Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:
1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

As the Collaborative Applicant, you are responsible for reviewing the following:
1. The Special Notice of Funding Opportunity (Special NOFO) for specific application and program requirements.
2. The Special NOFO Continuum of Care (CoC) Application Detailed Instructions for Collaborative Applicants 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.

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application
- 24 CFR 578.9 requires you to compile and submit the Special NOFO CoC Consolidated Application 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 the [Specific Attachment Name] attachment to the 4A. 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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1A-1. CoC Name and Number: IN-502 - Indiana Balance of State CoC

1A-2. Collaborative Applicant Name: Indiana Housing and Community Developoment Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Indiana Housing and Community Development Authorit

1A-5.	New Projects	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	Unsheltered Homelessness Set Aside	Yes
2.	Rural Homelessness Set Aside	Yes

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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1B-1.	**Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)**	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	08/19/2022

1B-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)**	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's 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

1B-3.	**Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)**	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
1.	**Did your CoC reject or reduce any project application(s)?**	No
2.	**Did your CoC inform the applicants why their projects were rejected or reduced?**	No
3.	**If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.**	

1B-3a.	Projects Accepted–Notification Outside of e-snaps. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/01/2022

1B-4.	Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC's website or affiliate's website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2A-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	Special NOFO Section VII.B.2.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 2,500 characters)

1)The CoC works with IHCDA, the state recipient of ESG funds, to assess data around persons utilizing these prevention funds. The data assessment and anecdotal experience of clients shows that people who have rental arrears or need rental and utility deposits and other prevention support are most at risk of homelessness. The CoC works with the State to determine where and how much should be put into prevention funds each year. The CoC worked to train more individuals and collaborate with the HMIS Lead on those endeavors. 2)The CoC Board and IHCDA oversee CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. That strategy focuses on coordinating prevention efforts with all 6-entitlement city and state ESG funders to ensure funds are targeted to those most at risk of homelessness to keep persons from entering the system. The BOS partners with Township Trustees who also provide prevention funds to those individuals at risk of becoming homeless. It works to build on the diversion work being done statewide and provide training to projects to help them better understand diversion. The HMIS Lead conducts a monthly ESG entitlement city Office Hours to field questions and improve project data quality. The CoC is now partnering with the Indiana Department of Education and their McKinney-Vento to identify youth who are living with housing insecurity and to connect them with supportive resources. IHCDA has recently hired and onboarded seven Cross System Community Navigators situated throughout the state. These Navigators will serve as bridges between youth and young adults (YYA) who are living with housing insecurity to identify resources they need to become stable. They will collaborate with CoC regional governance structures, public school systems, systems of care, and other community partners to identify and reduce barriers that YYA experience when seeking housing security. Using Diversion, “creative conversation” strategies, online training, and staff development, all regional partners can then reduce the length of time for clients by identifying individuals/families at risk and offer possible alternate housing options. 3)The CoC Board, Performance and Outcomes Committee, and the IHCDA Community Services division are responsible for overseeing the 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.

2A-2.	Length of Time Homeless–Strategy to Reduce. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1)The CoC implemented CE in all 16 IN-502 BoS regions in 2018 and continues to refine this system as the centerpiece for reducing the length of time homeless for individuals and families. The CoC has hired a CoC Network Liaison and a CE Specialist to support the CoC in conjunction with the HMIS Manager and HMIS/CE Trainer in CES optimization. The Performance and Outcomes Committee actively reviews system performance measures and LSA data in conjunction with the recently completed strategic plan to reduce LOT. The CoC Network team visit Regional Case Conferencing sessions to support efforts to move households into stable housing. Both monitor data quality and accuracy and address areas of concern with regional CE Leads and their local partners. They regularly attend sessions of underperforming regions to provide additional coaching and support. When appropriate, CE Lead Agencies are placed on Performance Improvement Plans or are more closely monitored. Every region's prioritization list data is tracked monthly, which is reported to regional CE Leads and at the monthly CE Committee, which was established to bring key stakeholders from all 16 regions and build diversion options, to identify concerning trends and/or improved performance. The IN-502 CoC works with the HMIS Lead who has undertaken several CES improvements related to the prioritization list and reporting functions. The HMIS Lead provides CE data in the HMIS Data Portal, as a public facing site for data visualization and analysis for stakeholders and the public. The HMIS Lead hosts data quality webinars to improve data collection, quality, and reporting. 2)The CoC uses the VI-SPDAT tool to assess individuals with the longest length of time homeless and greatest vulnerability and utilizes HMIS to help identify the episodes and lengths of homelessness. The HMIS Lead hosts a HMIS/CE training to improve data entry and collection and hosts monthly CE new user, refresher, and reports trainings for these end users. The CoC is reviewing factors impacting persons prior to entering the homeless services system and data from other federal programs accessed by vulnerable persons, such as the LSA, SPM, and Stella P, to determine prevention steps to coordinate services at a broader level. 3)The IN BoS CoC board, CE committee, Performance and Outcomes Committee, and the IHCDA staff as the CA are responsible for overseeing the CoC’s strategy to reduce the length of time individuals and families remain homeless.

2A-3.	Successful Permanent Housing Placement or Retention. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1)The IN-502 CoC continues to work towards increasing utilization rates for these project types and invests resources to improve the CE system. As a large BOS, the overall system focuses on the rate at which individuals and persons in families in shelters, transitional housing, and rapid rehousing exit to permanent housing destination. The CoC encourages case managers to utilize referrals to CE to help clients make connections to resources and referrals needed for them to exit to permanent housing through training and TA. The HMIS Lead has worked to onboard community partners outside COC service providers and has integrated them into HMIS to improve data quality and track exits to permanent housing beyond those tracked through COC funding projects. Through this increased HMIS capacity, the CoC partners with key stakeholders and peripheral services providers interested in ending homelessness to capture the most comprehensive picture of homelessness in the BoS. The CoC has brought RRH into the system through the CoC competition and reallocation of funds. IHCDA's annual Permanent Supportive Housing Institute provides an opportunity for teams that finished to develop a project that is 100% supportive housing (services and rental assistance) to access a tax credit, with mandatory utilization of HMIS. 2)The CoC strategy is to ensure case managers work with clients in permanent housing projects to meet needs and persons in shelters are given access to RRH as a bridge to more permanent housing options. The CoC works with projects to make referrals to the mental health system. Through partnerships with PHAs, the CoC helps develop a systemic move-on strategy and makes referrals to housing choice vouchers and emergency housing vouchers so clients can stabilize and be ready for less housing support. A continuity policy was developed for projects so if a provider no longer wishes to continue with a project, they are required to work with the CoC to transition clients to a new provider for continuity of care and housing. The HMIS data portal visualizes this data for end users, stakeholders, and the public all needed partners to retainment of PH. The HMIS Lead host monthly live training and webinar series in addition to ad hoc trainings pertaining to system performance measures. 3)The IN BoS CoC board and the Community Services staff at IHCDA as the CA are responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.

2A-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate. (All Applicants)	
	Special NOFO Section VII.B.2.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 2,500 characters)

1) The CoC utilizes data from HMIS and System Performance Measures quarterly to see if returns to homelessness are due to lack of adequate case management or limits on funding that the CoC has implemented. The HMIS Lead has engaged in data quality technical assistance and established a Performance and Outcomes committee of the CoC Board for these endeavors. The CoC also looks at data from 211 (state-wide call-in system for referrals) to identify common reasons of individuals and persons in families who return to homelessness. This data is limited but does provide a snapshot of contributing factors. The CoC asks individuals and families what they need to stay housed as a part of the coordinated entry process. 2)The CoC has implemented several strategies to reduce returns to homelessness. All ESG funded shelters are required to use the CE assessment to ensure discharge to stable permanent housing options and entry to the prioritization list. All PSH projects are required to have implemented eviction prevention plans. PH projects use IN Certified Peer Specialist to maintain continued engagement after individuals leave CoC funded programs. Additionally, the CoC works with PHAs and HUD housing choice voucher partners to make sure that limited support is available to clients who have exited CoC housing who might need limited case management on an as needed basis. Those efforts have become more cohesive and expanded with EHV 3)The IN BoS CoC board and the Collaborative Applicant, IHCDA, are responsible for overseeing the CoC's strategy to reduce the rate of returns to homelessness.

2A-5.	**Increasing Employment Cash Income–Strategy. (All Applicants)**	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**the strategy your CoC has implemented to increase employment cash sources;**
2.	**how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and**
3.	**provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.**

(limit 2,500 characters)

1)The CoC has several strategies to increase employment income, increase access to employment, and increase cash income. As a quasi-state agency, IHCDA works with several state agencies that are focused on ending homelessness. Partnerships include the IN Dept of Workforce Development (DWD) and IN Commission for Higher Education (CHE). Cross-training and connection to resources are key strategies. Resources that DWD provides directly to clients are training for their high school equivalency, enrollment in JAG to encourage high school diplomas and post-employment, the Next Level Jobs program, and Work One centers. Work One centers are located throughout the state and provide local access to job opportunities, training, and connection to the unemployment services. The Next Level jobs program provides vocational training for 50 certificate programs free of cost to the student. CHE offers educational resources like 21st Century Scholars program which provides free college tuition to low-income families. Enrolled foster youth are auto enrolled into this benefit and homelessness can be considered a barrier that waives some enrollment steps. Lastly, the CoC continues previous strategies of funding veteran's employment service programs & employment first programs through the State's mental health centers and access to job placement services for individuals on Indiana Medicaid through the MCO. Finally, the HMIS Lead to provide data from SPM, Stella, and other reports to make strategic funding decisions. The CoC has started a variety of office hours opportunities for these groups, which include various state partners at least monthly. 3)The IN BoS CoC board and the Community Services staff at IHCDA as the Collaborative Applicant (CA) are responsible for overseeing the CoC's strategy to increase job and income growth from employment, create jobs, and income from employment.

2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	the strategy your CoC has implemented 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 2,500 characters)

1)The CoC utilizes the data from the HMIS to assess these changes quarterly for this measure. The HMIS Lead is embedded within IHCDA and works with the CA, CoC Board, and Performance and Outcomes committee on these efforts. The HMIS Lead is hosting data quality office hours and other trainings to improve this outreach and data collection. The CoC also works with the state department of mental health and addictions to ensure case managers have SOAR training. The CoC also works with SOAR, TANF, WIC and state insurance providers to assist clients with accessing mainstream benefits and ensure case managers can refer clients. The BoS CoC encouraged implementation strategies to COC-funded projects that would devote time and resources eligible for project match that helped clients receive non-employee cash sources such as SSDI or VA benefits. This work may be done by a case manager or housing navigator. The vast majority of CoC funded programs are connecting their participants to appropriate organizations who can provide guidance in receiving these non-cash sources. 2)In the 2023-2025 Strategic Plan, the IN BoS CoC Board commits to advocating for comprehensive resources to support the Homeless Response System. Central to this plan is building key relationships with other partners that can provide resources including non-employment cash sources, reviewing state and federal funding plans to people experiencing homelessness; and raising awareness among stakeholders of the needs of people experiencing homelessness. In addition, the CoC Board will alert the Network of opportunities to expand their capacity. For example, regional chairs were offered the opportunity to participate in a SOAR Leadership Academy that will train individuals already certified to facilitate review elements and implement the SOAR model. 3)The IN BoS CoC board and IHCDA as the CA are responsible for overseeing the CoC’s strategy to increase non employment cash income.

2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)	
	Special NOFO Sections VII.B.3.a.(1)	

	In the chart below for the period from May 1, 2021 to April 30, 2022:
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing 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	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	No	No	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	No	No	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	No	No	Yes
14.	Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Advocates	No	No	Yes
15.	LGBTQ+ Service Organizations	No	No	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	Yes
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	No	No	Yes
23.	Organizations led by and serving LGBTQ+ persons	No	No	Yes
24.	Organizations led by and serving people with disabilities	No	No	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	No	Yes
27.	School Administrators/Homeless Liaisons	No	No	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	No	No	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	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, other People of Color, persons with disabilities).

