

## 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 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 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 2021 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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

**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:** City of Indianapolis

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:	
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 of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
Other:(limit 50 characters)				
33.	HIV/AIDS Organization	Yes	Yes	Yes
34.	Faith Based Organization	Yes	Yes	Yes

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

Describe in the field below how your CoC:	
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 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 monthly newsletters highlight ways for individuals to become involved. Starting during COVID-19, the CoC began hosting weekly Thursday morning meetings to discuss all the initiatives, safety protocols, and items related to homelessness. On average, 75 people attend this meeting, many from organizations new to the CoC. The weekly meetings became an avenue for new members to be involved. 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. Due to the pandemic, the CoC conducted its meetings via Zoom meetings, which were recorded and posted on the CoC website. Zoom also allows for participants to utilize closed captioning. All other communication from the CoC includes accessible options for people living with disabilities. 3) The CoC worked with the YAB and a cohort of peer support specialists to engage

individuals with lived experience in planning and decision-making activities. Also, the CoC activated a lived experience engagement work group to develop a set of strategies to utilize the skills and expertise of people with lived experience and revamp the compensation practices of the CoC. The YAB partnered with the CoC to oversee the development and approve of the new plan, for implementation in 2022. 4) Currently, the governing board includes 2 service providers and 2 consumers with lived experience. The YAB oversees the youth strategies for the community, with 100% members with lived experience. The NOFO workgroup that made recommendations for the priority listing included 1 member with lived experience.

<b>1B-3.</b>	<b>CoC’s Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:	
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1) COVID-19 has brought many changes to the Indy CoC, including the addition of a weekly Thursday meeting that is attended by providers and stakeholders. This meeting started as a meeting to provide information quickly about the community’s COVID-19 response as well as a forum for solutions to problems that quickly arose because of the pandemic. The meeting is attended by providers, persons with lived experience, community leaders, front line staff, as well as stakeholders such as downtown businesses, health care agencies and the public housing agency. 30 minutes of the meeting is spent addressing problems identified by providers or members of the community to resolve issues faced by persons experiencing homelessness. 2) The Coalition for Homelessness Intervention and Prevention (CHIP) is the lead CoC agency, communicating across workgroups as well as the Thursday Meeting. CHIP uses multiple avenues to inform the community and receive input, including social media and webinars. CHIP hosts a quarterly convening meeting to give updates on the Community Plan to End Homelessness and other import information. 3) In June-20, the CoC launched the rehousing effort with 50 stakeholders attending, including those with lived experience. The goal was to develop a plan to quickly house the households living in Non-Congregate Sites (NCS). The day-long meeting focused on community identified solutions, laying the groundwork for a system-wide rehousing strategy called Home Now. Home Now assigns case managers and staff to specific tasks, such as a team assigned to provide support and obtain required housing documentation like ID, creates a housing acquisition team responsible for recruiting landlords and available units, and provides housing focused case management. The kick-off event transformed into a weekly meeting on-site at a NCS where providers met with clients, identified problems, case conferenced solutions, tested strategies, and lifted challenges to CoC leadership.

<b>1B-4.</b>	<b>Public Notification for Proposals from Organizations Not Previously Funded.</b>	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:	
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1) The CoC utilized ads in the local newspaper, social media, email, and a newsletter to notify it was accepting letters of intent (LoI) for new and renewal 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 process began by releasing a LoI, one-page notification by projects on 4/20/21. LoI's were due to the CoC on 5/7/21. The CoC announced the new application request for proposal via e-mail on 8/31/21 and posted links/reminders on social media on 8/31, 9/3, 9/6, 9/10, and 9/17. A LoI was not required to apply. The CoC hosted two question and answer sessions (9/3 & 9/7) for organizations to bring questions. 2) The CoC received one application from an organization that had never applied before and have placed them in the 2021 priority listing. 3) 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, including two from non-CoC funded organizations. 4) 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 10/18/21. 5) 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–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

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|----|--|
| 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 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 LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

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

Describe in the field below how your CoC:

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

**(limit 2,000 characters)**

1) The City of Indianapolis is the collaborative applicant and participating jurisdiction. The same NOFO Non-Conflicted Workgroup members that determined CoC funding levels met on 10/26/21 to allocate 2022 ESG funding, coordinating funding streams to meet the goals of the CoC. Two members of leadership, at the City and CHIP, attended a five-week HUD sponsored cohort on how to use a coordinated investment planning tool to braid funding from various resources to serve the most vulnerable and other key populations prioritized by the CoC. This included developing a strategy to utilize the ESG-CV allocation not only address the current pandemic crisis but move the community's plan to end homelessness forward. The CoC governing board formed a Coordinated Investment workgroup to review the needs of community and recommendations from staff. The workgroup included stakeholders from ESG funded agencies, healthcare agencies, public housing, individuals with lived experience, and the City. The CoC Coordinated Investment Workgroup, because of this work, prioritized RRH for all ESG-CV 2 funding. 2) The City's ESG team developed a performance evaluation tool to monitor performance quarterly of all ESG recipients. The City and CHIP host quarterly performance meetings, whereby the City's ESG team and the HMIS team can offer TA to poor performing recipients and offer creative solutions from peers. 3&4) The City of Indianapolis is the Collaborative Applicant, the Consolidated Plan jurisdiction and the ESG recipient. As part of its 2020-2024 Consolidated Plan, the City has incorporated the 2019 PIT, HIC as part of the data analysis and CoC strategic goals are mirrored in the Consolidated Plan goals. Each year the Action Plan evaluates progress made towards CoC goals and information from annual PIT counts. For example, the 2021 PIT and HIC will inform the American Rescue Plan HOME Allocation Plan.

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

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

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are	No
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	not separated.	
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
	Non-Congregate Shelter was set up as a family hotel to keep families together – using a broad family definition.	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1&2) CoC providers have several agreements with Headstart/Early Headstart, local childcare and Pre-K providers to help with children younger than 6. IYG, a YHDP provider, oversees the gender and sexual alliance, partnerships with 50 schools that support advisors in the local schools, connecting with at-risk youth with LGBTQ+ status. 3&4) The CoC has a letter of agreement with the Indiana Department of Education (IDOE). The agreement outlines the objectives of the partnership; identifying strategies to engage homeless youth within the 9 Marion County School Districts; prioritizing four core outcomes to end youth homelessness; prioritizing special populations such as LGBTQ+ and those in foster care; implementing positive youth development, trauma informed care, and family engagement; committing to a coordinated community approach to prevent and end youth homelessness; expanding capacity to serve homeless youth; and evaluating performance measures set by the CoC. 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. In fall 2021, a Homeless Education Specialist with IDOE joined the CoC governing Board. 5&6) 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.

<b>1C-4a.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.</b>	
	NOFO Section VII.B.1.d.	

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

**(limit 2,000 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. This staff member must ensure that children are enrolled in school and connected to appropriate services in the community, including early childhood projects such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. The education liaison must inform families with children entering the provider’s housing or service program of the education services available. This staff person may carry out multiple duties within a single organization or partner across other agencies to ensure children are receiving educational services. The City of Indianapolis monitors each provider for compliance, annually. The IDOE and local early learning organizations, First Steps (early intervention services) and Head Start, have assisted the CoC with the development of policies for local providers to follow when informing homeless families of educational services. The CoC trains education liaisons annually to ensure all providers and front-line staff are aware of the current policies. The next session is scheduled for 2nd Quarter 2022. Information and resources related to the policy is regularly updated on the CoC website, and CHIP will send out a system-wide email to notify providers of any new education opportunities or policy changes as they arise.

<b>1C-4b.</b>	<b>CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.</b>	
	NOFO Section VII.B.1.d.	

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

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

9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Healthy Families	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

- |    |  |
|----|--|
| 1. | Project staff that addresses safety and 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 safety and 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 2,000 characters)**

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

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. If the person has a safety risk, providers explain the household's options to be immediately connected to a DV provider, who can complete a confidential version of the assessment and provide the household with trauma-informed services. Navigators at Indiana 211 will divert people to the DV crisis line, which is managed by the two 24-hour response crisis providers, Coburn Place and Julian Center. With the COVID-19 pandemic and mandatory stay at home orders, most clients were in the presence of their abuser at the time of the call for help, Indy DV providers developed a new series of questions that would not "out" a survivor who is quarantined with their abuser. 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. The CoC combines de-identified, unduplicated domestic violence data with its HMIS data. The combined data is used to create a system model which estimates the housing and services needs for this subpopulation. The de-identified data is shared with providers and other CoC partners quarterly and annually and is used to determine the type of housing and social service needs for victims of domestic violence, dating violence, sexual assault, and stalking. For the 2021 competition, the information from HMIS and CES has been used to determine the need for projects as part of the DV bonus funding pool. Of the 2,598 people enrolled in HMIS between 01/01/19 and 12/31/20 with a history of domestic violence, 199 individuals were utilizing RRH. The largest portion of those in HMIS, 728 individuals, were using emergency shelter or crisis housing. During the first six months of 2021, CES completed 748 assessments of individuals with a history of DV and on 10/12/2021, 424 people were waiting for housing.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
NOFO Section VII.B.1.e.		
Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:		
1.	prioritize safety;	
2.	use emergency transfer plan; and	
3.	ensure confidentiality.	

