survivors through our program. In 2022, Damien Center began a 3-year Dept. of Justice funded project to provide housing assistance to victims of human trafficking. In order to ensure that these individuals are moved quickly into safe and affordable housing, HAP immediately connects referred clients to a case manager who assesses their immediate needs, provides crisis intervention, and can provide emergency housing through Damien Center’s internal Direct Emergency Financial Assistance fund, which may provide a hotel or other emergency housing in the short term. 2) Damien Center accepts CES referrals from the DV Prioritization list. The Damien Center follow’s 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) The participant’s initial intake process is performed by the Damien Housing Case Manager, a trauma informed, survivor-centered case manager who will identify barriers to health, safety, emotional wellness, and housing stability using screening tools created to ensure information collection without the impact of re-traumatization. This intake will assess housing stability, employment, educational needs, safety needs and gaps in safety, harm reduction needs (syringe use, substance use, HIV/STI concerns), as well as the participant’s degrees of social and professional supports. 4) The housing case manager will refer clients to internal and external programs as identified in the initial intake assessment. Because Damien Center offers a variety of services internally, the case manager ensures the client completes referrals during their initial visit. With an external referral, the case manager follows up to ensure that the referral has been completed. 5) Self-sustaining housing is the primary goal of a client’s housing plan, and the housing case manager is constantly working with the client on goal setting and the steps needed to meet goals. Clients are moved onto the waitlist for income-based housing, and referred to education and employment services that results in increased incomes that make housing attainable. All clients are offered supportive services up to 6 months past their exit from the program.

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| 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 I.B.3.I.(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) Initial privacy/confidentiality during the intake and interview process is assured through Damien Center's strict HIPAA and confidentiality standards. Intakes conducted onsite at Damien are confidential and clients are not identified as DV survivors. Initial intake appointments are able to held offsite as needed to ensure safety and confidentiality. When serving couples, intake will take place in separate locations. Privacy and confidentiality will be first presented to the client through a consent form. Through agreeing to participate, the client will be informed that all information is used solely for this program and that no client level specific information will be released to the public, other funders, other clients, etc. 2) All screenings, safety planning, modifications to units, and releases related to safety will be completed by the appropriate service providers prior to the participant being housed. Program participants will work closely with the housing case manager to identify units in area that are determined safe by the participant. 3) Participant information is communicated through secure servers and Damien Center will be responsible for collecting data and performance measures that protect this confidentiality. At no time will client identifiers be available for the public and in no space will locations, employment, or other participant information be provided without a signed release of information. 4) Damien Center staff engage in HIPAA and confidentiality training sessions that must be renewed on a regular basis. All front-line staff also engages in DV specific trainings led by program partner Firefly. 5) Participants will work with housing case manager to identify safety measure that work best for their situation including but not limited to biometric locks, doorbell cameras, window alarms, door jams, etc. 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.

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| 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 I.B.3.I.(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 CoC wishes to grow the choice available to victims of the many facets of DV by increasing the number of DV providers within the community. The Damien Center is a program provider with vast experience assisting persons living with HIV/AIDS who also have a history of DV. Ensuring the physical and emotional safety of participants is a primary focus of Damien Center, and housing case managers and advocates involve themselves in routine maintenance, emergency situations, and all needs related to the participant having visitors/traffic in the home or leaving the unit for a length of time. Additionally, all participant information is sent through secured mail, or completed in person to be added to a secured file that no other representative other than those listed on the client’s ROI can access. These plans and authorizations are completed within the first thirty days of referral. Once a participant has been approved for a unit, the support staff will ensure that all safety plans and individualized plans related to transportation, emergency situations, restraining orders, trespassing orders, or other needed support documents are reviewed with the care team and leasing agency. After the client is housed, program staff will ensure that each client is met for an in-person review in their home prior to thirty days housed and that reviews continue to occur every thirty days until program exit. The safety of participants is evaluated on an ongoing basis through these meetings and action is taken as needed to ensure that any negative evaluations are addressed. For example, if a client needs to move, Damien Center has been able to utilize VAWA to move them quickly. Emergency financial assistance is available to change locks or make other minor safety adjustments. Issues and resolutions are included in the case manager’s case notes. One area for improvement is the implementation of a more formal method of evaluating and monitoring client safety, and that will be implemented with the help of Damien Center’s quality department in the coming year.