(limit 2,500 characters)

1)The CoC engages new members in many ways including newsletters and partnerships. It hosts 2 Development Days with 1 designated as an annual "membership meeting," encouraging them to join. The CA adds notices to its website, in newsletters, and on social media. Those expressing interest in homelessness issues are connected to regional planning councils and can be invited to join committees focused on specific populations or specific CoC work. They are recruited from strategic priority areas with experience necessary to develop comprehensive methodology to support the homeless population. Priority expertise areas include DV, homeless service providers, legal aid, addictions and mental health, the VA, ESG partners, mayors, and social service agencies. 2)The CA uses an inclusive outreach approach, ensuring individuals from a variety of backgrounds are aware of and included in discussions. To ensure effective communication with individuals with disabilities, the BoS utilizes the CA's website to expand accessibility tools, including ability to browse aloud or convert website to text-only, access translation to over 100 languages, and provide PDF documents, which are reviewed for accessibility prior to posting. 3)The CoC conducts comprehensive outreach for board recruitment to ensure persons with lived homelessness experience are included. CoC subrecipients are also monitored to ensure compliance with requirements. The CA communicates with regional chairs and COC network on the importance of engaging PLEs in planning and implementation. The IN BoS CoC Board has committed to implement more strategies to increase capacity to solicit feedback from PLEs of homelessness in a respectful and meaningful way through leadership development for PLEs and engagement training for service providers. 4)The CoC engages organizations serving diverse communities experiencing homelessness through state and local connections. In 2022, the BoS increased emphasis on diversity, equity, and inclusion (DEI) by including a goal to its new Strategic Plan and establishing a DEI committee while CA staff are engaged in a HUD Community Workshop to mobilize data to determine inequities. CA staff also sit on committees such as the IN Commission on Hispanic and Latino Affairs and the Race and Cultural Relations Leadership Network. The CA analyzes data to address equity and share results publicly and the CoC board has begun discussions on creating a more inclusive board and regional councils.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

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

(limit 2,500 characters)

1)The CoC Board and CA work together to solicit and consider opinions from a broad array of organizations. The CoC board recently overhauled its board recruitment process to include a broader range of backgrounds. At the regional level, councils are asked to include all organizations and individuals who work in or around the homelessness sector in their regional meetings. The CA also conducts outreach to a variety of organizations, presenting on the CoC and how to stay connected locally and statewide. 2)The CoC shares information publicly and solicits feedback from the public through in person and electronic formats. Open applications and important updates on the CoC are shared via a monthly newsletter and on the CA website. The CoC BoS board meetings are open to the public as well as their bi-annual member meetings. The CA also shared data and important information via public presentations and print materials with various organizations. The CA oversees the annual Con Plan through their role in ESG and HOPWA funds. This process is public in nature including options for comments and review of the full Con Plan. The CoC BoS board has also initiated a new strategic planning process, which has provided valuable public and community feedback. 3)In response to COVID-19, the CA initiated weekly office hours for its partners and the COC network, including COC subrecipients, the COC Board, Regional Chairs, and CE Leads. During these calls, CA staff provided updates on the evolving situation and responses to the crisis. These calls helped staff gather valuable feedback from the field and disseminate resources throughout the COC network so that everyone could respond effectively. Several of these office hours have become standing monthly calls with key stakeholders to address improvements or new approaches to preventing and ending homelessness. In 2022, the strategic planning consultant provided several focus groups and individual interviews to solicit input from the field that continues to inform the COC's work. In addition, the CA conducted several listening sessions with RRH providers to solicit input for the BOS CoC approved policies and procedures.

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.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 2,500 characters)

1)The COC CA began outreach on 8/5, explaining how organizations can apply and use funds with a pre-competition webinar for current CoC, ESG, and ESG-CV subrecipients and regional council members. CA staff posted this session to the website and held 1:1 meetings with prospective applicants starting 8/8. On 8/16 info was released via e-announcement and the CoC Supplemental NOFO (SNOFO) webpage. The CA cross-promoted internally to solicit potential projects from other departments. The CA notified interested new organizations and offered a new user overview webinar and 1:1 meetings to answer questions. 2)The CA updated its website on 8/16 with all pertinent info, including deadlines, links to webinar material, SNOFO updates, and how proposals are submitted. The CA used other outreach efforts (newsletters and social media) and disseminated info through regional chairs to local service providers. 3)IHCDA released notification of the new project application on the website and to agencies on 8/16 with clear instructions on how proposals are submitted, including submitting to a single email account, so no application was overlooked. The CA emailed CoC membership and stakeholders and hosted a training webinar on how to apply for potential applicants on 8/16, which was recorded and posted with a copy of slides to the webpage and sent via email upon request. New project applications were due 9/19/2022, and each was reviewed by a non-conflicted scorer using a new project scoring tool including performance-based and objective criteria. With the limited capacity of CoC Board members due to the FY22 CoC NOFO, policies and procedures were developed and new project scoring was completed by a SNOFO Task Force. This Task Force was non-conflicted, representing rural, suburban, and healthcare partners. The SNOFO Task Force agreed all eligible applicants meeting threshold should be ranked if their application met standards and there was sufficient funding. The projects were ranked based on their new project score and were collated into the overall scoring/ranking list. CoC Board approved the ranking on 10/5/2022 and all projects were notified of their selection in the Collaborative application that day. 4)To ensure effective communication with individuals with disabilities, the CA provides info in formats such as PDF documents. Its website has with expanded accessibility tools, including “browse aloud” capability, text-only conversion, and translations to over 100 languages.

2C. Coordination / Engagement–with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

	In the chart below:
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

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

(limit 2,500 characters)

1)The CoC consulted with the ESG Program Recipients by inviting all recipients of state and local funds to participate in the consolidated action plan development with the Collaborative Applicant. Similarly, the CA consulted with regional chairs, CE leads, and ESG recipients on the ESG-CV funds. This occurred through emails, public feedback, public notifications, and regional meetings. The CA then took their proposed plan to the CoC CE committee and finally the CoC BoS board for final approval. 2) Through the CA, the CoC provides technical assistance to those recipients and subrecipients that are not performing well to improve performance and help cities use data to drive decision-making around funding. The CA provides regular 1 on 1 meetings with ESG and ESG-CV subrecipients at their request to address any issue as well as monthly ESG-CV specific calls to provide updates on various issues and presentations from partner organizations. The CoC board directly connects with ESG through written policies and IHCDA updates and has ESG entitlement city membership on the board Examples of policies include a performance standard policy on CoC and ESG jurisdiction coordination. 3) All Con Plan jurisdictions in Indiana have access to the PIT and HIC data via the IHCDA public website. They may download raw or analyzed data on that site anytime. 4)IHCDA staff collaborates by communicating data and outcomes to Con Plan jurisdictions. The CoC and ESG programs are under a single team within IHCDA, which provides greater opportunity to ensure local homelessness information is communicated and addressed with anticipated outcomes of increased synergy and coordination. The HMIS team is also held within this team which allows for public use of data results. The HMIS team continues to hold a monthly call with Entitlement Cities to discuss data issues related to the ESG-CV funds.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

	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

2C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

	Describe in the field below:
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

(limit 2,500 characters)

1) IHCDA collaborates with the CoC and the Indiana Department of Education to house 9 navigators to connect regional homeless and wraparound service providers with SEAs, LEAs and School Districts across the BOS. The purpose of this partnership is to improve access to resources for youth and young adults who are experiencing or on the verge of homelessness, identify barriers youth and young adults experience when seeking housing security, and create a systems map of resources in each county served in the region that can be shared with stakeholders and service providers. 2)The CA, IHCDA and the Indiana Department of Education have formalized a partnership through a state agency-to-agency Memorandum of Understanding. Support for this program comes from the ARP-HCY funding and is being utilized to hire a statewide manager and nine regional Navigators in high needs areas. Launched in September 2022, Navigators will identify youth and young adults (YYA) who are living with housing insecurity through collaboration with the McKinney-Vento liaisons in each public school district and other community partners to include DCS, juvenile justice institutions, law enforcement agencies, higher education institutions, Indiana Youth Group (serving the LGBTQ+ community) and others. They will develop resource mapping to include wrap around community services, address gaps, provide direct support to McKinney-Vento liaisons and CoC regional councils, and inform the CoC BoS on youth homeless strategies. The Youth Programming Manager oversees the regional staff and is part of the CA central team, participating in staff-level planning and coordination. This partnership will contribute to an overall COC strategy around youth homelessness.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

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

(limit 2,500 characters)

Through Coordinated Entry (CE) programs, the CoC supports efforts to inform individuals and families who become homeless of their eligibility for education services. The CE process is led through client choice, households will be given information about the services and programs available to them and be given the right to choose which services and programs in which they want to participate. Additionally, the CoC has a policy for Education for Children and Youth to ensure that households with children, including unaccompanied youth, are identified, informed of available educational rights and resources, and supported to access educational services available to them. As gaps in this system are found via our IDOE Navigators, the CoC will have the opportunity to update their policies and procedures to better inform households across the state.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

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

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

You must select a response for elements 1 through 6 in question 2C-5.

2C-5a.	Mainstream Resources–CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

Describe in the field below how your CoC:

1.	systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

1)Through permanent housing programs such as PSH and RRH, the CoC assists persons experiencing homelessness to apply for and receive mainstream benefits. Many CoC projects have SOAR-trained staff to be able to connect clients with mainstream benefits. Each project must have skills and experience working with homeless persons with disabilities to provide the support necessary to keep them housed. All projects are required to offer intensive case management, ongoing supportive services and assist in locating appropriate housing. Through projects and other service providers, the CoC provides participants healthcare, mental health treatment, alcohol and other substance abuse services, childcare services, case management, counseling, education and/or job training, and other services needed for achieving and maintaining independent living, such as courses on household budgeting. 2)IHCDA, the COC CA, communicates about mainstream resources through newsletters or emails, program-specific monthly office hours, and monthly calls with Regional Chairs and CE Leads. During the calls, CA highlights resources through presentations by partner agencies, such as focus on the correlation of homelessness and Traumatic Brain-Injury and pregnancy assistance for individuals with or recovering from substance abuse. The CoC and CA provides training to the network on how to access benefits, including enrolling in Medicaid and other health insurance resources. The Board is exploring a partnership with a healthcare coordination hub that will enhance the field's ability to assist. Regions also provide outreach to and collaboration with local health insurance contacts to assist with these efforts. 3)The CA has provided opportunities for the CoC network to participate in webinars, discussions, and training on the use of Medicaid and other benefits. The board is currently reviewing additional ways to provide additional health information and assistance and have begun discussions with statewide organizations to reduce barriers for those experiencing homelessness so they can access health care and increase health outcomes.4)The CoC Board alerts the Network of opportunities to expand their capacity to implement SOAR. Recently, regional chairs were offered the opportunity to participate in a SOAR Leadership Academy that will train individuals already certified to facilitate review elements and implement the SOAR model.

3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	**Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).**	
	Special NOFO Section VII.A.	

If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special 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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-1, describe in the field below:	
1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and	
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.	

(limit 2,500 characters)

4A. Attachments Screen For All Application Questions

	Please read the following guidance to help you successfully upload attachments and get maximum points:
1.	**You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.**
2.	**You must upload an attachment for each document listed where 'Required?' is 'Yes'**
3.	**We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.**
4.	**Attachments must match the questions they are associated with.**
5.	**Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.**
6.	**If you cannot read the attachment, it is likely we cannot read it either. - We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time). - We must be able to read everything you want us to consider in any attachment.**
7.	**Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.**

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	1B-1. Local Compe...	10/14/2022
1B-2. Local Competition Scoring Tool	Yes	1B-2. Local Compe...	10/14/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	1B-3. Notificatio...	10/14/2022
1B-3a. Notification of Projects Accepted	Yes	1B-3a. Notificati...	10/14/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	P-1 Leveraging Ho...	10/18/2022
P-1a. PHA Commitment	No	P-1a PHA Commitment	10/18/2022
P-3. Healthcare Leveraging Commitment	No	P-3 Healthcare Le...	10/17/2022
P-9c. Lived Experience Support Letter	No	P-9c Lived Experi...	10/18/2022
Plan. CoC Plan	Yes	Plan CoC Plan	10/18/2022

Attachment Details

Document Description: 1B-1. Local Competition Announcement

Attachment Details

Document Description: 1B-2. Local Competition Scoring Tool

Attachment Details

Document Description: 1B-3. Notification of Projects Rejected-Reduced

Attachment Details

Document Description: 1B-3a. Notification of Projects Accepted

Attachment Details

Document Description:

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Document Description: P-1 Leveraging Housing Commitment