**(limit 2,000 characters)**

1) The COVID Pandemic changed many ways DV providers worked. With survivors isolated and quarantined with their abusers, new lethality questions were asked of them so as not to "out" them in front of their abuser. DV providers trained DV staff to develop a safety plan for survivors still living with their abusers and to work in a virtual environment with their clients. DV advocates met with survivors in neutral places to offer supportive services while a person waited for housing. Group support was offered virtually, and providers saw increased participation. DV providers used IMPD to check in with survivors more often during stay-at-home orders to ensure safety of clients. The CoC also increased funding of DV projects, using CoC DV Bonus, ESG-CV and philanthropic funds to prioritize the safety. 2) The CoC approved an emergency transfer plan (ETP) on 8/27/18 and is part of the CES policies and observed by

all CoC and ESG/ESG-CV projects. DV providers intend to update the ETP to include new protocols established during the pandemic. The ETP ensures 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. 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. 3) CES navigators conduct the assessment without entering identifying information in HMIS, using confidential codes that are provided to the CES lead. HMIS Lead agency staff work with DV providers to obtain de-identified/aggregate data for all community reporting and performance information. All providers adhere to HMIS confidentiality and data sharing policies.

<b>1C-6.</b>	<b>Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.</b>	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT 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)?	No
	3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?	No

<b>1C-7.</b>	<b>Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC’s geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 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 (IHA)	11%	Yes-Both	Yes

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

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

**(limit 2,000 characters)**

1) There is only one PHA, the Indianapolis Housing Agency (IHA), in the CoC catchment area. IHA Commissioners adopted the homeless preference in October, 2017, which gave an HCV preference to nine applicant households per month (108 annually). An amendment to the homeless preference, adopted in September 2019, increases the preference to 300 HCVs in 2019, with 7 per month each year after that. Between September 2019 and January 2020, collaborative effort of CoC providers identified, referred, and supported households in obtaining the vouchers, locating units, and moving into permanent housing. CoC Project Managers focused on permanent supportive housing and coordinated entry refinement to form a single implementation workgroup that met weekly to track progress, provide updates, and address barriers. The implementation workgroup identified four priority populations, PSH move on, chronically homeless, RRH transfers, and Wheeler Mission (ES) clients. Of the 302 households referred, 188 were housed. Of the 188 housed, the average length of time from referral to housed was 122 days. 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. This surge has helped lay the groundwork for other surges of vouchers that come available from IHA, including how the CoC utilizes the Emergency Housing Vouchers (EHVs) to serve individuals with criminal backgrounds. 2) Not applicable.

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	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1) The CoC includes all five PHA voucher initiatives in the CES process (NED, VASH, FYI, HCV with Homeless Preference, and EHV). Referrals are made directly from CES to the Indianapolis Housing Authority. The Director of Rental Assistance from IHA has bi-weekly meeting with the CES team to communicate referral updates. Project leads at supportive services providers for 67 NED vouchers (Eskenazi/Midtown), 460 VASH (VA), and FYI (DCS and Children's Bureau), and 30 Homeless Preference (Horizon House) vouchers attend case conferencing and an additional CES monthly meeting to provide updates on the housing processes, share feedback on IHA collaboration, and report project openings as clients prepare to move-on from the program or are transferred with other supportive housing programs, as needed. The IHA administrative plan outlines that IHA must use CES with all vouchers under its homelessness preference. The CoC has trained front line staff on the IHA process to ensure all staff follow the proper documentation for referrals. The CoC website has information and training on how to complete documentation needed for the voucher program, housing searches, and work with IHA. 2) There are two sets of vouchers where the process for utilization of CES is formalized through an MOU. For the FYI Vouchers, IHA works directly with the Department of Child Services (DCS) to identify young people a foster care background and experiencing homelessness. There is a formal agreement among IHA, DCS, Childrens Bureau and the CoC for utilization of CES for these vouchers. For the Emergency Housing Voucher program, the CoC and IHA have a MOU outlining the responsibilities of each organization, including the use of CES and priority populations to be housed with the vouchers.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and

3. how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

1) In 2018, the CoC applied with IHA for 55 NED Mainstream vouchers. The CoC and IHA identified a service provider, Eskenazi/Midtown Health, with experience in serving clients with multiple disabilities to assist clients receiving vouchers. Eskenazi Health is a current CoC provider, with 131 CoC funded PSH units. The project has expanded since that time to include 70 NED Mainstream vouchers. In 2019, the CoC, along with the Indiana Department of Child Services (DCS) and IHA, applied for 25 FYI vouchers. As part of the FYI application, DCS selected the Children’s Bureau of Indiana to provide supportive services, as needed, to FYI voucher holders. The CoC and IHA also partnered together to utilize 203 Emergency Housing Vouchers (EHV). 2) The NED Mainstream vouchers were approved in 2018 and the CoC began utilizing them immediately. The FYI vouchers were approved in 2020 and the CoC began utilizing them immediately. The EHV were awarded on 5/14/21 and the CoC began utilizing them in 07/21 after an MOU between the CoC and IHA was signed. 3) Both sets of vouchers brought additional valuate resources to the community, increasing the PSH inventory for persons with disabilities and for youth aging out of foster care. For those individuals receiving a NED voucher, they received non-time limited rental assistance along with supportive services. For those individuals receiving a FYI voucher, they received a housing opportunity after aging out of foster care and continue services offered through DCS and the Children’s Bureau. The CoC benefited from the FYI vouchers as it opened communication, creating greater collaboration between the foster care system and the housing provider system. The CoC benefited from EHV as it allowed more flexibility in serving individuals with previous justice involvement and barriers to housing.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

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.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

<b>PHA</b>
Indianapolis Hous...



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

**Name of PHA:** Indianapolis Housing Agency

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

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

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

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	20
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	20
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

In February 2021, the CoC governing board endorsed the use of the Corporation for Supportive Housing (CSH) Dimensions of Quality Assessment and Certification Process for CoC Funded PSH projects. The CSH Quality Supportive Housing Certification Program awards a Quality Seal of Approval to

single- and scattered-site supportive housing projects that meet or exceed rigorous standards of the Dimensions of Quality for supportive housing outcomes. Projects undergo a comprehensive evaluation process, which includes an agency self-assessment, an application process, and a site visit by Quality Supportive Housing experts from CSH. CSH is a nationally recognized non-profit organization that enriches the supportive housing industry with research-backed tools, trainings and knowledge sharing, and provides customized technical assistance around systems change, community planning and cutting-edge innovations. Agencies providing Continuum of Care-funded PSH recognize the value in developing and maintaining high quality programs and that all programs across the CoC are using the same tools to measure quality. Providers are driven to participate by a desire to achieve the highest level of quality for serving their clients. Additionally, improved practices and outcomes will promote confidence among funders and result in a higher overall score in the CoC funding application. The goal is to complete the certification process by the end of the 2021 calendar year. Currently, participation in the certification is optional, but highly encouraged. The CoC will identify how the completion of the certification process by providers will be incorporated in the annual scoring tool in the PY2022 CoC competition.

<b>1C-9b.</b>	<b>Housing First–Veterans.</b>	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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<b>1C-10.</b>	<b>Street Outreach–Scope.</b>	
	NOFO Section VII.B.1.j.	

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

**(limit 2,000 characters)**

1) The Professional Blended Street Outreach (PBSO) team reorganized in response to COVID-19 health and safety protocols, the decrease in staff capacity for street outreach, and the reduced capacity for services because closed social services offices. Utilizing 40 outreach workers from 20 organizations, PBSO executed a new outreach strategy, partnering with faith-based street outreach, Indianapolis Police Department’s Homeless Unit and the Office of Public Health and Safety. PBSO and its partners distributed hundreds of meals each week by coordinating teams and dividing the city into quadrants, using GPS pins to map locations in each quadrant, and visiting each section daily. The CoC continued to focus on rehousing individuals directly from the streets through the Coordinated Outreach model, expanding from 2 FTE team focused on the downtown mile square, to an additional 6 FTE (3 teams) focused

on people in surrounding neighborhoods. The CoC developed this model using lessons learned from the 2019 CES “blitzes,” using teams of full-time, dedicated outreach workers, to connect individuals to permanent housing in high-density geographies. 2) The PBSO teams cover all of Marion County, which is the entire geographic area of the CoC. 3) Teams conduct street outreach six days per week during the day and three times per week during the evening. 4) PBSO teams include members who speak Spanish and know ASL and are called as needed. Individuals speaking another language can be reached through the services of an independent translator, accompanying PBSO teams to the client’s location. Coordinated Outreach staff leveraged partnerships to connect to 378 individuals, resulting in 181 CES assessments and 46 permanent housing placements, many of whom were not previously engaged. Outreach workers were also able to connect individuals directly to non-congregate shelters (ie: hotels), which offered previously unsheltered individuals new opportunities connect to housing and services.