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| 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 I.B.3.I.(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) Addressing participants' needs and wishes during the initial intake and throughout the housing placement process is a priority. Each participant is actively involved in the intake and barrier assessment process, selects locations within the county to both avoid and seek housing in and select housing of their choice. 2) All participants will be the driving force in their housing stability plans, safety planning, and community resource engagement. Each participant will have the ability to increase and/or decrease support as they deem necessary and will be their own advocate for services they would like. Policies and procedures empower clients in achieving self-determined goals and provide support during times of difficulty. HAP staff meet clients where they are, physically and emotionally, with the understanding that survivors have unique needs and safety requirements. The HCM manager will work with participants to determine where and when participants feel most comfortable meeting. 3) Damien Center is committed to using a survivor-centered, trauma-informed approach to meet the needs of all DV survivors. Program participants receive information about trauma and its effects from their housing case manager. The HCM has extensive experience working with DV and human trafficking survivors. In addition, participants can access mental health services internally at Damien Center from a mental health provider with extensive experience working with DV survivors or through external referrals. Damien Center direct service staff receive bi-monthly trainings provided by DV experts on best practices when working with survivors of DV and human trafficking. 4) All providers understand that each client served has unique strengths and pieces of their identities that have been wielded against them to marginalize them from systems meant to serve and identify victims. The HCM assists participants to develop strength-based goals for barrier admonishment. 5) The Damien Center values of Dignity, Collaboration, Equity, Accountability, Quality, and Innovation as its commitment to the health of and social equity for people from diverse communities. Damien Center recently adopted a comprehensive DEI Action plan with measurably goals to complement the already extensive DEI activities of the agency. A few of these ongoing activities active and ongoing conversations about racism, including how racism and racial justice impacts our programming and activities; hiring our first DEI Officer, DyNishia Miller, in 2021; ensuring that all staff are trained to understand and respond to issues around diversity and equity (including annual Interrupting Racism training); and the development of a written tool to standardize ongoing DEI discussions at department levels. In addition, all direct staff are trained in the provision of trauma-informed care. 6) Damien Center offers multiple ways for clients to connect with each other, including several support groups that are specific to various populations. These include a group for those newly diagnosed with HIV, long-term HIV survivors, transgender clients, women clients, Latinx clients, and youth clients. While there is not currently a DV specific support group, this is planned for the coming year if there is interest. A resources coordinator works closely with participants to create new groups and social engagement activities that best meet our community's needs. 7) Damien Center does not offer direct trauma-informed parenting classes; however, we do refer to our program partners such as Fire Fly Children and Family Alliance, Fletcher Place Community Center REACH program, and The Villages for these services. In collaboration with the Indiana Bar Association, the Damien Center provides quarterly expungement clinics and house a legal kiosk which provides real time legal advice/resources during business hours. Damien Center has partnerships with local attorneys willing to provide pro bono services on a case-by-case basis. Financial assistance is available to assist with some childcare needs, utility assistance, rental arrears, and any other client identified barrier that is

impacting their health, safety, and goals.

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| 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 I.B.3.I.(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)

Housing Assistance Program participants, including those who are DV survivors, have access to a wide variety of supportive services throughout the duration of the program. The participant’s initial intake process is performed by housing case manager (HCM). In the case of those participating through the DOJ-HT housing program, by the HT-specific housing case manager, a trauma informed, survivor-centered case manager who identifies barriers to health, safety, emotional wellness, and housing stability using screening tools created to ensure information collection without the impact of re-traumatization. This intake assesses housing stability, employment, educational needs, safety needs and gaps in safety, harm reduction needs (syringe use, substance use, HIV/STI concerns), as well as the participant’s degrees of social and professional support. Once intake is completed, program staff connects the participant to the supportive services for which there is a need. The comprehensive nature of Damien Center is the root of the collaborative success for housing clients. Because Damien Center is a one-stop shop for most people and can be tailored to meet even the most vulnerable of clients’ needs, we are successful at the housing and retention of clients who have had little success with other agencies. These comprehensive client services pair with HAP’s longstanding relationships with community landlords and leasing agents is what makes the organization perfectly suited for this initiative. Child Custody: HCMs can refer to legal services to assist parents with active DCS cases to reunite families. Legal Service: HCMs assist clients to file Protective/No Contact orders and make referrals to the Neighborhood Christian Legal Clinic and Indiana Legal Services. Damien Center houses a legal kiosk which provides housing related legal services and resources. Criminal History: If a client needs legal help regarding their criminal history, they are referred to a legal partner or a quarterly in-house expungement clinic. Bad Credit History: The Damien Center offers direct financial assistance to repair credit to secure housing. HCMs have access to flexible 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. Free Adult Basic Education classes are offered to clients at Damien Center. Clients have access to flexible funding for certifications and other educational opportunities. Advocates host individual financial empowerment sessions and financial literacy sessions. Job Training and Employment: The Damien Center has expanding employment programming with one-on-one coaching, and an on-site job training café to open in January 2024. Physical/Mental Healthcare: The Damien Centers offers physical and mental healthcare through its in-house clinics. Drug and Alcohol Treatment: The Damien 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 Damien Center offers referrals to external partner programs to support parents in need of childcare.