Attachment Details

Document Description: P-1a PHA Commitment

Attachment Details

Document Description: P-3 Healthcare Leveraging Commitment

Attachment Details

Document Description: P-9c Lived Experience Support Letter

Attachment Details

Document Description: Plan CoC Plan

Submission Summary

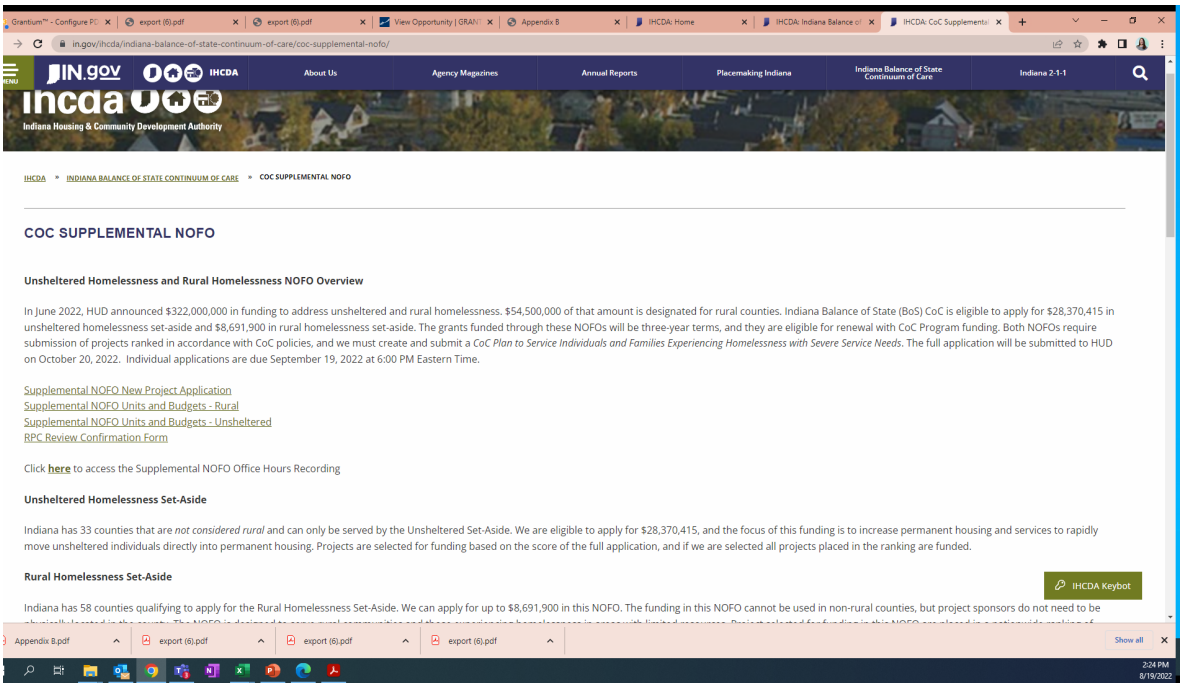
Ensure that the Special NOFO Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	10/03/2022
1B. Project Review, Ranking and Selection	10/17/2022
2A. System Performance	10/14/2022
2B. Coordination and Engagement	10/17/2022
2C. Coordination and Engagement–Con't.	10/14/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/03/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

Indiana Balance of State CoC

Special NOFO Application

1B-1 LOCAL COMPETITION ANNOUCEMENT


in.gov/ihcda/indiana-balance-of-state-continuum-of-care/coc-supplemental-nofo/
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IHCDA
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Agency Magazines
Annual Reports
Placemaking Indiana
Indiana Balance of State Continuum of Care
Indiana 2-1-1
ihcda
Indiana Housing & Community Development Authority
IHCDA » INDIANA BALANCE OF STATE CONTINUUM OF CARE » COC SUPPLEMENTAL NOFO
COC SUPPLEMENTAL NOFO
Unsheltered Homelessness and Rural Homelessness NOFO Overview
In June 2022, HUD announced $322,000,000 in funding to address unsheltered and rural homelessness. $54,500,000 of that amount is designated for rural counties. Indiana Balance of State (BoS) CoC is eligible to apply for $28,370,415 in unsheltered homelessness set-aside and $8,691,900 in rural homelessness set-aside. The grants funded through these NOFOs will be three-year terms, and they are eligible for renewal with CoC Program funding. Both NOFOs require submission of projects ranked in accordance with CoC policies, and we must create and submit a CoC Plan to Service Individuals and Families Experiencing Homelessness with Severe Service Needs. The full application will be submitted to HUD on October 20, 2022. Individual applications are due September 19, 2022 at 6:00 PM Eastern Time.
Supplemental NOFO New Project Application
Supplemental NOFO Units and Budgets - Rural
Supplemental NOFO Units and Budgets - Unsheltered
RPC Review Confirmation Form
Click here to access the Supplemental NOFO Office Hours Recording
Unsheltered Homelessness Set-Aside
Indiana has 33 counties that are not considered rural and can only be served by the Unsheltered Set-Aside. We are eligible to apply for $28,370,415, and the focus of this funding is to increase permanent housing and services to rapidly move unsheltered individuals directly into permanent housing. Projects are selected for funding based on the score of the full application, and if we are selected all projects placed in the ranking are funded.
Rural Homelessness Set-Aside
IHCDA Keybot
Indiana has 58 counties qualifying to apply for the Rural Homelessness Set-Aside. We can apply for up to $8,691,900 in this NOFO. The funding in this NOFO cannot be used in non-rural counties, but project sponsors do not need to be
Appendix B.pdf
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Show all
2:24 PM
8/19/2022

From: Indiana Housing & Community Development Authority
To: Greene, Liz (IHCDA)
Subject: Supplemental NOFOs Overview - Unsheltered and Rural Set-Asides
Date: Tuesday, August 16, 2022 4:11:04 PM

Community Services Notice

Need to Know Info about the Supplemental NOFOs

In June 2022, HUD announced $322,000,000 in funding to address unsheltered and rural homelessness. Of that amount, $54,500,000 is designated for rural counties.* The Indiana Balance of State (BoS) CoC is eligible to apply for $28,370,415 in unsheltered homelessness set-aside and $8,691,900 in rural homelessness set-aside. The grants funded through these NOFOs will be three-year terms, and they are eligible for renewal with CoC Program funding.

Application materials can be found here: https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/coc-supplemental-nofo/

Applications are due September 19, 2022 at 6 PM ET.

Unsheltered Homelessness Set-Aside

Indiana has 33 counties that are *not considered rural* and can only be served by the Unsheltered Set-Aside. We are eligible to apply for $28,370,415, and **the focus of this funding is to increase permanent housing and services to rapidly move unsheltered individuals directly into**

permanent housing.

Rural Homelessness Set-Aside

Indiana has 58 counties qualifying to apply for the Rural Homelessness Set-Aside (Visit https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO/supplemental to learn if you county is classified as rural.) We can apply for up to $8,691,900 in this NOFO. The funding cannot be used in non-rural counties, but **project sponsors do not need to be physically located in a rural county**. The NOFO is designed to serve rural communities and those experiencing homelessness in areas with limited resources

Eligible Projects and Grant Terms

Unsheltered Homelessness Set-Aside	Rural Set-Aside
Eligible costs: • Permanent Supportive Housing • Rapid Rehousing • Joint Transitional Housing-Rapid Rehousing • Supportive Services only • Homeless Management Information System (HMIS) • Planning	**Eligible costs:** • All eligible costs under the Unsheltered NOFO are applicable, except for planning. **Additional eligible costs include:** • Rent/utility arrearages • short-term hotel or motel lodging • repairs to units to make them habitable • capacity building (education, job training, etc.) to develop and retain staff • emergency food and clothing assistance • purchase of real property including fees, taxes, and rehabilitation
Initial Grant Term: 3 years **Renewal:** Eligible for annual renewal in CoC program competition	**Initial Grant Term:** 3 to 5 years Please note – Projects for acquisition, new construction or rehab have 2 years to complete and need to serve program participants by the third year. **Renewal:** Eligible for renewal in CoC program competition

Project Selection

The BOS CoC Board will be responsible for approving a ranking of projects for the Unsheltered Set-Aside and Rural Set-Asides. Projects will be ranked based on their application score, and scoring criteria is explained in the application materials. HUD will make the final determination about whether projects are selected for funding.

If you are not planning to apply for this funding and would be interested in assisting in the review of applications and preparation of CoC materials for the full application to HUD, please contact rsample@ihcda.in.gov or lgreene@ihcda.in.gov. We are looking for individuals with lived experience of homelessness, as well as those who work in the housing, homelessness, healthcare, community development and other related fields to assist with this application process. Thank you!

For information on the application and to view our webinar sessions on the available funding through the Supplemental NOFO and our regular CoC Program competition, please visit the IHCDA website at: https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/coc-supplemental-nofo/

Please email CommunityServices@ihcda.in.gov with questions.

IHCDA Footer

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Indiana Balance of State CoC

Special NOFO Application

1B-2 LOCAL COMPETITION SCORING TOOL

2022 CoC Supplemental NOFO Project Rating Tool

Project Name: _____

Organization Name: _____

Project Type: _____

Application is for
Rural: _____
Unsheltered: _____

RATING FACTOR	POINTS AWARDED		MAX POINT VALUE
Increasing Permanent Housing and Treshold			
A. Project Component: points awarded if the project is either a rapid rehousing project, supportive housing project			**4**
B. Housing First: project is awarded points for select the "yes" option based on the Housing First questions point ranges. 8 points= 15 "yes" answers/all yes; 6 points= 12-14 "yes" answers; 4 points= 9-11 "yes"; 2 points= 6-8 "yes"; 0 points= 5 or fewer "yes" answers.			**8**
C. Project did not skip any questions, especially: providing UEI #, confirmed eligibility for CoC funds (nonprofit, government or tribal entity), project does not have unresolved HUD findings, and agrees to follow Written Standards and use HMIS).			**Must be "yes"**
Subtotal	**0**		**12**
Experience			
A. Federal funds experience: 1 point for satisfactorily detailing the agency's: 1) Experience/expertise with renting units, operating rental assistance, and providing supportive services like the activities proposed in the applications. 2) Working with and addressing the needs of unsheltered homeless individuals or rural communities and those experiencing homelessness and supporting individuals and families to attain housing and meet their service needs. 3) The project design has assessed the barriers to accessing the project, especially among populations experiencing high rates of homelessness in the community, and the steps taken to eliminate those barriers. 4) Specifically describe your experience with the Housing First model, serving populations with the severe service needs and with delivering or securing Medicaid funded and other mainstream services for participants in the agency's programs.		out of	4

B. Leveraging funds: 1 point if the applicant describes that they have, or a partner has, experience with leveraging federal, state or local funding			1
C. Financial management structure: 1) 1 point if applicant describes their organizational structure 2) 1 point if their description includes the internal and external controls and financial accounting system			2
D. Monitoring findings: 1 point if the organization DOES NOT have any monitoring OR audit findings			1
D. Returned funds: 2 points maximum 1) 2 points if agency has not had a grant previously 2) 1 point if they have not returned funds in the last 2 years 3) 1 point if they submitted claims to IHCDA on-time OR met federal draw requirements. The purpose of this question is not to "punish" organization that haven't received funding, and to ensure that those who have funding are spending it correctly and completely.			1
E: Utilization: 1) 3 points if ES/TH/SH beds in project was at or above 75% utilization on 1/26/22 2) 3 points if RRH, TH-RRH or PSH project was at or above 90% utilization on 1/26/22. 0 points if projects do not have data or were below the percentages listed.			3
Subtotal	**0**		**12**
Project Description			
A. Description: 1) 1 point if the narrative describes the entire scope of the proposed project, 2) 1 point for identifying the community(ies) and/or county(ies) served, 3) 1 point for how the project will address housing disparity issues, 4) 1 point for providing a clear picture of the services provided to participants, 5) 1 point for describing implementation of HMIS including projected outcome(s), and 6) 1 point for describing any coordination with other source(s)/partner(s) especially healthcare (including mental health and substance abuse) and Medicaid.			6
B. Rapid implementation: 1) 1 point for projects that will have staff hired and project expenses within 6 months 2) 1 point for project being leased or at capacity within 12 months			2
C. Will this project serve a disadvantaged area: 1) 1 point for applicant specifically describing the need of the area they are applying to serve (not statewide or nationally) 2) 1 point for applicant using data to describe their community need, 3) 2 points for applicant demonstrating a significant gap in services supported by data			4

Subtotal	**0**		**12**
SUPPORTIVE SERVICES			
A. Providing services to obtain and maintin housing: 1) Up to 1 point for narrative that describes services designed to obtain and ensure successful retention in housing, making sure that the explanation of services enhances what was described in your project description. Provide information on the specific plan to ensure program participants will be individually assisted in identifying and connecting to the benefits they may be entitled (Medicare/Medicaid, SSI, SNAP, workforce, education). 2) Up to 1 point for narrative that describes working with and addressing identified housing and service needs. Specifically describe your experience with the Housing First model, serving populations with the highest needs to obtain and maintain housing. This would include providing services (transportation, safety planning, case management) and by partnering with outreach or other service providers to connect to clients prior to housing and support a successful transition to permanent housing. 3) Up to 1 point for narrative that describes how program participants are assisted in identifying housing and are supported in their transition to housing, including assessing participants housing needs and preferences, helping them understand lease and tenancy obligations, helping obtain required documents for housing, providing transportation to units, and meeting with landlords.		out of	3
B. Services integrate with health, access to substance abuse treatment, increase income: 1) 1 point if narrative describes coordination between healthcare entity 2) 1 point if narrative describes coordination with mainstream benefit/income 3) 1 point if agency completes the supportive services chart in question 3		out of	2
C. Transportation, assistance with mainstream benefits, access to SSI/SSDI and SOAR training: 1) 1 point for completing the chart 2) 1 point for each box selected on the services detail chart.		out of	5
Subtotal	**0**	out of	**10**
Performance Meaures			
A. Length of time homeless: 3 points if the agency can track length of time from enrollment to move-in, 0 if no			3
B. Tracking and pariticipant rate of increase income: 3 points if they can track income and changes in income, 0 points if no. 5 points if narrative describes their participants do increase income, 2 points if the narrative describes maintaining income/benefits. 0 points if participants do not maintain or increase income/benefits.			8
C. Tracking and participant rate of rentention of permanent housing: 4 points if the agency can track the reteuntion of housing, 0 if no. 5 points if 70% of more of participants have obatined and maintained housing, 2 if less than 70% have, 0 if no participants have obtained or maintained housing.			9
Subtotal	**0**	out of	**20**
Representation and Equity			
A. Representative of the community served: 1 point if the organization has board and agency diversity in areas of race, socio-economic status, lived experience, LGBTQ+, age, and/or populations impacted by homelessness in their community. 0 if no		out of	1