<b>1C-11.</b>	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC’s geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	Advocacy around proposal 71 – to get provider input with City	Yes

<b>1C-12.</b>	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of “Current.”	528	692

<b>1C-13.</b>	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

1C-13a.	Mainstream Benefits and Other Assistance–Information and Training.	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2.	communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3.	working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4.	providing assistance with the effective use of Medicaid and other benefits.

**(limit 2,000 characters)**

1) The Indianapolis Community Plan to End Homelessness has set a priority to expand and enhance wrap around services and access to non-employment cash income over the next five years. The CoC send monthly newsletters and posted to social media information about obtaining IRS Economic Impact Payments, accessing SSI/SSDE resources while offices were closed, accessing free/reduced childcare through Indiana’s Build Learn Grow program and connecting Indiana Health Coverage Program Area Medicaid Rehabilitation Options to local providers. 2) The CoC Thursday Morning zooms have been a primary source of information, including information related to mainstream resources, to CoC members and providers. Each weekly meeting is followed up by a system-wide email with information shared during the zoom. 3) CoC and ESG/ESG-CV 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. Programs that did not meet minimum performance standards had to apply for exception to be renewed in the 2021 priority listing. Of the five organizations asking for an exception to the performance standard, 100% identified a priority to connect clients to mainstream benefits such as health insurance. The 2021 Priority Listing also includes a project that utilizes a health provider as partner. 4) The CoC provides training to front line staff to increase their knowledge in connecting households experiencing homelessness with federal, state, and local programs. Recognizing the staff changes over the last year as programs grew to meeting increasing demand and funding resources, new front-line staff have not received SOAR training. The CoC surveyed providers for interest in another cohort of SOAR training and is scheduling that training for Spring 2022.

1C-14.	Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
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NOFO Section VII.B.1.n.
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Describe in the field below how your CoC's coordinated entry system:
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- |    |  |
|----|--|
| 1. | covers 100 percent of your CoC's geographic area;  |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. | prioritizes people most in need of assistance; and   |
| 4. | ensures people most in need of assistance receive assistance in a timely manner.                         |

**(limit 2,000 characters)**

1) The CES covers all of Marion County, which is the CoC geographic area, with 21 different access points. A broad range of organizations use CES to connect households experiencing homelessness to housing and services, including the local police, affordable housing developers, landlords, IHA, faith-based organizations, and McKinney Vento Liaisons. ESG and CoC recipients cover a range of provider types, including mental and physical health providers, housing service providers, emergency shelters, and DV service providers. 2) In response to COVID-19 health and safety protocols, the CoC PBSO executed a new outreach strategy to partner with the faith-based street outreach teams, Indianapolis Police Department and Office of Public Health and Safety. With their help, PBSO was able to divide the city into quadrants, visiting each section daily. Coordinated Outreach staff leveraged partnerships to connect to 378 individuals, resulting in 181 CES assessments and 46 PH placements, many of whom were not previously engaged. 3) The CoC utilizes the VI-SPDAT as part of its CES Assessment. The VI-SPDAT collects basic information such as housing history, current risks to health and safety, daily functions, wellness, and substance abuse history. The individual or household is provided a score based on their answers and vulnerability. Along with score, the length of time a household is homeless, and chronicity help the CoC determine the housing best suited for the household. The CoC is currently re-evaluating its assessment and prioritization tools, considering the bias of the VI-SPDAT. 4) The community invested in coordinated entry navigation with 3.5 FTE housing navigator positions and 3.25 FTE unit acquisition positions to quickly house people who were impacted by COVID-19. A housing acquisition team focused on identifying units and building an inventory of available housing units to cut down time locating units. From 1/1/21 - 8/30/21, the 874 households exited CES to PH.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.
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1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

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

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

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

The Indy CoC continued to measure progress around racial disparities within the homeless response system. The CoC established an Equity Dashboard to provide data on the racial disparities throughout the homeless provider system, including all housing and service types. The dashboard is updated monthly and located at <https://www.indycoc.org/coc-dashboards-equity>. The CoC Racial Equity Workgroup began meeting in summer 2021 to examine data, identify areas of focus, and make recommendations to the governing board for action. The workgroup evaluated recent studies questioning the evidence of reliability and validity of the VI-SPDAT scoring tool to determine vulnerability. In recognizing the risks associated with those currently waiting to receive rental assistance to avoid eviction because of the COVID-19 pandemic, eviction data based on race and gender were also considered. The workgroup identified black households, specifically black female heads of households as significantly overrepresented and recommended updating the CES assessment and prioritization process to ensure these households are served more equitably. The CoC has been selected for HUD TA to update its assessment and prioritization, utilizing a racial equity lens to improve upon inequities at the onset of a person or family's entrance to the homeless system. Other smaller efforts have continued throughout the CoC, setting the stage for expansion to the whole system. The CoC has been collaborating with CSH to train cohorts of persons with lived experience to become peer supports, with the intent of these individuals to be hired by providers in the long term. The first cohort of 14 individuals have been trained with a second cohort (15 individuals) undergoing training currently and both are representative of those who experience homelessness by race. Over the long term, when these individuals are hired by providers, more staff within the CoC will have lived experience and/or be persons of color.

<b>1C-16.</b>	<b>Persons with Lived Experience–Active CoC Participation.</b>	
	NOFO Section VII.B.1.p.	

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

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	16	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	14	1
3.	Participate on CoC committees, subcommittees, or workgroups.	14	1
4.	Included in the decisionmaking processes related to addressing homelessness.	16	2
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0



1C-17.	<b>Promoting Volunteerism and Community Service.</b>	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

<b>1D-1.</b>	<b>Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.</b>	
	<b>NOFO Section VII.B.1.q.</b>	
	<b>Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:</b>	
1.	<b>unsheltered situations;</b>	
2.	<b>congregate emergency shelters; and</b>	
3.	<b>transitional housing.</b>	

**(limit 2,000 characters)**

In March 2020 the CoC started daily calls with the Marion County Health Department, Office of Public Safety, the local HUD field office, Indiana Family and Social Services Administration (FSSA) to coordinate efforts. With stay-at-home orders beginning quickly in March 2020, and offices closing, it was important to quickly develop safety protocols and strategies. 1) For unsheltered individuals, the CoC, in partnership with Public Safety Foundation and the Homeless Initiative Program (HIP), set up hygiene and sanitation stations in areas with unsheltered populations to address immediate hygiene needs. PBSO teams strategized the best locations for the stations, targeting the largest encampments, and locations downtown where individuals were most likely to need access to sanitation stations The stations had handwashing/sanitizing and porta potties. The city set up mobile hotspots that were used to help people maintain access to services when offices closed. Anthem donated 25 iPads to shelter staff and street outreach workers to help individuals access to health care and services via telemedicine. Lucas Oil Stadium became a distribution point for Second Helpings, a local non-profit food provider, to distribute 1,950 weekly meals. 2) Congregate shelters reduced capacity and the CoC collaborated to open 5 NCS sites for safe shelter. From 3/18/20 to 6/10/20, the city provided PPE to shelters, including 26 infrared thermometers, 86 gallons of hand sanitizer, 3,000 face masks, 60,000 pairs of gloves, and 1,200 cases of water. 3) FSSA operated a quarantine and isolation site at the end of 03/20 that transitioned to the local health department in 07/20. The site provided a safe place to isolate and recover from COVID-19 for housing unstable individuals. Referrals were made and tracked through the CoC. GPD partners worked with SSVF to use hotels for veterans that used transitional housing. DV providers

also used hotels for survivors.

<b>1D-2.</b>	<b>Improving Readiness for Future Public Health Emergencies.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The first way the CoC is ready for future public health emergencies is 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. The second way the CoC is ready for future emergencies is the establishment of infrastructure for a quick, centralized response. The CoC established a homelessness disaster response team, with protocols for quickly activating and responding to emergencies. The CoC homelessness disaster response team will coordinate with local disaster response centers, creating a centralized distribution of emergency supplies. The team can be activated quickly and offer a quick supply line for homelessness service providers. The third way the CoC is ready for future emergencies is through the engagement of new partners. As a result of the COVID-19 pandemic, parties normally not consulted when it comes to homelessness have now come to the table to strategize about how their work impacts persons experiencing homelessness. With these relationships established, in future emergencies, the CoC will only need to reactive these communication lines, not create them. The last way the CoC is prepared for future public health emergencies is through leveraging HUD TA and implementing investment strategies systematically. The CoC strengthened the response system by develop planning strategies and templates to align funding and create a coordinated response during a disaster. CoC Leadership Received 8 weeks of disaster TA during COVID that helped inform a structure and approach that can easily be replicated. The CoC was one of five communities selected for the Coordinated Investment planning process that focused resources on rehousing those impacted by the pandemic and one of the earliest communities to implement a rehousing strategy with the support of HUD disaster TA.