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| 4A-3g. | Plan for Trauma-Informed, Victim-Centered Practices for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(e) | |
| | Describe in the field below examples of how the new project(s) will: | |
| 1. | prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs; | |

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| 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 work 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)

Damien Center will continue to implement many of the previously described activities in order to meet the needs of DV survivors. Examples of these include:

- 1) Addressing participants' needs and wishes during the initial intake and throughout the housing placement process is a priority. Each participant will be actively involved in the intake and barrier assessment process, selects locations within the county to both avoid and seek housing in and select housing of their choice.
- 2) All participants will be the driving force in their housing stability plans, safety planning, and community resource engagement. Each participant will have the ability to increase and/or decrease support as they deem necessary and will be their own advocate for services they would like. Policies and procedures empower clients in achieving self-determined goals and provide support during times of difficulty. HAP staff will meet clients where they are, physically and emotionally, with the understanding that survivors have unique needs and safety requirements. The HCM manager will work with participants to determine where and when participants feel most comfortable meeting.
- 3) Damien Center is committed to using a survivor-centered, trauma-informed approach to meet the needs of all DV survivors. Program participants will receive information about trauma and its effects from their housing case manager. The HCM has extensive experience working with DV and human trafficking survivors. In addition, participants will be able to access mental health services internally at Damien Center from a mental health provider with extensive experience working with DV survivors or through external referrals. Damien Center direct service staff will receive bi-monthly trainings provided by DV experts on best practices when working with survivors of DV and human trafficking.
- 4) All providers understand that each client served has unique strengths and pieces of their identities that have been wielded against them to marginalize them from systems meant to serve and identify victims. The HCM will assist participants to develop strength-based goals for barrier admonishment.
- 5) The Damien Center values of Dignity, Collaboration, Equity, Accountability, Quality, and Innovation as its commitment to the health of and social equity for people from diverse communities. Damien Center recently adopted a comprehensive DEI Action plan with measurably goals to complement the already extensive DEI activities of the agency. A few of these ongoing activities active and ongoing conversations about racism, including how racism and racial justice impacts our programming and activities; hiring our first DEI Officer, DyNishia Miller, in 2021; ensuring that all staff are trained to understand and respond to issues around diversity and equity (including annual Interrupting Racism training); and the development of a written tool to standardize ongoing DEI discussions at department levels. In addition, all direct staff are trained in the provision of trauma-informed care.
- 6) Damien Center will offer multiple ways for clients to connect with each other, including several support groups that are specific to various populations. These include a group for those newly diagnosed with HIV, long-term HIV survivors, transgender clients, women clients, Latinx clients, and youth clients. While there is not currently a DV specific support group, this is planned for the coming year.
- 7) In collaboration with the Indiana Bar Association, the Damien Center will provide quarterly expungement clinics and house a legal kiosk which provides real time legal advice/resources during business hours. Damien Center will offer pro bono services on a case-by-case basis through its partnerships with local attorneys. Financial assistance will be available to assist with some childcare needs, utility assistance, rental arrears, and any other client identified barrier that is impacting their health, safety, and goals.