C. Lived experience representation: 1) 1 point if there is at least 1 person with lived experience on the board or staff 2) 2 points if anyone with lived experience has had a recent experience in the last 3 years.		out of	3
B. Client feedback: 1) 1 point if the agency has a client/resident grievance procedure 2) 1 point if the agency uses other ways to obtain client feedback.		out of	2
D. Stability for those at highest risk of returns to homelessness: 1) 1 point if the agency describes regional disparities in housing outcomes. 2) 2 points if agency describes how their knowledge is impacting the plan for services, including staff training		out of	3
Subtotal	**0**	out of	**9**
Housing and Healthcare			
A. The project has healthcare and housing partnerships documented: 1) 10 points if project can meet 50% leverage in PSH or RRH with letter(s) attached AND 25% leverage in healtchare with letter(s) attached. 2) 5 points if project can meet 50% leverage in PSH or RRH **OR** if project can meet 25% leverage in healtchare with letter(s) attached. 3) 3 points if project does not have documentation attached but is working to obtain documentation. 5) 0 points if the project cannot document the partnerships		out of	10
Subtotal	0	out of	**10**
Units and Budgets Information			
A. Supportive services 1) 2 points if project includes any dollars for services 2) 1 point if project correctly indicates staffing charges (title, salary and number of FTEs) *if applicable.		out of	3
B. Match information: 1) 1 point for completing the match budget section 2) 4 points if the match budget section is 25% of the total requested budget amount. 0 if it is not		out of	5
C. Cost effectiveness: 1) 5 points if the cost of the project is within 10% of the average new project cost for that project type (match not included). If only project of its type, then 3 points. If greater than 10% then 0 points.		out of	5
Subtotal	0		**13**
Project submitted application complete and on-time (including all attachments)			**2**
TOTAL SCORE	0		**100**

Indiana Balance of State CoC

Special NOFO Application

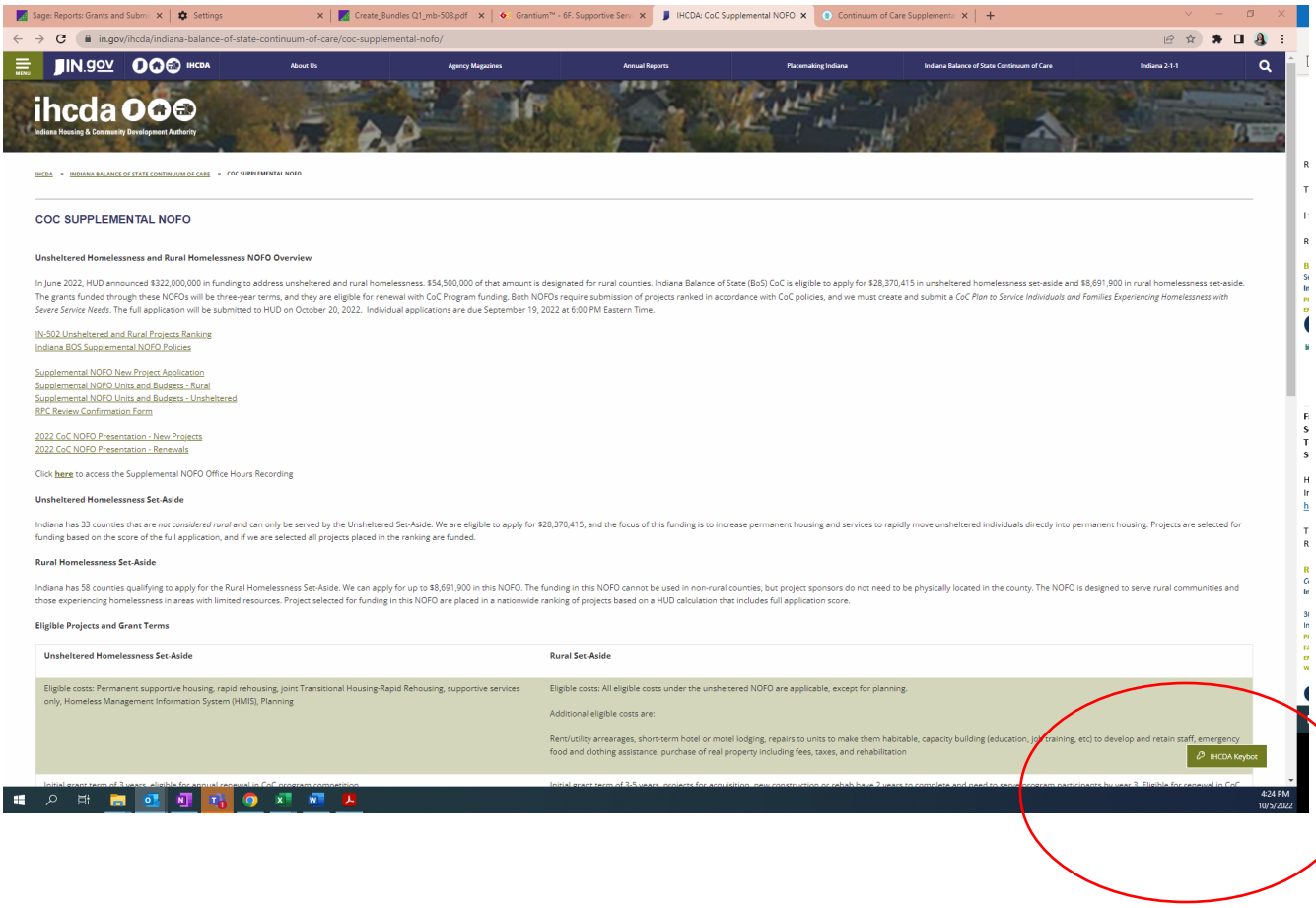
1B-3 NOTIFICATION PROJECTS REJECTED REDUCED

This attachment is not applicable. All applicant projects were accepted based on threshold criteria, score and availability of funding.

Indiana Balance of State CoC

Special NOFO Application

1B-3a NOTIFICATION PROJECTS ACCEPTED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IHCDA: CoC Supplemental NOFO
Continuum of Care Supplementa
in.gov/ihcda/indiana-balance-of-state-continuum-of-care/coc-supplemental-nofo/
IN.gov
IHCDA
About Us
Agency Magazines
Annual Reports
Placemaking Indiana
Indiana Balance of State Continuum of Care
Indiana 2-1-1
ihcda
Indiana Housing & Community Development Authority
IHCDA » INDIANA BALANCE OF STATE CONTINUUM OF CARE » COC SUPPLEMENTAL NOFO
COC SUPPLEMENTAL NOFO
Unsheltered Homelessness and Rural Homelessness NOFO Overview
In June 2022, HUD announced $322,000,000 in funding to address unsheltered and rural homelessness. $54,500,000 of that amount is designated for rural counties. Indiana Balance of State (BoS) CoC is eligible to apply for $28,370,415 in unsheltered homelessness set-aside and $8,691,900 in rural homelessness set-aside. The grants funded through these NOFOs will be three-year terms, and they are eligible for renewal with CoC Program funding. Both NOFOs require submission of projects ranked in accordance with CoC policies, and we must create and submit a CoC Plan to Service Individuals and Families Experiencing Homelessness with Severe Service Needs. The full application will be submitted to HUD on October 20, 2022. Individual applications are due September 19, 2022 at 6:00 PM Eastern Time.
IN-502 Unsheltered and Rural Projects Ranking
Indiana BOS Supplemental NOFO Policies
Supplemental NOFO New Project Application
Supplemental NOFO Units and Budgets - Rural
Supplemental NOFO Units and Budgets - Unsheltered
RPC Review Confirmation Form
2022 CoC NOFO Presentation - New Projects
2022 CoC NOFO Presentation - Renewals
Click here to access the Supplemental NOFO Office Hours Recording
Unsheltered Homelessness Set-Aside
Indiana has 33 counties that are not considered rural and can only be served by the Unsheltered Set-Aside. We are eligible to apply for $28,370,415, and the focus of this funding is to increase permanent housing and services to rapidly move unsheltered individuals directly into permanent housing. Projects are selected for funding based on the score of the full application, and if we are selected all projects placed in the ranking are funded.
Rural Homelessness Set-Aside
Indiana has 58 counties qualifying to apply for the Rural Homelessness Set-Aside. We can apply for up to $8,691,900 in this NOFO. The funding in this NOFO cannot be used in non-rural counties, but project sponsors do not need to be physically located in the county. The NOFO is designed to serve rural communities and those experiencing homelessness in areas with limited resources. Project selected for funding in this NOFO are placed in a nationwide ranking of projects based on a HUD calculation that includes full application score.
Eligible Projects and Grant Terms
Unsheltered Homelessness Set-Aside
Rural Set-Aside
Eligible costs: Permanent supportive housing, rapid rehousing, joint Transitional Housing-Rapid Rehousing, supportive services only, Homeless Management Information System (HMIS), Planning
Eligible costs: All eligible costs under the unsheltered NOFO are applicable, except for planning.
Additional eligible costs are:
Rent/utility arrearages, short-term hotel or motel lodging, repairs to units to make them habitable, capacity building (education, job training, etc) to develop and retain staff, emergency food and clothing assistance, purchase of real property including fees, taxes, and rehabilitation
IHCDA Keyboi
4:24 PM
10/5/2022

From:	Sample, Rachael
To:	Andrew Nielsen; Angelia Hayes; Lisa Swayne; Jennifer Layton; pambrookshire; Donna Taylor; Parsch, Jeanine S; Purdue Healthcare Advisors - Cline, Melanie; Smalley, Julia Ann; bpirtle@soinhomeless.org; forrest; Rob Spaulding
Cc:	Garvey, Kristin (IHCDA); Howard Burchman; Jameson, Candace; Childress, Jenna (IHCDA)
Subject:	IN-502 Indiana Balance of State CoC Notification of Accepted Projects
Date:	Wednesday, October 5, 2022 4:24:00 PM
Attachments:	Indiana BoS Supplemental NOFO Policies 2022.pdf Unsheltered Rural Set Aside Rankings 10.5.22.pdf
Importance:	High

Good afternoon-
I am writing to inform you that your project was accepted for ranking in the IN-502 Indiana Balance of State CoC Supplemental NOFO to Address Unsheltered and Rural Homelessness.

Today the Board voted to accept the project ranking and project selection and appeal policies. These are attached to this email and are posted to the IHCDA Supplemental NOFO webpage.

We will be working with applicants to ensure successful submission into ESNAPS, the HUD application submission system. Please be advised and check your email regularly for information about corrections we may need to make to your application so that it can be successfully submitted to HUD. If you fail to make material corrections to your application, we may not be able to submit it to HUD for consideration. We are hoping to have individual calls with applicants next week, so please respond to my message about scheduling a call with us.

Thank you for your hard work on your submission. We will be submitting the project applications by the HUD deadline of October 20, 2022. If you have any questions, please reach out to me.

Best,
Rachael

Rachael Sample (she/her)
Community Services Grants Manager
Indiana Housing and Community Development Authority

30 South Meridian Street, Suite 900
Indianapolis, IN 46204
PHONE 317 232 3079
FAX 317 232 7778
EMAIL rsample@ihcda.in.gov
WEBSITE: www.in.gov/ihcda

Indiana Balance of State CoC

Special NOFO Application

P-1 Leveraging Housing Commitment

ihcda
Indiana Housing & Community Development Authority

October 13, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Mail

Dear Pam,

On behalf of Indiana Housing and Community Development Authority (IHCDA), the Public Housing Agency for the Balance of State, I am writing to confirm that IHCDA will apply for Stability Vouchers through the recent HUD notice (PIH 2022-24-HA) by the deadline of October 20, 2022. IHCDA intends to apply for Stability Vouchers to partner housing subsidies with supportive services from new permanent housing projects that applied under the Special NOFO as a part of the Indiana Balance of State CoC.

The Special NOFO projects and their corresponding voucher request are listed in the table below.