<b>1D-3.</b>	<b>CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.</b>	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

<b>1.</b>	<b>safety measures;</b>
<b>2.</b>	<b>housing assistance;</b>
<b>3.</b>	<b>eviction prevention;</b>
<b>4.</b>	<b>healthcare supplies; and</b>
<b>5.</b>	<b>sanitary supplies.</b>

**(limit 2,000 characters)**

CoC staff engaged in a five-week, HUD TA cohort focused on coordinated investment planning around CARES funding. The CoC used the planning tool and guidance to invest its ESG and ESG-CV funding with non-congregate sheltering and rehousing efforts and driven by health risk and a commitment to equity. The CoC Thursday morning weekly calls offered the opportunity for ESG providers and frontline staff to hear and engage in the CoC's response and describe the needs in the community for targeting funding. Input from the Thursday weekly meeting informed City and CoC leadership as they implemented the HUD investment tool and made funding decisions. The strategy was developed and approved by a Coordinate Investment workgroup and the CoC governing board. 1) The CoC utilized ESG CV funding for assisting with the operations of Non-Congregate Shelter (NCS), specifically a consolidated hotel location that was open from June 2020-September 2021. 2) The CoC also invested its ESG allocation in RRH. This funding went to a single fiscal entity, Merchants Affordable Housing, which oversees the administration of the funds, subcontracting with other service providers to provide navigation and case management. Merchants utilizes an electronic database to help develop an inventory of units so that housing search specialists find units meeting the needs and choice of their clients quicker. 3) The City utilized \$33.8 million of CARES Act funding to establish a centralized rental assistance program, assisting 15,949 households. The program also offered legal services for individuals facing eviction despite the eviction moratorium. Applications were available through a single webportal, which could be accessed by frontline staff or clients themselves. 4&5) The City utilized \$41,243 funding towards the immediate response of PPE and healthcare supplies. The CoC disaster response team coordinated efforts with the disaster response centers for distribution to all homeless service providers.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

1) The Marion County Health Department issued public health orders as needed throughout the pandemic. Public Health Order #8 from 2020 outlined the safety measures to be followed and prioritized subpopulations that should be housed in NCS to reduce the spread of COVID-19. The Marion County Health Department was part of daily calls with CoC leadership and the Thursday morning weekly communication calls with homeless service providers and frontline staff. The local health department worked in lock step with shelters and the CoC to develop a COVID-19 screening tool, testing and referral protocols to reduce the spread of COVID-19. The State Health Department helped with the development of a vaccine distribution plan, including quickly offering clinics that serve the vulnerable homeless population. HIP, a CoC provider, has offered 63 vaccine clinics with the Johnson and Johnson vaccine since April 2021. The CoC added data input for providers to track client's vaccination status in HMIS. 2) Both the State and the Marion County Health Departments developed single websites with information and guidance as it

pertains to COVID-19. The State Health Department coordinated its guidance with local health departments and deferred enforcement to local health departments. The local health department reduced shelter capacity, necessitating the use of NCS. While the health department did not actively monitor shelters or providers for compliance, violations could be reported to the department and inspectors would investigate the complaints. Organizations found in non-compliance were provided guidance for improvement and funding would be held until compliance was achieved. From 3/18/20 to 6/10/20, the City provided PPE to shelters upon request, including 26 infrared thermometers, 86 gallons of hand sanitizer, 3,000 face masks, 60,000 pairs of gloves, and 1,200 cases of water. Items were distributed inside shelters, day centers and street outreach.

1D-5.	<b>Communicating Information to Homeless Service Providers.</b>	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

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

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

The State of Indiana set preferences for vaccination by age. Those who were older received their vaccinations first. The State Health Department coordinated efforts with the Marion County Health Department and the Homeless Intervention Program (HIP) to host single-shot Johnson and Johnson vaccination clinics for homeless individuals. While they were open to anyone, they were offered in the HIP offices to connect with housing and service clients. HIP hosted 63 different vaccination clinics since April 2021. The CoC utilized multiple communication methods to providers and front-line staff to connect eligible individuals and families experiencing homelessness to the clinics. These communications methods include the Thursday Morning meetings, follow-up emails, and social media posts. The Marion County Health Department also offered mobile vaccination clinics, called “pop up clinics” throughout the county and walk-up appointments to its east side and west side clinics locations beginning in June 2021. The effort by the county has been named Vaccinate Indy! The CoC added a data field so HMIS can track the vaccination status for any client served by a CoC, ESG or ESG-CV provider. It enables front-line staff to know if a client needs a 2nd shot or booster shot of the COVID-19 vaccine. It is important to note this tracking is at the client’s choice and not a requirement for receiving shelter or services.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

The COVID Pandemic changed many of the ways DV providers worked. With survivors isolated and quarantined with their abusers, new lethality questions were asked of them so as not to “out” them in front of their abuser. DV providers trained staff to develop a safety plan for survivors still living with their abusers and to work in a virtual environment with their clients. DV advocates met with survivors in neutral places to offer supportive services while a person waited for housing. Group support was offered in a virtually and providers saw increased participation. DV providers used IMPD to check in with survivors more often during stay-at-home orders to ensure safety of clients. The CoC also increased funding of DV projects, using CoC DV Bonus and ESG-CV funds to address the increased demand by DV survivors. Coburn Placed began its implementation of its DV Bonus project from the 2019 competition, adding \$730,153 of CoC funding for 42 units for RRH in the fall of 2020. At the same time, the City awarded \$440,000 of ESG CV funding for 15 units of RRH. Coburn Place

utilized over \$30,000 of philanthropic funding the Domestic Violence Network, the Indiana Coalition Against Domestic Violence and its own flex funding to house 18 survivors in hotels until permanent, safe housing could be located.

1D-8. Adjusting Centralized or Coordinated Entry System.	
NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

The CES lead agency applied for HUD TA around CES prioritization during COVID. Guidance was shared with the CES workgroup , where strategies were developed to prioritize high risk individuals as identified in 2020 Marion County Public Health Order #8. A COVID prioritization addendum was reviewed and approved by the CoC governing board. The priority 1 population for housing in the COVID-19 response are households containing a person 60 years of age or older who also has one or more of the qualifying health conditions described in the Marion County Public Health Order No. 8. The priority 2 population are households containing a person 60 years of age or older OR an individual one or more of the qualifying health conditions described in the Marion County Public Health Order No. 8. As of 9/30/21, 274 Priority 1 high-risk people were connected to permanent housing programs. 316 total people have been housed from the NCS. The CES Workgroup also developed a public facing dashboard to view the pathways homeless households followed to permanent housing from NCS. The CES Leadership Team will review disaggregated data to ensure people of color are identified, tested, assessed and housed at a rate that is proportionate to their makeup of homeless households in Indianapolis. The CES Workgroup will adjust the CES prioritization plan as needed to make certain it is racially equitable. The next task for the CES workgroup is to revise its assessment, utilizing a racial equity lens, to better serve persons experiencing homelessness and improve outcomes for BIPOC individuals at the onset of homelessness. The CES Workgroup meets monthly and has incorporated in the input of providers and front-line staff that work with BIPOC, LGBTQ+ and other individuals with a disproportionate impact from the COVID-19 pandemic.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/31/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	08/05/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

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.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- |    |  |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and  |
| 2. | 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 2,000 characters)**

1) The CoC uses an objective-scoring tool to rank CoC funded projects. The scoring criteria awards points to projects serving vulnerable populations such as people with a mental illness, substance abuse history, chronic health conditions, low or no income, HIV/AIDS, developmental disability, and/or a physical disability. Projects that serve chronically homeless individuals and families, and domestic violence survivors also received priority points. The CoC weighs scores differently for PSH and RRH projects. This change gives considerations to PSH projects that traditionally serve greater numbers of vulnerable populations that could result in lower performance levels. All projects, renewal and new, must meet certain threshold requirements to be considered for funding, including using a housing first model, utilizing the CES system, and prioritizing chronically homeless individuals. 2) These measures are intended to prioritize projects that serve highly vulnerable populations and to balance out other performance metrics, which may be less positive for those projects serving many high need populations. Of the 16 renewal housing projects in the current application, 16 projects serve priority populations and 10 projects serve individuals with severe service needs. The CoC ranked two new PSH project applications and one new RRH project application, 100% of which will serve priority populations and individuals with severe service needs. In addition, all new projects will follow a housing first model. All CoC projects must follow the order priority as listed in the CoC's written standards. Thus, all of the CoC's projects currently follow a dedicated plus model and prioritize chronically homeless individuals and families.