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| 4A-3h. | Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. | |
| | NOFO Section I.B.3.I.(1)(f) | |
| | Describe in the field below how the new project will involve survivors: | |
| 1. | with a range of lived expertise; and | |
| 2. | in policy and program development throughout the project's operation. | |

(limit 2,500 characters)

Damien Center is committed to consumer involvement (persons with lived experience) and will continue to implement many of our ongoing strategies to achieve this. The agency has a client advisory group with 20 active members, including housing clients, that provides feedback from clients, reviews and suggests improvements to programs, and helps develop and recommend new forms of client communication to help ensure program participation. Damien Center performs housing specific surveys (as well as agency surveys) to assure client satisfaction, with the most recent housing survey showing a 94% overall satisfaction rating. Damien Center also utilizes grant-specific Community Advisory Groups that are actively engaged in program planning, implementation, and evaluation. Damien Center has a client representative on our Board of Directors with lived homeless experience who can provides valuable oversight. Damien Center and HAP clients are encouraged to communicate feedback in a variety of ways. Each client has access to comment cards in all main area, quarterly surveys are sent out via phone blast, email, and mail and focus on satisfaction and unmet needs. Client newsletters include contact information for all inquiries. A Housing Equity Committee was formed in 2021 to bring housing clients, landlords, community members and outreach/housing staff together for collaborative discourse regarding housing and its challenges. All clients regardless of how they access care at Damien have access to internal and external grievance forms and procedures and housing specific concerns are encouraged to be sent to CHIP for continuity through our participation in the COC.

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. |
| | . 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. |
| 8. | Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions. |

| Document Type | Required? | Document Description | Date Attached |
|--|-----------|----------------------|---------------|
| 1C-7. PHA Homeless Preference | No | PHA Homeless Pref... | 09/22/2023 |
| 1C-7. PHA Moving On Preference | No | PHA Moving On Pre... | 09/22/2023 |
| 1D-11a. Letter Signed by Working Group | Yes | Letter Signed by ... | 09/22/2023 |
| 1D-2a. Housing First Evaluation | Yes | Housing First Eva... | 09/18/2023 |
| 1E-1. Web Posting of Local Competition Deadline | Yes | Web Posting of Lo... | 09/18/2023 |
| 1E-2. Local Competition Scoring Tool | Yes | Local Competition... | 09/18/2023 |
| 1E-2a. Scored Forms for One Project | Yes | Scored Forms for ... | 09/18/2023 |
| 1E-5. Notification of Projects Rejected-Reduced | Yes | Notification of P... | 09/18/2023 |
| 1E-5a. Notification of Projects Accepted | Yes | Notification of P... | 09/18/2023 |
| 1E-5b. Local Competition Selection Results | Yes | Final Project Sco... | 09/18/2023 |
| 1E-5c. Web Posting—CoC-Approved Consolidated Application | Yes | Web Posting - CoC... | 09/22/2023 |

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|--|-----|----------------------|------------|
| 1E-5d. Notification of CoC-Approved Consolidated Application | Yes | Notification of C... | 09/22/2023 |
| 2A-6. HUD's Homeless Data Exchange (HDX) Competition Report | Yes | HUD's Homeless Da... | 09/18/2023 |
| 3A-1a. Housing Leveraging Commitments | No | Housing Leverage ... | 09/18/2023 |
| 3A-2a. Healthcare Formal Agreements | No | Healthcare Formal... | 09/18/2023 |
| 3C-2. Project List for Other Federal Statutes | No | | |
| Other | No | | |

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving On Preference

Attachment Details

Document Description: Letter Signed by Working Group

Attachment Details

Document Description: Housing First Evaluation

Attachment Details

Document Description: Web Posting of Local Competition Deadline

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: Web Posting - CoC Approved Consolidated Application

Attachment Details

Document Description: Notification of CoC Approved Consolidated Application

Attachment Details

Document Description: HUD's Homeless Data Exchange (HDX) Competition Report

Attachment Details

Document Description: Housing Leverage Commitment

Attachment Details

Document Description: Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

| Page | Last Updated |
|---|--------------|
| 1A. CoC Identification | 09/20/2023 |
| 1B. Inclusive Structure | 09/26/2023 |
| 1C. Coordination and Engagement | 09/26/2023 |
| 1D. Coordination and Engagement Cont'd | 09/20/2023 |
| 1E. Project Review/Ranking | 09/26/2023 |
| 2A. HMIS Implementation | 09/20/2023 |
| 2B. Point-in-Time (PIT) Count | 09/20/2023 |
| 2C. System Performance | 09/20/2023 |
| 3A. Coordination with Housing and Healthcare | 09/20/2023 |
| 3B. Rehabilitation/New Construction Costs | 09/12/2023 |
| 3C. Serving Homeless Under Other Federal Statutes | 09/12/2023 |

| | |
|--|-------------------|
| 4A. DV Bonus Project Applicants | 09/26/2023 |
| 4B. Attachments Screen | 09/22/2023 |
| Submission Summary | No Input Required |