Agency	Project Name	Counties Served	Vouchers Requested Annually
Porter Starke Services	Porter Starke Services PSH	Starke	5
Lafayette Transitional Housing Center	Lafayette Transitional Housing RRH	Benton, Carroll, Clinton, Fountain, Montgomery, Warren, White	10
Human Services Inc	Jackson County Unsheltered Housing	Jackson	5
Brightpoint	Region 3 Rural Housing	Adams, DeKalb, Huntington, LaGrange, Noble, and Steuben	60
Homeless Coalition of Southern Indiana	HCSI Rural RRH	Jefferson and Harrison County, also Orange, Washington, and Crawford	5
Total			100

IHCDA is committed to a partnership with the Indiana Balance of State. As a part of this commitment, IHCDA offers a homeless preference for Housing Choice Vouchers (HCVs) and has worked closely with the CoC and coordinated entry (CE) to implement this preference. We will continue to collaborate with CE and implement the process to ensure individuals and families experiencing homelessness, at risk of homelessness, or those fleeing domestic violence, have access to HCVs, Emergency Housing Vouchers (EHVs), as well as any Stability Vouchers we are awarded. We are prepared to provide these vouchers to any selected projects upon the date their contract is executed between 2023 and 2024.

We look forward to collaborating with CE and the new projects that are awarded funding under the Special NOFO.

Sincerely,

Jeff Zongolowicz
Director of Housing Choice Programs
IHCDA

marion housing authority

601 South Adams Street
Marion, Indiana 46953
Phone: 765.664.5194
Fax: 765.668.3045
TDD: 765.668.3044

October 17, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Email

Dear Pam,

On behalf of the Marion Housing Authority (MHA), I am writing to confirm that MHA will apply for Stability Vouchers through the recent HUD notice (PIH 2022-2024-HA) by the deadline of October 20, 2022. MHA intends to apply for Stability Vouchers to partner housing subsidies with supportive services from new permanent housing projects that applied under the Special NOFO as a part of the Indiana Balance of State CoC.

As apart of a Special NOFO project, Marion Housing Authority (Grant County), is requesting 20 Vouchers Annually.

Marion Housing Authority is committed to a partnership with the Indiana Balance of State. We will work closely with CoC and Coordinated Entry (CE) to implement the process to ensure individuals and families experiencing homelessness, as risk of homelessness, or those fleeing domestic violence, have access to HCV's as well as Stability Vouchers we are awarded. We are prepared to provide these vouchers to any selected project for Grant County, upon the date their contract is awarded between 2023-2024.

We look forward to collaborating with the new project awarded for Grant County under the Special NOFO.

Sincerely,

Steven M Sapp
Chief Executive Officer
Marion Housing Authority

LAFAYETTE HOUSING AUTHORITY

October 18, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Mail

Dear Pam,

On behalf of the Lafayette Housing Authority (LHA), the Public Housing Agency for the cities of Lafayette and West Lafayette, I am writing to confirm that LHA will apply for Stability Vouchers through the recent HUD notice (PIH 2022-24-HA) by the deadline of October 20, 2022. LHA intends to apply for Stability Vouchers to house families experiencing homelessness but also to partner these housing subsidies with supportive services from new permanent housing projects that applied under the Special NOFO as a part of the Indiana Balance of State CoC.

The Special NOFO project and its corresponding voucher request is listed below:

Agency:	Lafayette Transitional Housing Center
Project Name:	LTHC Unsheltered Project
Cities Served:	Lafayette and West Lafayette
Annual Request:	15

LHA will continue to collaborate with CE and implement the process to ensure individuals and families experiencing homelessness, at risk of homelessness, or those fleeing domestic violence, have access to Stability Vouchers we are awarded. We are prepared to provide these vouchers to the selected project upon the date their contract is executed between 2023 and 2024.
We look forward to collaborating with CE and the new project that is awarded funding under the Special NOFO.

Sincerely,

Michelle Reynolds
Executive Director
Lafayette Housing Authority

ADDRESS 2601 Greenbush Street, Lafayette, IN 47906
PHONE 765 771-1300

Indiana Balance of State CoC

Special NOFO Application

P-1 Leveraging Housing Commitment

ihcda
Indiana Housing & Community Development Authority

October 13, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Mail

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Homeless Coalition of Southern Indiana	HCSI Rural RRH	Jefferson and Harrison County, also Orange, Washington, and Crawford	5
Total			100

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We look forward to collaborating with CE and the new projects that are awarded funding under the Special NOFO.

Sincerely,

Jeff Zongolowicz
Director of Housing Choice Programs
IHCDA

marion housing authority

601 South Adams Street
Marion, Indiana 46953
Phone: 765.664.5194
Fax: 765.668.3045
TDD: 765.668.3044

October 17, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Email

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Marion Housing Authority is committed to a partnership with the Indiana Balance of State. We will work closely with CoC and Coordinated Entry (CE) to implement the process to ensure individuals and families experiencing homelessness, as risk of homelessness, or those fleeing domestic violence, have access to HCV's as well as Stability Vouchers we are awarded. We are prepared to provide these vouchers to any selected project for Grant County, upon the date their contract is awarded between 2023-2024.

We look forward to collaborating with the new project awarded for Grant County under the Special NOFO.

Sincerely,

Steven M Sapp
Chief Executive Officer
Marion Housing Authority

LAFAYETTE HOUSING AUTHORITY

October 18, 2022

Pam S. Isaac, Board Chair
IN-502 Indiana Balance of State CoC
Via Electronic Mail

Dear Pam,

On behalf of the Lafayette Housing Authority (LHA), the Public Housing Agency for the cities of Lafayette and West Lafayette, I am writing to confirm that LHA will apply for Stability Vouchers through the recent HUD notice (PIH 2022-24-HA) by the deadline of October 20, 2022. LHA intends to apply for Stability Vouchers to house families experiencing homelessness but also to partner these housing subsidies with supportive services from new permanent housing projects that applied under the Special NOFO as a part of the Indiana Balance of State CoC.

The Special NOFO project and its corresponding voucher request is listed below:

Agency:	Lafayette Transitional Housing Center
Project Name:	LTHC Unsheltered Project
Cities Served:	Lafayette and West Lafayette
Annual Request:	15

LHA will continue to collaborate with CE and implement the process to ensure individuals and families experiencing homelessness, at risk of homelessness, or those fleeing domestic violence, have access to Stability Vouchers we are awarded. We are prepared to provide these vouchers to the selected project upon the date their contract is executed between 2023 and 2024.
We look forward to collaborating with CE and the new project that is awarded funding under the Special NOFO.

Sincerely,

Michelle Reynolds
Executive Director
Lafayette Housing Authority

ADDRESS 2601 Greenbush Street, Lafayette, IN 47906
PHONE 765 771-1300

Indiana Balance of State CoC

Special NOFO Application

P-3 Healthcare Leveraging Commitment

Healthcare Leverage- HCSI

LifeSpring Health Systems

09/23/2022

Indiana Housing and Community Development Authority (IHCDA)
30 S. Meridian Street, Suite 900
Indianapolis, IN 46204

RE: Continuum of Care BOS-IN 502 Supplemental - Rural Set Aside

Project Name: Homeless Coalition of Southern Indiana (HCSI) Rural Rapid Rehousing Program

This letter is to confirm that LifeSpring Health Systems, INC will provide an in-kind match of services in the amount of $151,581 from October 2023 to September 2026 for the Homeless Coalition of Southern Indiana (HCSI) Rural Rapid Rehousing Program. The program has access to leverage additional services past the match amount to a max of $352,480.26 over the grant period. These services are to assist eligible recipients in securing and maintaining their permanent housing placement. Services include but are not are not limited to: mental health services case management, outpatient therapy, MD/psychiatry services, medication management, substance use treatment and other medical services.

LifeSpring Health Systems is a 501(c)(3), not-for-profit Community Mental Health Center and Federally Qualified Health Center serving eleven counties across southern Indiana. The organization began in 1964 and has only expanded the services it provides to over 14,000 annually. LifeSpring has helped the community address housing instability and their causes by having a Projects for Assistance in Transition from Homelessness (PATH) program and supporting other homeless outreach programs locally by providing medical and mental health services to those in need.

Please reach out if you require additional information or documentation.

Sincerely,

Bernie Feeney, DrPH

Healthcare Leverage- Lafayette Transitional (Unsheltered)

Date: 9-8-2022

Clinical and Recovery Services Provider
HUD CoC Grant Rural and Unsheltered NOFOs
Attn: Jennifer Layton

To Whom it May Concern,

Phoenix Paramedic Solutions is a Community Paramedicine and Ambulance Provider in the State of Indiana. Indiana State License number 1250 and NPI Number of 1710492939.

Our organization serves a parallel region for these applications and currently partners with Lafayette Transitional Housing Center (LTHC) to provide Peer Based Recovery supports as well as Medical Respite Clinical Staffing services in Tippecanoe County.

Phoenix is a leading provider in the State of Indiana in Community Paramedicine and Peer Based Recovery Programs. We are currently a Regional Recovery Hub for the Indiana Recovery Network (IRN) and a 211-hotline provider. We also manage several grants in this region to provide services and supportive resources to vulnerable populations. These grants are the SOR-MIRS grants and CCBHC funding as the designated Contract Operator. These additional resources allow us to provide peer support services to LTHC program participants who qualify and choose these services. We also have resources to provide LYFT rides through the IRN, but this amount is dependent on usage state-wide.

We value our partnership with LTHC and are committed to helping provide their homeless population services which reflect our existing work and capabilities. LTHC is applying for HUD Continuum of Care funding for both the rural communities and those who are living unsheltered. Our existing funds will serve to enhance these additional projects of LTHC for their three-year grant terms, as long as these funds are available.

Let this letter serve as our organizations commitment to collaborate alongside of Lafayette Transitional Housing Center by an authorized agent of the organization.

With high regard,

Nathaniel Metz, EMT-P, CHW
CEO

MEMORANDUM OF UNDERSTANDING

BETWEEN
Lafayette Transitional Housing Center
and
Valley Oaks Health

Purpose: Lafayette Transitional Housing Center provides housing and supportive services to individuals and families who are experiencing homelessness. LTHC recognizes that there are many factors that must be addressed for each person to remain stably housed. To that end, LTHC encourages agencies whose services overlap with the needs of our guests to provide intensive supportive care. Partner agencies are encouraged to coordinate care with LTHC tenants for assessments, enrollments, interventions, etc. to help meet the holistic needs of those who had experienced homelessness and help them sustain their housing.

Parties:
This agreement is between Lafayette Transitional Housing Center (herein after called LTHC) and Valley Oaks Health (herein after called Valley Oaks) for the purpose of conducting this memorandum of understanding.

Term of Agreement:
This agreement will commence on September 1, 2023 and will end August 31, 2024. LTHC and Valley Oaks can agree to review and/or renegotiate the provisions of this agreement at any time deemed appropriate.

Programming:
Valley Oaks will make the following services available to the participants of the Unsheltered Rapid Re-Housing program:

Case Management Services/Life Skills – these services include direct assistance in gaining access to needed medical, social, educational, and other services; coordination of care; oversight of each individual case and linkage to other appropriate services, and training in activities of daily living. Case managers are required to have a Bachelor's Degree in Psychology, Social Work or another Human Behavioral field. The hourly rate for case management services is $26.50 per quarter hour.

Value of Service:
Valley Oaks will provide the above programming at no cost to LTHC.

10 clients per week, with 10 hours of Case Management support, is valued at $55,000/year for these in-kind services.

Representative
Lafayette Transitional Housing Center
815 North 12th Street
Lafayette, IN 47904

9/12/22
Date

Representative
Valley Oaks Health
425 North 26th Street
Lafayette, IN 47904

9/9/2022
Date

Healthcare Leverage- HSI

SCHNECK
Better Healthcare Begins Here

Memorandum of Understanding
Between Schneck Medical Center and Anchor House, Inc.

This Memorandum of Understanding 'MOU", entered into by and between Anchor House, Inc. (hereafter "Anchor House" or "Anchor House Shelter"), and Jackson County Schneck Memorial Hospital d/b/a Schneck Medical Center (hereafter "Schneck Medical Center" or "Schneck"), is executed pursuant to the terms and conditions outlined below. Both parties agree as follows:

Purpose:

The purpose of this Memorandum of Understanding (hereafter MOU) between Schneck and Anchor House, Inc. is to develop a framework of cooperation and outline the referral process between provider agencies for the best provision of medical care for patients seeking Medication-Assisted Treatment for Opiate Use Disorder (MAT for OUD), and related medical services for the amelioration and recovery from Substance Use Disorder (SUD)/Opiate Use Disorder (OUD). The MOU for services is an important resource for addressing the dearth of substance use disorder services in Jackson County and surrounding communities served by both entities.

The Anchor House is an important resource for addressing homelessness, mental health for those experiencing homelessness or at risk of homelessness, and those experiencing addiction or mental illness seeking substance abuse and mental health treatment within the communities served by both entities. Anchor House seeks to improve its support for clients experiencing homelessness that also suffer from comorbid mental illness, substance use disorder, or physical ailments that create barriers to independence.