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

Describe in the field below how your CoC:

- |    |  |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;   |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;  |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

**(limit 2,000 characters)**

1) The scoring tool used to review project applications was reviewed first by representatives from providers in a Provider Input Workgroup. Of the 16 members, one person was a person of color. The NOFO Non-Conflicted Workgroup made recommendations to the CoC governing board after considering the provider input. 9 persons of color and 3 persons with lived experience sit on both the NOFO Non-Conflicted Workgroup and CoC

governing Board. The CoC Provider workgroup will reach out to include more BIPOC staff in updates to the scoring tool for the next competition, including partnering with the Racial Equity workgroup to review the scoring tool and its impact. 2) The NOFO Non-Conflicted Workgroup, that reviews and recommends the priority listing each year, reached out to several new individuals to represent all parts of the community, including youth providers, domestic violence providers with attention to adding persons of color. The workgroup has 13 members, with one person with lived experience and one person of color. The team began with 2 persons of color, but due to a staff departure, one of those individuals resigned from the group. 3) Each renewal project must provide the number of staff and board members reflect the race, gender, and lived experience of the people and communities being served. The CoC scoring tool offers points to projects where the number of BIPOC individuals on board or staff was maintained or increased. Each new project applicant was asked to explain how the project would address issues of racial inequity. The score of a new project application included the organizations steps to partner with organizations serving persons of color, how racial equity informed the development and implementation of the program and what training the organization offered staff on racial inequities. Both the Provider Input and NOFO Non-Conflicted Workgroups reviewed and approved questions on the RFP for new projects.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

**(limit 2,000 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, projects are expected to meet spending targets based on total budget and minimum performance targets. During most years, projects not meeting drawdown goals or minimum performance standards are involuntarily reallocated. 2) The CoC moved to an HMIS based scoring tool in the 2021 competition, with projects able to view data impacting their scores in real time. Projects not meeting their spending targets will and/or not meeting minimum performance standards for renewals (set at 70 out of 100 points) were allowed to appeal to the NOFO Non-Conflicted workgroup to be considered for renewal. Six renewal projects met the spending and performance targets. 3) The NOFO Non-Conflicted Workgroup members heard 10 appeals from 5 organizations and voted to allow all but 2 projects renew as part of the 2021 competition. The Workgroup allowed most to renew their projects because of the many challenges each faced during the COVID-19

pandemic. 4) One of the projects not renewed was done so at the provider's request to voluntarily reallocate the funding. The joint TH-RRH project faced multiple challenges for implementation and the provider realized most clients needed PSH housing solutions. The second project not renewed did not follow through with its improvement plan, including meeting with HUD TA. 5) Reallocation policies are reviewed by the Provider Input Workgroup annually, 2021 included. The NOFO Non-Conflicted workgroup, after hearing input, voted to keep policies the same but allow greater flexibility to renew projects through the appeal process. Both reallocated projects were notified in writing, outside e-snaps on 10/20/21 with an option to appeal the decision. The CoC did not receive an appeal to the decision.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	Yes
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/20/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

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.	10/20/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

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

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

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

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- |    |   |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and             |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

**(limit 2,000 characters)**

1) A series of lethality questions to determine safety risk are asked, outside of HMIS, before the start of every CES enrollment. If the person has a safety risk, providers explain the household's options to be immediately connected to a DV provider, who can complete a confidential version of the assessment and provide the household with trauma-informed services. Navigators at Indiana 2-1-1 will divert people to the DV crisis line, which is managed by the two 24-hour crisis response providers, Coburn Place and Julian Center. With the COVID-19 pandemic and mandatory stay at home orders, most clients were in the presence of their abuser at the time of the call for help, Indy DV providers developed a new series of questions that would not "out" a survivor who is quarantined with their abuser. Each DV provider within the CoC 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. Coburn Place utilizes Client track, a system that utilizes the same fields as HMIS. 2) The CoC combines de-identified, unduplicated domestic violence data with its HMIS data. The combined data is used to create a system model which estimates the housing and services needs for this subpopulation. The de-identified data is shared with providers and other CoC partners quarterly and annually and is used to determine the type of housing and social service needs for victims of domestic violence, dating violence, sexual assault, and stalking. The CoC also utilizes de-identified data in its scoring tool for DV projects seeking renewal. In the 2021 competition, the CoC reallocated a DV project not meeting HMIS data reporting requirements for CoC funding.

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

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	1,095	81	914	90.14%
2. Safe Haven (SH) beds	51	0	51	100.00%
3. Transitional Housing (TH) beds	451	131	320	100.00%
4. Rapid Re-Housing (RRH) beds	692	91	601	100.00%
5. Permanent Supportive Housing	1,295	0	759	58.61%
6. Other Permanent Housing (OPH)	448	0	79	17.63%

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

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

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

**(limit 2,000 characters)**

1) The CoC HMIS coverage improved significantly this year with the integration of VASH data, 460 beds, in spring 2021. This integration occurred after the January 2021 HIC and it is not represented in the above HMIS bed coverage chart. This new data will be reflected in the next HIC, in January 2022, bringing the current coverage rate for PSH to 94%, reaching the 85% bed coverage goal. The CoC continues to have the largest gap in our HMIS coverage with Other Permanent Housing beds. The CoC continues to coordinate with IHA to rehousing individuals experiencing homelessness and have recently expanded this effort to support IHA’s utilization of their available vouchers. This summer the CoC signed an MOU with IHA to administer the Emergency Housing Vouchers (EHV). Through routine data imports from IHA, the CoC can now enter EHV, along with other homeless preference vouchers, into HMIS and increase the bed coverage. With the addition of EHV beds and homeless preference vouchers, a total of 530 beds, the OPH bed coverage will exceed 85% in the 2022 HIC. 2) The CoC will utilize monthly imports of VASH data to its HMIS system. The data is available in the HMIS system the same day the monthly import is available from the VA. The CoC will also use the same process, monthly imports from IHA to upload OPH beds to its HMIS system. The data from IHA imports is available in the HMIS system within a week of receiving it.

<b>2A-5b.</b>	<b>Bed Coverage Rate in Comparable Databases.</b>	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC’s geographic area.	56.00%
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<b>2A-5b.1.</b>	<b>Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.</b>	
	NOFO Section VII.B.3.c.	

**If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:**

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

**(limit 2,000 characters)**

1) The Indianapolis CoC, including the local support agency, the Coalition for Homelessness Intervention and Prevention (CHIP), continues to make efforts to encourage more local shelters and homeless service providers to utilize HMIS. A single DV provider is utilizing a system that is not compatible with HMIS data standards. The CoC, including the City of Indianapolis, has worked with this provider to find solutions to update its data system to one that mirrors HMIS data standards. The CoC will continue conversations to include all remaining DV beds, emergency shelter and transitional housing, in a comparable database. 2) The CoC will work with the DV provider to identify financial resources to update its data system to not only meet HMIS data systems as well as other reports it must complete for its other financial resources.

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

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses 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 or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1) Contributing factors to homelessness in the 2020 PIT count include lack of affordable housing, eviction, inadequate income and racial disparities. Some of the data, such as contributing factors to homelessness were not collect in the 2021 PIT count due to the COVID-19 pandemic and the need to keep outreach worker safe. 2) Diversion remains the key strategy to prevent first time homelessness. Through a year of planning, the CoC developed a strategy to address housing emergencies and prevent homelessness for families and individuals at the highest risk of becoming homeless with a community-wide approach and network of community partners. The strategy was developed through a racial equity lens to address the persistent drivers of inequity. This strategy builds on local efforts already underway (YHDP diversion, HIP’s diversion, community centers, etc.) and knits these efforts into a cohesive system focused on a housing problem solving approach. The strategy expands the CoC homeless response system to intentionally include new partners to further address the identified gaps within the crisis response system. The approach includes housing problem solving, time limited housing stability case management, connection to primary prevention services, and as needed, emergency financial assistance. Assistance is provided swiftly so that housing crisis do not worsen. Data is collected in HMIS for households receiving prevention and diversion assistance. In 2020, there were 342 individuals served by two Diversion programs. Thus far in 2021, 333 individuals have been served by three diversion programs. 3) Amy Gibson and Lisa Huffman, Project Managers, at CHIP will oversee the Diversion Strategy and this performance measure.

<b>2C-2.</b>	<b>Length of Time Homeless–Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	
	Describe in the field below:	
1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;	
2.	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 2,000 characters)**

1) The Indianapolis Community Plan to End Homelessness set a goal to reduce the length of homelessness to 30 days by 2023. While the length of time of homelessness remains high, the CoC continues to prioritize the most vulnerable households with the highest chronicity rates and prioritizing funding to increase permanent housing. The CoC prioritized funding for supportive services in connection with other funding for PSH units. Within the 2021 competition, the CoC has included two projects in the priority listing for housing bonus and reallocation funds to support services in association with housing choice vouchers and project-based vouchers. The 2022 Pando project will support 30 YYA receiving project-based vouchers and the 2022 Horizon House project will support 60 households receiving housing choice vouchers through IHA’s homeless preference. The CoC continues landlord engagement to reduce the length of time of homelessness. As a result of the ESG-CV2 allocation to Merchants Affordable Housing, the CoC has dedicated housing acquisition specialists who are expanding the inventory of available affordable housing accepting housing subsidies. Padmission is an electronic system that can be used by frontline staff and their clients to search for available housing meeting their criteria, such as location, size, cost, and proximity to transit. The CoC leveraged private resources and ESG waivers to offer landlords incentives. 2) The CoC follows the order of priority for serving the most vulnerable households with the longest length of time homeless. The community was also recently awarded funding to enhance housing navigation services, becoming housing focused, from the point of identification to permanent housing move-in date. 3) Danielle Bagg Wireman, Senior Director of Impact at CHIP and Greg Stocking, VP of Rental Assistance Programs at Merchants Affordable Housing, will oversee the implementation of the strategy for reducing the length of time homeless.

<b>2C-3.</b>	<b>Exits to Permanent Housing Destinations/Retention of Permanent Housing.</b>	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

**(limit 2,000 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. IHA has added 208 units in 2018 (100 PBV, 108 HCV) and 433 units in 2019 (133 PBV, 300 HCV). The CoC, through the 2021 local competition, will increase PSH by 90 units and 10 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. Eight different projects are in the planning stages of the pipeline, with the goal of 195 new supportive housing units coming on-line in the next two years. The additional PSH units enable the flow of persons moving from ES, SH, TH and RRH to permanent housing. Those individuals can either move directly into PSH or as other move into PSH, it will free other housing opportunities for those in ES, SH, and TH. 2) In late summer 2021, the CoC also developed RRH and PSH move-on assessments to help identify households that do not need ongoing services but do need an ongoing subsidy through the Housing Choice Voucher program. This assessment will support case managers and clients in taking the next steps to stability and help identify individuals already in housing that need to be connected to available vouchers. Using guidance from other communities and from CSH, the CoC created an assessment tool that will be implemented through HMIS. Training and launch of the move-on initiative will begin by spring 2022.

<b>2C-4.</b>	<b>Returns to Homelessness–CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	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 2,000 characters)**

1) Returns to Homelessness performance measure at the 2-year mark continues to increase over the last three years. In spring/summer of 2021, the CoC created a system performance dashboard that allows the community to identify subpopulations and individual project performance. Returns to Homelessness is also a measure in the renewal project scoring tool. CoC funded projects can see which clients are impacting specific measures in real time, utilizing the HMIS system. 2) The CoC received HUD TA and guidance to restructure the CoC funded PSH projects to significantly increase supportive service budgets in the next year. Currently the CoC funded projects serve more than 181 clients with only \$50,000 of CoC funded supportive services. In partnership with IHA, projects will be able to utilize housing choice vouchers to provide the rental assistance for units, freeing up \$1.5 million in funding to dedicate to supportive services. The significant increase in service dollars will support increased staffing and improve PSH capacity to provide high-quality case management to help individuals stabilize and maintain their housing. Additionally, through the completion of the CSH Dimensions of Quality supportive housing certification process, our community is identifying training and professional development needs of agencies, which will inform our training calendar offerings and work in partnership with performance monitoring to

improve the quality of supportive services and improve our returns to homelessness outcomes. 3) Rodney Stockment, the Senior Strategy Director for Homelessness with the City of Indianapolis will oversee this strategy.

2C-5.	<b>Increasing Employment Cash Income-Strategy.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	<b>your CoC's strategy to increase employment income;</b>
2.	<b>how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and</b>
3.	<b>provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.</b>

**(limit 2,000 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. The Indianapolis Community Plan to End Homelessness set a goal to expand and enhance wraparound services to increase housing stability. 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, expanding on its partnerships with individual providers, to increase access to employment for all individuals experiencing homelessness. EmployIndy will host job fairs at provider locations and conduct outreach to employers and staffing agencies with open positions on behalf of providers. The CoC and its employment provider partners are targeting the households receiving Emergency Housing Vouchers, the re-entry population and single parent households. This includes offering peer support groups, working with individuals to develop resumes, providing tables to help with virtual training and education, and investing directly in employment programs that work with opportunity populations. One of the challenges of the pandemic have been finding affordable childcare for parenting households. Virtual learning and intermittent childcare continued to challenge many parenting households throughout the year. 3) Sharvonne Williams, Director of Community Building and Family Stabilization of CHIP will oversee the employment workgroups.

2C-5a.	<b>Increasing Employment Cash Income–Workforce Development–Education–Training.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	<b>promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and</b>
2.	<b>is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.</b>

**(limit 2,000 characters)**

1) CoC providers have worked with EmployIndy and WorkOne staff to help individuals access employment opportunities. Providers use employment specialists to assess the individual's strengths, education, barriers, training needs, and past employment, connecting them with opportunities that match those traits. EmployIndy and Workone host job fairs and hiring events, as well as offer training opportunities, including computer/technology skills and construction skills, free of charge. Providers help remove barriers by paying for uniforms, transportation, and equipment. In 2021, the CoC included points in the scoring criteria for renewal projects that increase income of individuals and households, which can improve a project's score and their chances renewal. 2) Provider's Employment specialists are key to connecting individuals to successful and meaningful employment and training opportunities. Like housing navigators, employment specialists connect the talented individual with education, virtual training, or job opportunities. Some providers have partnerships with employers such as FedEx or other logistical businesses to connect their residents to employment opportunities. The CoC also trained individuals with lived experience as peer support specialists. 13 peer support specialists have been hired by providers to assist clients become more housing stable. In 2021, the Lilly Endowment awarded 28 grants totaling \$93.8 million to fund highly collaborative strategies and programs in Indianapolis, focused on helping Indianapolis residents living in or near poverty or experiencing homelessness make progress toward achieving lasting economic self-sufficiency. Grants will support organizations that will work with a wide variety of community partners and local employers. Information about employment opportunities and virtual events are shared with providers via the weekly Thursday morning meetings.

<b>2C-5b.</b>	<b>Increasing Non-employment Cash Income.</b>	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1) The CoC has set a priority to expand and enhance wrap around services and access to non-employment cash income over the next five years. Some of the key tactics are to prioritize access and funding for a community wide SSI/SSDI Outreach, Access and Recovery (SOAR) specialist. With staff turnover among providers, the CoC has realized a lack of frontline staff with SOAR training. The CoC is working with statewide SOAR lead to identify training opportunities, including options for virtual and in-person SOAR training with guided application assistance for those trained staff that want additional support. The CoC is currently implementing a SOAR community assessment to identify immediate and long-term strategy for increasing the utilization of SOAR across the system with a goal of implementing strategies in Spring 2022. 2) All renewal projects identified non-employment cash resources as an area of improvement to target through quarterly performance monitoring. The CoC scoring tool can be run

inside HMIS by providers and offer real time information about their improvement on this measure. Of the 19 housing projects in the priority listing, 100% state they will offer transportation to benefit appointments, follow up with participants to ensure benefits are received, and ensure participants have access to SSI/SSDI technical assistance. During the pandemic, staff had to leverage personal relationships to help clients with access to services with the Social Security office closed. The CoC provides training to front line staff to increase their knowledge in connecting households experiencing homelessness with federal, state, and local programs. Trainings in the last year focused on waivers and special rules during the pandemic that allowed individuals to receive benefits longer or other flexibilities. 3) Chelsea Haring-Cozzi, Executive Director of CHIP will oversee the strategies and its workgroups to address the systems employment and mainstream benefits strategy.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
 - FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
 - 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-2a.</b>	<b>Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.B.6.b.	

<b>1.</b>	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
<b>2.</b>	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

<b>3A-3.</b>	<b>Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
2022 Pand PSH	PSH	18	Both



### **3A-3. List of Projects.**

**1. What is the name of the new project?** 2022 Pand PSH

**2. Select the new project type:** PSH

**3. Enter the rank number of the project on your CoC's Priority Listing:** 18

**4. Select the type of leverage:** Both

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section VII.B.1.r.	

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

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:	
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,000 characters)**

Not applicable to the Indy CoC.

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

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
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- 24 CFR part 578

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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<b>3C-2.</b>	<b>Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	NOFO Section VII.C.	

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 2,000 characters)**

Not applicable to the Indy CoC.

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:  
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition  
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload  
- 24 CFR part 578

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

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

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 2021 Priority Listing.