Schneck is proud to offer medical services including: primary care services, imaging services, surgical services, laboratory services, infectious disease diagnosis and treatment, and MAT for OUD services including Buprenorphine, long-acting injectable Vivitrol, Naloxone, and Naltrexone. Schneck integrates MAT for OUD services through primary care providers to increase patient access and reduce stigma for recovery services. In addition, the integration of MAT for OUD services promotes improved patient outcomes with comorbid medical conditions.

The secondary purpose of this MOU is to develop a formal process for obtaining available funding for medical expenses related to MAT for OUD, SUD treatments, mental health treatment, and related services that support recovery from SUD. Schneck and Anchor House submit the following process for receiving and offering referrals to patient clients experiencing homelessness or at risk of homelessness that are seeking SUD medical resources and need assistance with patient medical bill payments.

Funding Source:

The funding source for substance abuse patient fees is the Unsheltered and Rural Supplemental Notice of Funding Opportunity Competition, as well as applicable and eligible public funding sources, including Medicaid or Medicare insurance, and private insurance coverage or self-pay patient resources. The referral process between agencies shall continue unabated regardless of funding streams, in an effort to improve patient care and resource access for patients in the communities served by both entities.

Funding Source Guidelines:
There is no funding source for this Memorandum of Understanding referral process. This MOU is a voluntary process for patient referral without financial compensation and solely for the purpose of patient care and best practice for the provision of MAT for OUD services.

Funding Source Guidelines for Patient Payments:

Both entities agree that any payment agreements and application for financial resources are only enacted in the event that the collaborative grant is approved, and funding is available. The agreement is enacted until such time as all available funding for patient fees is expended, or when the grant cycle expires in fiscal year 2025, whichever date is earlier. Recipients and sub-recipients of federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 USC 1320a – 7b (b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 USC 1320 7b (b) illegal remunerations.

Schneck Medical Center Shall:

1. Schneck Medical Center shall receive patient referrals from Anchor House Case Managers or program director staff for patients seeking referrals for substance abuse treatment, physical/primary care urgent needs, and mental health bridging services. Schneck shall receive referrals at Schneck Primary Care for initial visit with a primary care physician whenever possible; additional referrals for services will be made for other medical specialists as appropriate (e.g. obstetrics, infectious disease, et. al).
2. Schneck Medical Center shall retain patients seeking MAT for OUD services that are within Schneck Medical Center's provision abilities, including: Buprenorphine, Naltrexone, Naloxone, Suboxone, et. al.
3. Schneck may refer any patients seeking services for methadone or outside services to alternate providers without discrimination, or if Schneck-affiliated providers do not have capacity for additional patients seeking services otherwise provided by Schneck medical personnel.
4. Schneck Medical Center shall schedule patients seeking medication assisted treatment for Opiate Use Disorder (hereafter MAT for OUD) or other substance use disorder (SUD) services with an x-waivered medical provider for service initiation.
5. Schneck affirms that it does accept Medicaid insurance for insurance payment; Medicaid and Medicare coverage shall constitute any required 'match' for medical services coverage, per grant guidelines. Schneck will provide patients with information upon request of Medicaid provider options with MAT for OUD coverage to improve clients' decision-making process.
6. Schneck will schedule an appointment for mental health support and related services (primary care, illness, injury) as soon as possible for patient care. Qualified medical personnel may provide these services; Schneck reserves the right to make referrals to other qualified mental health providers as appropriate for patient load and wait time.
7. Schneck shall provide patient clients at Anchor House with a summary of patient medical fees, including uncovered expenses for patients to return to Anchor House staff for assistance seeking alternative funding source.

Anchor House Inc. Shall:

1. Anchor House shall initiate referral process with client patients seeking MAT for OUD, mental health bridging services, or related medical needs directly to Schneck Primary Care center for initial intake/evaluation.
2. Anchor House shall offer client patients referral services to patients seeking wraparound medical services, including but not limited to: labs, imaging, obstetrics and gynecology, Infectious disease, primary care, and surgical services to Schneck Medical Center.
3. Anchor House reserves the right to make referrals for client/patient services to the patients' choice of provider; this MOU does not constitute any restriction or requirement of Anchor House to make referrals exclusively to Schneck Primary Care.

4. Anchor House shall utilize case managers to offer supportive services to its clients to apply and obtain sufficient medical coverage, including: Medicaid, Medicare, CHIP, private insurance, subsidized insurance, or self-pay coverage, as soon as possible to decrease uninsured or underinsured patient experience.
5. Anchor House shall assist patient clients to apply through Schneck's Charity Care process for unmet medical expenses.
6. Anchor House shall, pursuant to funding approval, assist client patients in applying for medical coverage with funding for substance abuse treatment through the Rural Supplemental Notice of Funding Opportunity.
7. Anchor House shall not make any assurances to client patients for the availability of funding but will continue to assist with applications for NOFO Supplemental coverage for the duration that funds are available.
8. Anchor House shall coordinate with Human Services, Inc. to maintain an updated balance for available SUD-related payment funding.

Commencement/ Expiration Date:
This MOU is executed on September 12, and remains in effect through the end of fiscal year 2025 (June 30th, 2026), or until available grant funding is expired, whichever is earlier. The MOU may be cancelled anytime by either party with a 30 day written notice. No notice is required if funding is discontinued through grant Unsheltered and Supplemental Rural Notice of Funding Opportunity.

Financial Reports/Invoices:
1. Schneck shall provide patients with timely invoices for uncovered or self-pay medical expenses related to Substance Use Disorder treatments or related mental health services. These invoices shall be recorded in the same manner as medical bills provided for all medical services in keeping with Schneck Medical Center's preexisting billing practices.

Monthly Reporting Requirements:
1. Anchor House shall record client patient request for services or requests for payment coverage on a monthly basis and provide information to Human Services as requested.
2. Schneck Medical Center shall provide a quarterly summary of unpaid patient fees for MAT for OUD of SUD services, as requested.

Principle Contacts:

Susan Zabor, MBA, MSN, RN, CSSBB
Vice President, Clinical & Provider Management | Chief Quality Officer
Schneck Medical Center

Megan Cherry
Executive Director
Anchor House, Inc.

Independent Contractor:
At all times during the term of this agreement, it is agreed that Schneck Medical Center is acting as an independent contractor and not in the capacity of an agency or employment relationship with Anchor House, Inc.

Insurance:
Schneck Medical Center agrees to maintain general liability insurance at all times during the provision of services under this agreement. Anchor House, Inc. agrees to maintain general and professional liability insurance. Certificates of insurance shall be provided by either party upon request.

Indemnification:
Anchor House, Inc. shall indemnify and hold harmless Schneck Medical Center against and in respect to all actions, suits, proceedings, demands, assessments, judgments, costs and expenses, including without limitation reasonable attorney's

fees, whether brought by agency clients or third parties incident to all liabilities resulting from or arising out of this agreement.

Mandatory disclosures: Consistent with 45 CFR 75.113, Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award.

Entire Agreement/Modification:
This MOU constitutes the entire agreement of the parties concerning the subject matter hereof and supersedes all previous representations, understandings and agreements of the parties, whether oral or written concerning same. This MOU may only be modified by a written document signed by the parties thereto.

Governing Law:
This agreement shall be governed by and construed under the laws of the State of Indiana.

Authorizing Signatures

COMPANY

Signature: _____ Date: ___9/22/2022____

Schneck Medical Center

Signature: _____ _____ Date: __10/17/2022_____

Susan Zabor, MBA, MSN, RN, CSSBB

Healthcare Leverage- Brightpoint

brightpoint
For a Brighter Future.
P.O. Box 10570 | 227 E. Washington Blvd. | Fort Wayne, Indiana 46853-0570 | (260) 423-3546 | (800) 589-2264 (Appt. Line) | 260-203-3604 (TTY) | www.mybrightpoint.org

October 14, 2022

To Whom it may Concern:

Brightpoint will use its Covering Kids and Families staff salaries as leverage for the Supplemental Rural NOFO Rapid Rehousing program if awarded. Full-time staff will provide health insurance navigation and connection to healthcare resources to all clients enrolled in the project. The current value is $599,000.

Sincerely,

Stephen T. Hoffman
President & CEO

Healthcare Leverage- Lafayette
Transitional- Rural

InWell

Integrative Wellness, LLC

September 5th, 2022

InWell or Integrative Wellness, LLC is a behavioral health provider based out of Lebanon, Crawfordsville and Frankfort. Our Montgomery County (Crawfordsville) office serves primarily clients with substance use disorders or co-occurring disorders.

We know that these clients face a very high amount of barriers finding and sustaining recovery. SAMHSA's 4 dimensions of recovery are *home*, *health*, *community* and *purpose*. Some of the most widespread barriers we see to recovery are housing and housing supportive services.

Lafayette Transitional Housing Center is applying for HUD Continuum of Care funding to support people who are in the rural communities and those who are unsheltered. Integrative Wellness (InWell) will provide peer recovery supports and other substance use disorder resources for any program participant who qualifies and chooses these services. InWell Health provides these services in Montgomery County. These services would be available for the three year term of the HUD CoC NOFO grant commitment.

Our peer recovery supports work on the Indiana Regional Recovery Hub grant and Mobile Integrative Response System grant to remove barriers for individuals seeking recovery from both mental health and substance use disorder. Part of this support includes resource navigation to housing support. It is extremely difficult and disheartening as Montgomery County is a "desert" when it comes to housing services. We would be happy to provide this letter of support to LTHC in pursuing this grant as this would allow our community access to a much needed service that would contribute to individuals overall health and wellness.

Best Regards,
Macy Simmons
Director of Addictions and Recovery Support Services
InWell

Date: 9-8-2022

Clinical and Recovery Services Provider
HUD CoC Grant Rural and Unsheltered NOFOs
Attn: Jennifer Layton

To Whom it May Concern,

Phoenix Paramedic Solutions is a Community Paramedicine and Ambulance Provider in the State of Indiana. Indiana State License number 1250 and NPI Number of 1710492939.

Our organization serves a parallel region for these applications and currently partners with Lafayette Transitional Housing Center (LTHC) to provide Peer Based Recovery supports as well as Medical Respite Clinical Staffing services in Tippecanoe County.

Phoenix is a leading provider in the State of Indiana in Community Paramedicine and Peer Based Recovery Programs. We are currently a Regional Recovery Hub for the Indiana Recovery Network (IRN) and a 211-hotline provider. We also manage several grants in this region to provide services and supportive resources to vulnerable populations. These grants are the SOR-MIRS grants and CCBHC funding as the designated Contract Operator. These additional resources allow us to provide peer support services to LTHC program participants who qualify and choose these services. This accounts for nearly $100,000 in peer support services that could be available.

We value our partnership with LTHC and are committed to helping provide their homeless population services which reflect our existing work and capabilities. LTHC is applying for HUD Continuum of Care funding for both the rural communities and those who are living unsheltered. Our existing funds will serve to enhance these additional projects of LTHC for their three-year grant terms, as long as these funds are available.

Let this letter serve as our organizations commitment to collaborate alongside of Lafayette Transitional Housing Center by an authorized agent of the organization.

With high regard,

Nathaniel Metz, EMT-P, CHW
CEO

Indiana Balance of State CoC

Special NOFO Application

P-9c Lived Experience Commitment

October 14, 2022

To whom it may concern:

Like many parts of the United States, Indiana is grappling with a growing crisis in housing affordability, with rent inflation and median home prices rising nearly 40% over the past two years compounding the issues of poverty, health and other household circumstances leading to a rise in unsheltered and housing insecure individuals and families.

The root causes of homelessness are complex and have been exacerbated by the pandemic. A comprehensive strategy for addressing these issues must include first-hand, real world insight and input from those who have lived these challenges.

This task force advising Indiana's Special NOFO CoC Application is comprised of individuals with lived experience of homelessness, adding this perspective to the process.

We support the priorities for serving individuals and families across the state by the IN BoS CoC. It is imperative that our state focus on connecting unsheltered homeless people to services, with a comprehensive approach to achieving the goal of permanent housing.

A major priority of the task force is street outreach for the unsheltered homeless population. We support the strategies that have been outlined and put in place to connect individuals to services. Building relationships with individuals who are experiencing homelessness is essential to the process and allows for trust – and progress – to occur.

The IN BoS CoC's initiative to also target underrepresented and underserved populations, especially in rural areas, is key to reducing the amount of unsheltered homelessness occurring in the state. We hope to see these efforts further funded and implemented.

The undersigned has been authorized to represent the task force and its interests.

Sincerely,

Raye Rauckman

Director of Housing and Individual with Lived Experience

Mental Health America of West Central Indiana

Representative of Lived Experience Work Group

Indiana Balance of State CoC

Indiana Balance of State CoC

CoC Plan to Serve Individuals and Families with Severe Service Needs

The Indiana Balance of State CoC (BoS CoC) believes in serving individuals and families with severe service needs and is prioritizing the Special NOFO funding opportunity to bring resources to new parts of the state that have been previously underserved by homelessness funding.