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

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	2,056
2.	Enter the number of survivors your CoC is currently serving:	1,632
3.	Unmet Need:	424

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, 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 2,000 characters)**

1) The DV need is calculated for housing or services by counting all individuals within the CES who have some experience with DV in their past. Of the 424 in CES, 211 reported currently fleeing. The CoC counted all individuals within HMIS who self-identified as experiencing DV in the Current Serving Number. 2) The CoC utilized unduplicated data from HMIS, including DV specific HMIS, and CES on 10/12/2021. The data included projects utilizing HMIS, including those using comparable data bases. 3) 168 of the 424 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 awaiting housing referral, 136 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-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	
	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.	

<b>Applicant Name</b>
Coburn Place

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

<b>4A-4.</b>	<b>New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

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 2021 Priority Listing:

1.	Applicant Name	Coburn Place
2.	Rate of Housing Placement of DV Survivors–Percentage	95.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	88.00%

<b>4A-4a.</b>	<b>Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

1) The placement of DV survivors is the number of households placed in RRH divided into the number of referrals to Coburn Place from CES. Of the 38 individuals enrolled in RRH through Coburn Place in 2020, 36 found permanent housing. Of the 43 clients who exited Coburn Place RRH projects, 38 exited to permanent housing. 2) Coburn Place utilized data from client track for the calendar year 2020.

<b>4A-4b.</b>	<b>Providing Housing to DV Survivor–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move 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.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,000 characters)**

1&2) In 2018, lethality questions have been added to the CES application to

immediately identify DV survivors and refer them to a DV provider. Upon referral to a DV provider, survivors are paired with an advocate to determine the housing and services best meeting their needs. If RRH is the most appropriate option for the survivor based on their assessment score and case conferencing, they are referred to Coburn Place for RRH. In 2018, 299 individuals identified in CES were currently fleeing domestic violence at the time of contact with CES. That number increased to 344 in 2020. Coburn Place has active partnerships with 18 landlords in Indianapolis that are vetted for safety and can assist survivors quickly; however, survivors may choose any housing and once they select a unit they would like to move into. Coburn Place follows the CoC 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) Advocates work quickly with landlords to secure the unit via deposit. Coburn Place has set a goal for survivors to move into a unit 30 days after receiving a referral. To remain in permanent housing, survivors often benefit from financial assistance in areas such as credit repair. 4) Many clients who no longer need rental assistance, remain enrolled in services. In August 2019, only 24% of clients enrolled in RRH programs were still using rental assistance while the remaining 76% were enrolled in supportive services. Of clients who exited in the past year, 100% maintained permanent housing. Advocates complete exit surveys every 6 months for up to 2 years to ensure survivors remained housed.

<b>4A-4c.</b>	<b>Ensuring DV Survivor Safety–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	

<b>Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:</b>	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

**(limit 5,000 characters)**

1) Coburn Place staff receive training at least once per year to learn how to assist survivors with creating a safety plan, including cyber, physical, and workplace safety. With the COVID-19 pandemic, staff learned how to ask questions of a survivor about their current living situation, ensuring their safety if still in the presence of the abuser. Staff trained to meet in mutually safe places to conduct assessments or work in a virtual environment over the phone or zoom. Special lethality questions were asked to determine the immediate safety need of the survivor in their current situation to determine if immediate shelter was necessary or if the survivor would remain housed until housing assistance could be provided. Staff were trained on how to ask the questions and not “out” the survivor in front of their abuser. Coburn Place identified fiscal resources to temporarily house survivors in hotels if the lethality of the situation was so great

that immediate escape was necessary. 2) Advocates meet with survivors in a place that is both convenient and safe for the victim. This could be a private room at Coburn Place or another place the survivor feels safe. 100% of clients complete a safety plan at referral and continue to address its components as they participate in the program. In 2020, Coburn Place enrolled 38 survivors and created safety plans for each. Survivor's safety plans are recorded and kept confidential in case notes and in DV HMIS database. Success of safety plans is measured by decreased abuse to the household. 3) Advocates conduct the intake with individual survivors in a safe location identified by the individual(s). Coburn Place rarely serves couples, but when it occurs, intake is completed in separate locations. 4) Advocates use a victim-centered approach when working with survivors to address challenges about their housing, whether it is scattered-site units and single-site rental assistance by creating a location specific safety plan. Advocates help survivors search for housing in areas determined by client choice, proximity to employment or school, safe friends and family. Each victim chooses their own housing and advocates help vet the location and landlord. The vetting process aids the survivor in advocating for themselves in the search for housing, ensuring their housing is safe, clean, affordable, and located in an area that meets their needs. 5) Advocates work with landlords to assess the safety of apartments, completing inspections to check for secure windows, adequate lighting, and other safety features. If additional safety features are needed, advocates work with landlords and survivors to determine if that housing is the best choice. Coburn Place has active partnerships with 18 landlords and are working to establish more as its program expands. 6) All documents identifying the address of the survivor are kept in confidential files. Coburn Place's staff adhere to strong confidentiality provisions as directed by the Violence Against Women Act (VAWA). Physical files are kept in locked offices and file cabinets accessible only to the Advocate maintaining that file. Electronic client files are stored in Eccovia ClientTrack, which requires an authorized account to enter and access client information. ClientTrack accounts are limited to Advocates and select staff who access data for reporting requirements.

<b>4A-4c.1.</b>	<b>Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.</b>
	NOFO Section II.B.11.

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

Coburn Place is requesting expansion of supportive services to each of its two CoC funded projects. Additional services will enhance survivor safety, house clients quicker, and lower the Advocate to client ratio. Each project will expand by adding a Housing Advocate and a Housing Navigator. By lowering the Advocate to client ratio, survivor safety will increase because Coburn Place offers in-depth, quality services to clients. Advocates will be able to respond faster and allocate more time to each survivor. The Housing Navigator position will specialize in housing assessments, referrals, and connecting survivors to supportive services. Services at Coburn Place are offered within the following pillars: Safety: safety planning, identifying safe housing, and assistance with protective orders; Well-being: Personal Plans for Well-being, support group,



family therapy, art therapy, health and wellness workshops, healthy relationships workshops, sexual health education, and domestic violence education; Housing Readiness: assistance developing savings, Rent Smart workshops, rental assistance, flex funds, housing assessments, Permanent Housing Action Plans, and housing workshops; Self-Sufficiency: financial coaching, financial literacy workshops, vocation assessments, employment training referrals, education referrals, and Need Assessments that identify strengths and barriers for each survivor. This position will decrease the time it takes to house survivors once a referral is received.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:	
1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;
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 trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

1) Coburn Place has served survivors of interpersonal abuse for 25 years with housing and services. During that time, we have served over 5,000 adults and children impacted by abuse. Since 2016, we have implemented Rapid Rehousing projects, giving our program 5 years of experience in navigating landlord relationships, renting units, and providing supportive services for survivors living in community-based rental housing. When survivors choose RRH, it is Coburn’s goal to place them in housing that meets their needs and wants as quickly as possible. 2) Coburn Place leadership provides annual training to staff, teaching that services are voluntary with survivors choosing the services and programs right for them. It is an agency philosophy that services are survivor focused and centered on their needs and choices. Survivors choose services and housing options without fear of punishment or consequences. In the case where a survivor is uncomfortable with their Advocate, they can be paired with a new Advocate. A survivor may make change of Advocate request verbally or in writing. Coburn Place trains staff upon hiring to learn about trauma-informed care, victim centered interactions with survivors, survivor choice, and how to build trust, compassion and mutual respect with survivors. 3) Coburn Place provides monthly trainings. All Coburn Place staff participated in an in-depth trauma-informed care training hosted by the National Network to End Domestic Violence in 2021. Trauma has long-term physical and mental effects, and each survivor is at a different point in their path

toward healing from trauma when they access Coburn Place programs. It is Coburn's goal to meet them where they are. Coburn recognizes that each survivor is on their own unique journey to housing stability and self-sufficiency. Staff educate survivors on the impact of trauma on their journey to stable housing and healthy relationships. 4) Coburn Place services are flexible to meet survivors where they are in their journey toward healing and their personal skills and goals. The intake process begins with an evaluation of the survivor's history regarding housing, employment, education, and experience with other service providers in the community. It also includes a needs assessment and personal plan for well-being. In the 2020, Coburn Place initiated 133 personal plans for well-being. After intake, Advocates work with survivors through case management to understand strengths, aspirations, and goals. 5) Coburn Place serves vulnerable populations without discrimination based on race, national origin, religion, sex, sexual orientation, gender identity, or age. In 2020, Coburn Place served a population of survivors who identified as 58% African American, 32% White, and 4% Multi-Racial, 6% other races and 97% female and 3% male. Coburn staff closely matches this demographic breakdown with 48% African American, 48% White, and 4% Multi-Racial, 6% other races and 95% female and 5% male. Staff attend annual training on cultural competency that is provided by Indiana ACLU, ICADV, DVN, and the Indiana Coalition Against Sexual Assault. The training offers staff a better understanding of the unique challenges and needs survivors in the historically marginalized communities face. Specific trainings include understanding how domestic violence can impact survivors who have disabilities, who are transgender or who have also experienced sexual abuse. Advocates follow up with survivors referred to outside support services in the event they experience discrimination, often utilizing a different organization. 6) Weekly support groups offer peer to peer contact with other survivors and receive mentoring from the licensed therapist leading the group. Topics include red flag indicators, safety planning, children's behavior issues, parenting, trauma support, education of abuse tactics, setting boundaries, taking care of mental health needs, and physical health. Coburn Place also offers group sessions for arts, computer skills, and cooking. Staff mentors offer individual support 24/7 to survivors, inviting them to participate in programming. Opportunities are shared with survivors at every meeting with them, and via monthly emails, and posters at the main offices. 7) Coburn Place offers parenting classes, comprehensive children's program, and referrals for childcare. Children's Program offers schools-out sessions from 8am-8pm, tutoring 3 days a week, healthy relationships/anti-bullying groups with a licensed therapist.