P-1/P-1a The BoS CoC is applying for 107 new units of permanent housing through the Special NOFO between the rural and unsheltered set-aside opportunities. In our submission to HUD, BoS CoC has attached documentation of leverage for 135 vouchers annually from the statewide PHA (Indiana Housing and Community Development Authority- IHCDA), Marion (IN) PHA, and Layafette (IN) PHA. This leverage will bring affordable housing and resources to underserved communities. The commitment from IHCDA in particular, will build on the successes from existing PHA and CoC partnership on Emergency Housing Vouchers (EHVs) to implement Stability Vouchers if they are awarded. The CoC and IHCDA collaborate on Coordinated Entry (CE) for voucher programs across the state, and IHCDA will remain committed to this partnership in the future. This partnership has and will continue to include a preference for those experiencing chronic homelessness, homelessness, at-risk of homelessness, attempting to flee or fleeing domestic violence, data violence, sexual assault, or stalking, as well as veterans and families that include a veteran family member that meet one of the other listed criteria above.

P1-c The BoS CoC integrates community engagement and landlord relationship-building into multiple stages of our work. There is a comprehensive blueprint for state-level and regional support for those experiencing homelessness that identifies landlords as a key stakeholder group and focus of multiple tactical initiatives.

P1-c-1 One tool used by BoS CoC regions are landlord incentive and mitigation programs. BoS CoC identified a need for dedicated landlord liaison work, which would advance the work of engaging statewide and local partners, to develop partnerships with willing landlords. Additionally, BoS CoC regions assist in training landlords on safety, security, and confidentiality needs of DV survivors. Regions have landlords who were recruited and have agreed to work with felons, sex offenders and others with high barriers to hosing. Regional collaboration coordinates the individual relationships built by sub-recipients to leverage partnership to serve clients in need. BoS CoC regions are engaging with potential landlords, prior to housing clients, to detail partnership responsibilities and resources. BoS CoC also provides ongoing support to agencies through landlord engagement training sessions at our statewide Development Day. Sessions include landlord panels featuring property managers who are partnering with projects to reduce barriers and successfully house individuals.

Some organizations have also implemented landlord-tenant mitigation programs to work through the process of potential or upcoming evictions to help with the best outcomes for the landlord and tenants. Organizations have found that relationship-building and word-of-mouth practices work best for landlord recruitment, especially in rural areas where resources are more limited.

According to a report analyzing results of a 2020 community needs assessment from the Indiana Community Action Poverty Institute (ICAPI), Hoosiers find the following reasons that make it difficult to find rental housing: 69.5% responded money for security deposit & first/ last month's rent, bad credit (53.6%), and all the places I can afford are unsafe, unhealthy, or too small (40.5%). By utilizing flexible funding available in the Special NOFO and advocating for more local resources in rural communities, IN BoS will increase access to units for individuals and families in need.

P1-c-2 Additional work by regions of the BoS CoC involves offering landlord incentives including additional financial security (double deposits including first and last months of rent) to entice landlords to be involved and maintain ongoing relationships with tenants and organizations. One region in Northwest Indiana has existing relationships with local landlords, using those relationships to secure housing for individuals participating in this program following the Housing First model. This relationship will allow them to provide some financial support to landlords for improvement of their properties to meet housing standards, participation in this program will be encouraged.

P1-c-3 To address the 40.5% of individuals who cannot locate accessibly and safe housing, regions maintain databases with local landlord housing opportunities, including costs, number of bedrooms and location. Having collaborative landlord lists reduces duplication of effort, supports a coordinated approach to engagement with landlords, and encourages efficiency across programs. Additionally, the BoS CoC benefits from its collaboration with Indiana Housing and Community Development Authority (IHCDA), which is a quasi-state agency that serves as the Collaborative Applicant (CA), HMIS Lead, CE Lead, the statewide PHA, and the agency responsible for development of affordable housing. IHCDA is seen as a trusted partner by landlords, property managers, and developers. In 2022, the state intends to allocate all Housing Trust Fund (HTF) dollars for affordable rental housing, specifically for supportive housing for persons with disabilities. The HTF will also provide gap financing for Rental Housing Tax Credit developments.

P-2 The BoS CoC demonstrates a commitment to leveraging healthcare resources at multiple levels. Within our application, many of our sub-recipients and applicants are coordinated with healthcare partners including hospital systems, substance abuse treatment providers, and behavioral health agencies. Additionally, the Collaborative Applicant (IHCDA) has several important healthcare partnerships that impact BoS CoC efforts to serve individuals experiencing or at risk of homelessness in agencies like the Indiana Rural Health Association, Ryan White Program Office and the entire Indiana Dept of Health. In response to COVID-19, IHCDA and the IDOH recognized that many shelters and agencies serving unsheltered individuals lack knowledge and capacity to safeguard against the spread of viruses and infectious diseases. Beginning in 2023, we are launching a new statewide partnership to make shelter safer for individuals experiencing homelessness. Counties across the state are dealing with souring uninsured rates, with 42.6% of LaGrange County being uninsured, and almost 60% of those under the age of six being uninsured. Some counties, such as Starke County, have specific communities living without insurance, such as 25.3% of those between the ages of 19 through 24-years-old, while Jay County is lacking insurance for 24.7% of their 25 to 34-year-olds, while in Blackford County 20.4% of 55 to 64-year-olds are uninsured.

BoS CoC supports a partnership with the Division of Mental Health and Addiction (DMHA) that provides $5,872,802.00 in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) Mental Health Block Grant over four years to make supportive services available to persons that have an EHV and have been diagnosed with a serious mental illness or serious emotional disturbance. Mental Health Block Grant funds include: 1) outreach and in-reach services, 2) case management, 3) tenancy supports, 4) employment assistance and job training, 5) substance use treatment services, 6) applying for insurance, 7) mental health services, 8) life skills training, 9) referral to legal services, and 10) SSI/SSDI outreach, access, and recovery application.

Regions are also partnering with public and private housing and healthcare providers (including local housing authorities, regional mental health providers, Federally Qualified Health Center and more) to maximize resources for families and individuals experiencing homelessness. Regions are partner with hospital systems, private health foundations, and HIV/AIDS advocacy and resource organizations. IN BoS CoC regions are working as a bridge between housing and health care systems in communities.

Across the state, funded partners are providing comprehensive health services with specific programs for serious mental illness and substance use disorder. Engagement specialists, case managers, and certified peer support specialists help determine the needs and connect the individuals to essential services and supports including Medicaid/Marketplace enrollment, housing, SSI/SSDI, nutrition assistance, and employment. Partners provide individual and group therapy, psychiatry, acute psychiatric hospital care, medication management, intensive outpatient addictions treatment, recovery supports, and medication assisted treatment to treat opiate misuse. The effort to reduce and prevent overdoses is particularly important for our partners. Regional Planning Councils (RPCs) are coordinating with local Opioid Abatement Funds in their communities to reduce harm and prevent deaths among individuals experiencing homelessness who have active substance use.

In 2022, Indiana will receive $1,736,515 in the HOPWA grant. HOPWA will continue to assist persons with HIV and/or AIDS and who also have an income below 80% of AMI with housing placement and rental subsidies. Staff that oversee HOPWA expenditures coordinate closely with CoC staff, and several CoC program funded agencies are closely partnered with HOPWA sub-recipients.

P-3/3a-1 The BoS CoC focuses on utilizing funds to create the largest possible impact. One key investment is the training and coordination of outreach teams to engage directly with communities and individuals experiencing homelessness, as a high-effort and high-impact strategy. Regions are required to develop comprehensive plans for direct outreach on the streets and service sites.

All 16 regions in the Balance of State CoC geographic area provide street outreach. The coordination of street outreach involves partnerships between service providers, nonprofit agencies, and government (both independently and collaboratively) for referrals to locate unsheltered or housing unstable populations. Agencies, such as the Family and Social Services

Administration (FSSA), provide additional infrastructure to support street outreach, with a focus on harm reduction, mental health, and substance abuse. Individuals are connected to housing through CE, additional services when needed, and outreach teams across the state provide individuals with naloxone, test, strips, and other items to prevent overdose. This strategy highlights the intersecting needs of unsheltered homeless individuals. Regions' outreach workers work to make themselves visible in communities to ensure people see them as an available resource.

The common objective is to find and engage people experiencing homelessness who have not yet obtained assistance to exit homelessness, especially in high-need and low-income areas. Outreach personnel work to build trusting relationships with individuals and families, meet immediate needs, and link to programs and resources to become housed and self-sufficient. Street outreach workers are strong advocates for individuals with lived experience. They believe in the power of the expertise of those who are currently experiencing homelessness. They recognize that individuals experiencing homelessness create communities to meet one another's needs, and in many ways can meet needs that systems are not designed to serve them. Working side-by-side with those who are experiencing homelessness helps build relationships, rapport, and connect to individuals who may be resistant to engaging or do not trust that resources can serve and support them. Outreach workers support individuals advocating for themselves and empower them.

P-3a-2 Street outreach is done daily and at varying times, not just typical business hours, throughout all 16 regions. The BoS CoC partners regularly go to places not meant for habitation and work to expand coverage, in places such as parks, woods, abandoned buildings, and other locations to reach those least likely to request assistance. Additional or more frequent target areas are discovered through the annual PIT count, which provides insight on areas that should be targeted and surveys the sheltered and unsheltered populations. The number of counties surveyed by volunteers and other workers for the PIT has increased each year. The information collected in the PIT allows for the BoS CoC to see where there is need to increase outreach efforts to connect the population with proper resources. Capacity for coordinating outreach is managed at the regional level, in CE case conferencing and supported by partners like FSSA.

P-3a-3,4,5,6 Law enforcement personnel also provide an extension to outreach workers, assisting the BoS CoC regions in locating and helping those most in need but least likely to request assistance. Partners across the state are advocating for decriminalization of homelessness and reducing barriers for individuals experiencing homelessness within criminal justice and law enforcement systems. Police department social workers, homeless services officers, and mental health teams in departments have supported partners in their outreach and in helping more individuals connect with resources they need beyond arrests. Materials have also been designed to assist individuals who have difficulty reading or individuals who are non-English speaking.

In 2022, IHCDA launched a collaboration with the Indiana Dept of Education (IDOE) to create 9 regional navigators to serve youth and young adults experiencing homelessness. These individuals are responsible for engaging with McKinney Vento-Liaisons as well as community resources in their region to connect youth and young adults (YYA) to resources and housing. The CoC Youth Action Board will provide insight on locating youth experiencing homelessness and

formulating strategies for targeted outreach to YYA. Each navigator has been trained in the components of the homeless response system, including CE procedures, and understands how to connect YYA to housing. In support of efforts to employ individuals with lived experience, IHCDA marketed the positions broadly and reduced barriers to employment by adjusting educational and experience requirements. As a result, 2 navigator positions are held by individuals with lived experience of homelessness.

The BoS CoC offers training and support to staff connecting individuals and families to housing through CE and CE for DV training. CE Leads in each Region are responsible for connecting with outreach workers through case conferencing to ensure that those who are the most vulnerable have access to resources. These CE Leads coordinate directly with the Regional Planning Councils (RPCs) to provide information on needs in the region and support the development of relationships and meaningful partnership with those agencies that serve individuals and families experiencing unsheltered homelessness. BoS CoC strives to ensure that providers are implementing culturally competent practices by offering additional trainings through partners like the Indiana Coalition Against Domestic Violence (ICADV) and at the bi-annual Development Day events. The CoC continues to advance equity related goals and objectives through our recent strategic plan process, which identified the strategies we intend to implement to improve racial equity and other disparities in the BoS CoC. Additionally, the CoC is undertaking a redesign of the CE assessment and intake process, which will use an equity lens to evaluate tools and processes as well as success measures that will ensure we are reducing disparity.

P-3b The BoS CoC integrates low-barrier, culturally appropriate practices from statewide initiative to subrecipient practices. Not only do they prioritize securing funding for emergency shelter and temporary housing, but the BoS CoC also offers best practices training for partners across the state, covering topics including low-barrier and emergency shelter practices.

P-3b-1,2,3 The COVID-19 pandemic revealed many needs for shelter access to the BoS CoC. Through the CARES Act funding, the state invested in building capacity of the shelter system and making vital repairs to shelters that were unsafe for those at highest risk of COVID-19. Recipients of funding for shelter participated in regular monthly office hours and received training about effectively utilizing funding and connecting to important resources like housing-focused shelter trainings offered by national partners. Because many rural communities do not have shelters, project applicants under the Rural Set-Aside have also prioritized funding for hotel and motel accommodations as a part of their request. This funding will offer a vital resource for shelter where there is not currently shelter in operation. The CoC also recognized a training need and is offering a series of outreach and shelter agency trainings at Development Day focused on cultural competency, reducing trauma, and a specific session for non-DV providers who have survivors residing in their shelter facilities.