4A-4e.	<b>Meeting Service Needs of DV Survivors–Project Applicant Experience.</b>	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

1) Resources are provided upon enrollment as survivors move into permanent housing and do not have a time limitation. Even after housing support ends,

survivors can access support indefinitely. 2) In 2020: Child Custody: Advocates assist parents with active DCS cases to reunite families. Legal Service: Advocates assisted 6 clients to file Protective/No Contact orders and made 25 referrals to the Neighborhood Christian Legal Clinic and Indiana Legal Services. Criminal History: If a client needs legal help regarding their criminal history, they are referred to a legal partner. Bad Credit History: Coburn offers direct financial assistance to repair credit to secure housing. In 2020, 14 individuals received direct financial assistance to repair credit by paying off old utility and rent debt. Advocates have access to "flex funds" that repair credit and pay deposits and first month's rent. Education: Coburn made 7 referrals to education partners: Urban League, Ivy Tech, Excel Center, IUPUI, and Enroll Indy. Advocates hosted 299 individual financial empowerment sessions and 141 survivors attended financial literacy sessions. Job Training and Employment: Coburn made 48 referrals for employment to partners. Physical/Mental Healthcare: Coburn hosted 48 group therapy sessions on mental health and healthy relationships. Coburn also made 34 referrals to external mental health providers: Midtown Mental Health and Gallahue Mental Health. Coburn made 2 dental, 8 medical, and 3 vision referrals. Drug and Alcohol Treatment: Coburn works with Dove House, Harbor Light, and Midtown to assist survivors with drug and alcohol treatment, of which only 2 referrals were made. Childcare: Coburn offers a robust children's program. 1683 sessions of case management were held for children, 11 children accessed after school care, 15 children utilized homework assistance, and 82 parents and children participated in family activities.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain 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 trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

Expansion will allow Advocates to reach more survivors while reducing caseloads. Housing Navigators focus on obtaining housing, Housing Advocates focus on maintaining housing and building survivor knowledge, and Well-being Advocates and Children's Services Advocates will focus on the general health and well-being of survivors, children, and strengthening the family unit. 1) Coburn Place was one of the first DV providers to deliver housing options and supportive services to survivors of domestic violence. When survivors choose

RRH, it is Coburn's goal to place them in housing that meets their needs and wants as quickly as possible. The additional services from the two project expansions will allow Coburn Place to house survivors faster than ever before. Two new Housing Navigator positions will cultivate relationships with landlords and specialize in obtaining housing with the goal of housing survivors quickly. 2) Coburn Place leadership provides voluntary services training to all new staff as part of their onboarding, emphasizing the importance of survivor choice. It is an agency philosophy that services are survivor-centered and trauma-informed. Survivors choose services and housing options without fear of punishment or consequences. If a survivor is uncomfortable with their Advocate, they can make a verbal or written request for a new Advocate at any time. Expansion will result in better client-advocate relations as Advocate caseloads are reduced and more quality services are provided. Adding staff also gives survivors more agency in who their advocate is. 3) Coburn Place staff are trained in trauma-informed care, victim centered interactions with survivors, survivor choice, and how to build trust, compassion, and respect with survivors. Coburn Place provides monthly trainings. Trauma has long-term physical and mental effects, and each survivor is at a different point in their path toward healing from trauma when they access Coburn Place programs. It is Coburn's goal to meet survivors where they are. Coburn recognizes that each survivor is on their own unique journey to housing stability and self-sufficiency. Programs and services are designed to empower clients on this journey. Housing Navigators will introduce new partnerships, expanding the options survivors have for housing. 4) Coburn Place services are flexible to meet survivors where they are in their journey toward healing and their personal skills and goals. The intake process begins with an evaluation of the survivor's history regarding housing, employment, education, and experience with other service providers in the community. It also includes a needs assessment and personal plan for well-being. After intake, Advocates work with survivors through case management to understand strengths, aspirations, and goals. Adding more staff will allow more time with survivors to build upon their strengths. 5) Coburn Place serves vulnerable populations without discrimination based on race, national origin, religion, sex, gender identity, or age. In 2020, Coburn Place served a population of survivors who identified as 58% African American, 32% White, and 4% Multi-Racial, 6% other races and 97% female and 3% male. Coburn staff closely matches this demographic breakdown with 48% African American, 48% White, and 4% Multi-Racial, 6% other races and 95% female and 5% male. Staff attend annual training on cultural competency that is provided by Indiana ACLU, ICADV, DVN, and the Indiana Coalition Against Sexual Assault. The training offers staff a better understanding of the unique challenges and needs survivors in the historically marginalized communities face. Specific trainings include understanding how domestic violence can impact survivors who are disabled, who are transgender, who have also experienced sexual abuse, or who are living in tribal communities. Advocates follow up with survivors referred to outside support services in the event they experience discrimination, often utilizing a different organization. 6) Weekly support groups offer peer to peer contact with other survivors and receive mentoring from the licensed therapist leading the group. Topics include red flag indicators, safety planning, children's behavior issues, parenting, trauma support, education of abuse tactics, setting boundaries, taking care of mental health needs, and physical health. Coburn Place offers group sessions for arts, computer skills, and cooking. More group sessions will be added based on survivor interest. Staff mentors will offer individual support 24/7 to survivors, inviting them to participate in programming. Opportunities are shared with survivors at every meeting with them, and via

monthly emails, and posters at the main offices. 7) Coburn Place will continue offering parenting classes, comprehensive children's program, and referrals for childcare. Children's Program offers schools-out sessions from 8am-8pm, tutoring 3 days a week, healthy relationships/anti-bullying.

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

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).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	Document 1C-14 CE...	11/09/2021
1C-7. PHA Homeless Preference	No	Document 1C-7 PHA...	11/09/2021
1C-7. PHA Moving On Preference	No	Document 1C-7 PHA...	11/09/2021
1E-1. Local Competition Announcement	Yes	Document 1E-1 Loc...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Document 1E-2 Rev...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Document 1E-5 Pub...	11/09/2021
1E-5a. Public Posting–Projects Accepted	Yes	Accepted Projects	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	PANDO Housing Agr...	11/09/2021
3A-2a. Healthcare Formal Agreements	No	PANDO Health Serv...	11/09/2021
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** Document 1C-14 CE Assessment Tool

## **Attachment Details**

**Document Description:** Document 1C-7 PHA Homeless Preference

## **Attachment Details**

**Document Description:** Document 1C-7 PHA Moving On Preference

## **Attachment Details**

**Document Description:** Document 1E-1 Local Competition  
Announcements

## **Attachment Details**

**Document Description:** Document 1E-2 Review and Selection Process

## **Attachment Details**

**Document Description:** Document 1E-5 Public Postiing Projects Rejected Reduced

## **Attachment Details**

**Document Description:** Accepted Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** PANDO Housing Agreement

## **Attachment Details**

**Document Description:** PANDO Health Service Agreement

## **Attachment Details**

**Document Description:**



## Submission Summary

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

Page	Last Updated
<b>1A. CoC Identification</b>	11/10/2021
<b>1B. Inclusive Structure</b>	11/10/2021
<b>1C. Coordination</b>	11/10/2021
<b>1C. Coordination continued</b>	11/10/2021
<b>1D. Addressing COVID-19</b>	11/10/2021
<b>1E. Project Review/Ranking</b>	11/10/2021
<b>2A. HMIS Implementation</b>	11/10/2021
<b>2B. Point-in-Time (PIT) Count</b>	11/03/2021
<b>2C. System Performance</b>	11/10/2021
<b>3A. Housing/Healthcare Bonus Points</b>	11/03/2021
<b>3B. Rehabilitation/New Construction Costs</b>	11/03/2021

  

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<b>3C. Serving Homeless Under Other Federal Statutes</b>	11/03/2021
<b>4A. DV Bonus Application</b>	11/09/2021
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required