In addition to offering training and investing in alternatives, the BoS CoC recently entered into an agreement with the Indiana Department of Health (IDOH) to create three statewide positions that are tasked with connecting with shelters, drop-in centers, and other locations where unsheltered individuals may present to advise on how to prevent the spread of COVID-19 and other infectious diseases. IHCDA is working with BoS CoC to identify appropriate opportunities

to leverage these positions to better connect shelters who may be disconnected from the CoC to provide information on CoC training and resources (including CE) to better connect these sites to the homeless response system in the region.

BoS CoC HMIS Lead has been coordinating with the Performance and Outcomes committee to evaluate data quality to help the CoC understand shelter needs and access better. In addition to providing resources to shelters to build their capacity and decrease barriers, the data quality evaluation work has encouraged the HMIS Lead to conduct data quality "Coffee Talks". These training and TA sessions have already seen improvements in data quality in shelter and street outreach. The recent shelter follow-up meeting, we saw a 5% improvement in HMIS data quality in HMIS ES projects. As a statewide CoC, one of our key challenges is having sufficient shelter and housing resources where they are needed in the state. As a part of our new CoC Strategic Plan, we will be assessing shelter and housing needs to better right-size our homeless response system across the state.

P-3c-1 The BoS CoC relies on several strategies to support individuals and families gaining quick access to permanent housing. First, BoS CoC utilizes CE to ensure people with the greatest barriers and most severe service needs are given access to housing. Second, BoS CoC is responding to statewide needs by evaluating and redesigning components of CE, especially the assessment tool, to promote equity, reduce disparity, and engage individuals with lived experience in system design. Third, BoS CoC prioritizes Housing First in the development of new programs through the Indiana Supportive Housing Institute (ISHI), in allocation of resources to projects through threshold application requirements, and in evaluating existing partners in project monitoring and renewal application processes. Finally, the CoC focuses on increasing the utilization of existing supportive housing, the creation of new programs, and expansion of existing projects to increase access across the state. We believe it is important to use data as we make decisions about allocating resources and changing policy.

BoS CoC uses CE to ensure those with severe service needs are given priority to housing. Policies and practices focus on client choice, collaboration, accurate data, performance-driven decision making, Housing First, and prioritizing the hardest-to-house. CE supports a Housing First approach and works to connect households with the appropriate permanent housing opportunities, as well as necessary support services, as quickly as possible without preconditions or service participation requirements. In response to system needs, including the tracking of length of time from CE assessment to exit and number of individuals awaiting re-assessments after 90 days, the CE Lead (IHCDA) is in the process of evaluating CE and redesigning components. Priority for change has been on the CE assessment, and IHCDA is engaging an external consultant to coordinate the development and selection of a new tool with key stakeholder engagement, especially those with lived experience.

Housing First is a threshold requirement for funded partners across programs and CA staff are engaged in providing or coordinating TA to new partners. All renewing and new projects must adhere to these principles. Each renewal and new project applicant is asked a series of questions that include whether the project screens out individuals or households, whether they engage with individuals who have experienced homelessness to receive substantive feedback on their programs, or whether they terminate for specific reasons. Such categories include but are not

limited to: a) failure to pass a background check; b) having a criminal record; c) active or history of substance abuse; d) being from specific demographics such as LGBTQ, family status, marital status, etc. e) having little to no income; f) a history of victimization; g) failure to participate in supportive services; or h) failure to make progress on a service plan. Once they receive funding, the CA regularly evaluates its subrecipients to ensure they are following a Housing First approach through annual monitoring and office hours. The BoS CoC follows up on any claims that a particular subrecipient is not complying by scheduling a one-on-one meeting to determine the validity and to instruct the agency on the appropriate implementation of Housing First. If an organization does not comply, it will receive a finding on its monitoring report. This information is also shared with the Funding and Resource and Performance and Outcomes Committees. Staff conduct a training session on an annual basis on Housing First principles for all CoC and ESG subrecipients. As the BoS CoC continues to evaluate opportunities to address racial disparity, there are new training sessions being offered including a session at statewide Development Day on identifying implicit bias. Additionally, eligibility is not restricted by the requirements of healthcare service providers.

P-3c-2 In addition to responding to Housing First policy questions, renewal projects are evaluated on their acceptance of referrals from CE prioritization lists as well as exiting and maintaining permanent housing. In our renewal funding competition, all permanent housing projects had 100% of their referrals from CE, and 43% of renewing permanent housing projects reported 85% or higher rate of permanent housing retention. BoS CoC Board recognizes that our highest performing projects in this area have skills and invest staff time and resources to collaborate with tenants and property managers to support a successful relationship and avoid evictions. These projects are highlighted through training and technical assistance for other partners. This became especially important during COVID-19 and as the rental market has become more competitive.

The IN BoS CoC has invested in expanding its program monitoring staff to evaluate compliance with anti-discrimination policies as a part of its compliance efforts. All staff must attend annual fair housing and anti-discrimination training and can participate in additional training hosted by the Indiana Civil Rights Commission and other fair housing organizations. The IN BoS CoC focus one of the two bi-annual Development Day training programs on education and training on anti-discrimination and equity issues. The 2022 Fall Development Day includes a plenary speaker on the importance of equity, a session on identifying and correcting unconscious biases, and a session on including people with lived experience in decision-making bodies.

P-3c-3 Across the BoS CoC, partners recognize that the lack of affordable housing and housing subsidies, especially in rural communities, make access to HUD homeless funded resources a challenge. These are seen as one of the pathways for someone to end their homelessness. Street outreach workers say they see the most success when they present several paths to housing and let the individual take the lead, while managing their expectations for what can be achieved on their path to housing. Realizing that lack of resources is the largest barrier in many communities, BoS CoC has chosen to apply for both unsheltered and rural set-aside funding that will bring housing and services dollars to nearly 30 counties across the state, many of which have been underserved or without any housing projects.

BoS CoC benefits from collaboration with ISHI, an intensive project development opportunity for developers, property managers, and services providers that are planning to create new supportive housing programs in the state. We coordinate with ISHI through our designated board member that serves as a lead on the Institute program and is an expert in Housing First and low-barrier supportive housing. ISHI has been one of the best resources for creating new units of supportive housing in Indiana. Through the ISHI's 2020, 2021, and 2022 sessions, we should see 574 supportive housing units come online in the next few years. These units utilize HMIS for their data entry, receive referrals from CE, and may or may not rely on CoC service dollars or rental assistance for their project design. ISHI expands access to supportive housing by creating partnership and leveraging multiple resources to fund new housing projects.

P-3c-4 Additionally, there has been a focus on promoting the utilization of existing Permanent Supportive Housing (PSH) and increasing utilization of the VASH (Veterans' Affairs Supportive Housing) program. The CoC reallocates projects that are failing to utilize resources with a goal of reaching 90% funding utilization. The housing choice voucher program has been utilized to provide rental assistance in PSH developments around the state. In the VASH program, relationships have been developed with Public Housing Agencies (PHA) around the state to allow veterans to utilize the VASH program where they would like regardless of if the local PHA location or services.

Through the pandemic, IHCDA's statewide PHA continued to be a high-performing PHA, and recently amended their administrative plan to continue to allow for flexibility in the voucher process that was originally created because of the barriers presented by COVID-19. Reducing the burden on clients by making practices like offering remote briefings are significant changes that are particularly beneficial for rural communities.

As a part of evaluating outcomes, BoS CoC HMIS Lead recognized that data quality in some programs, did not allow analysis of whether we are effectively connecting individuals to housing resources. Trainings called "Coffee Talks" provide HMIS users with the opportunity to closely examine system data, understand their contribution to system outcomes, and take steps to assess their own project data quality and performance. After the success of the shelter series, the outreach sessions were launched in fall 2022. Dozens of outreach workers and HMIS staff from outreach agencies attended. The HMIS team is implementing a follow-up process to engage with attendees and all HMIS users and to evaluate improvements to data quality over several months. The goal is that improved data quality will allow BoS CoC to better assess performance of housing outcomes for outreach programs.

P-4-1,2 The BoS CoC utilizes data on individuals and families experiencing homelessness in a number of ways. First, HMIS Lead provides extensive training and community-level presentation and resources on annual Point in Time (PIT) Count data so that the CoC Board and RPCs can review their local sheltered and unsheltered homelessness data, understand the implications, and even present the information to local agencies and public officials. Through the development of "Coffee Talks" the HMIS Lead is spear-heading an effort to evaluate data, discern issues with data quality, and create customized educational sessions to street outreach, emergency shelters, rapid rehousing, transitional housing, and permanent supportive housing. 12 sessions have been developed, which include an initial intensive data review and then targeted

follow-up for attendees and HMIS users alike. The intention is for these sessions to build capacity for the regions to communicate about data and performance of projects and create more informative discussions at a CoC Board level on our outcomes.

The Performance and Outcomes committee of the CoC Board relies on HMIS data to inform them about the performance of the homeless response system statewide. A summary of street outreach from the Consolidated Annual Performance and Evaluation Report (CAPER) identified 3,841 people who were served by street outreach projects between October 2021 and September 2022. Fifty four percent (53.7%) of those who engaged were reported as stayers. 2,830 people were contacted during the reporting period, of which 73.7% were staying in emergency shelters or haven. Of those contacted, 1,682 (59.4%) were engaged, as defined by 2022 HMIS Data Standards. This information is helpful in revealing where needs are being met and where more resources need to be focused across the IN BoS CoC regions.

The IHCDA staff (which serves as the CE Lead and CA) and CE Committee of the CoC review CE data as often as weekly, and at each monthly meeting. The data on assessment and reassessment, as well as length of time to exit was a primary motivator in the decision to evaluate CE components and prioritize the development and selection of a new CE assessment tool. CE Lead staff present data on number of assessments per region, the number of individuals in each region who need a re-assessment, and a CE APR at each CE Committee monthly meeting. In August 2022, 1,353 persons had been served by CE in 2022. A review of the workflow data in the APR encouraged regions to implement rapid resolution and diversion services with 51% of households completing that assessment. Additionally, data on referrals for assessments from statewide 2-1-1 prompted CE Lead staff to engage 2-1-1 leadership in re-working their workflow for individuals calling in experiencing a housing crisis. The policy and procedure changes were developed and are being presented at the October 2022 CE Committee meeting for committee approval. It is the hope that these changes will create more comparable data between 2-1-1 and CE and reduce the number of erroneous referrals to CE Leads. Another area of importance for the system has been addressing the challenge of 90-day reassessments. During COVID-19 agencies lacked capacity to perform re-assessments, so the CE Lead has been tracking re-assessments weekly and reporting in regional case conferencing sessions. The analysis of the number of assessments and re-assessments brought forward opportunities to educate CE Leads and case conferencing attendees on their role in ensuring that prioritization lists accurately reflected individuals and households current housing needs.

P4-3 Utilization of homeless housing resources like ESG and CoC are tracked weekly and discussed at least quarterly with the Funding & Resources Committee. EHV utilization has been a BoS CoC priority. It is tracked and monitored in CE Committee meetings to support the effective connection of EHVs with the homeless response system. Housing project performance data is evaluated on an individual basis through monitoring, and on a CoC-wide basis during the annual funding competition. Projects are provided tools and resources to use HMIS data and reports to evaluate their outcomes on an ongoing basis. High performing projects are ranked accordingly, encouraged to apply for expansion funding, or to consolidate their projects to maximize efficiency.

In addition to homeless response system data, BoS CoC and IHCDA, in conjunction with the

Housing Working Group (comprised of 12-14 housing industry thought leaders from across the state), has published and is maintaining the Indiana Housing Dashboard, which is a collection of over 25 charts displayed county by county for comparison and includes data on demographics, housing supply and affordability, and various economic conditions. A full report from the dashboard allows the BoS CoC, IHCDA, local government leaders, housing developers, and advocates alike to determine general trends, economic challenges and opportunities, gaps in housing production and affordability, and much more.

P-5-1,2 The BoS CoC's strategy uses data from HMIS, CE and PIT, as well as additional information gathered at the regional level, to target outreach to serve unsheltered homelessness. By using harm reduction, Housing First, making changes to and implementing best practices in CE, the CoC aims to reduce homelessness overall. IHCDA, which serves as the CA and CEL Lead have already begun conversation on how CE policy will impact the implementation of the unsheltered set-aside resources and recognize that existing CE practices and assessment tools may or may not prioritize this population. Intentional steps will be taken to ensure that unsheltered individuals are prioritized for these resources. This may include project eligibility requirements or CE assessment criteria. Similarly, there has been discussion about how to ensure that the rural set-aside resources are targeted correctly and can make the most impact on homelessness in the counties and communities they intend to serve. Additionally, the CA and CE Lead have begun discussions on how to effectively engage individuals with lived experience in the policy and procedure development for any new funding guidelines that must be established to ensure that their perspective is a part of the process if we are selected for funding.

P-5-3 Street outreach workers will continue to provide a vital role in connecting individuals experiencing unsheltered homelessness to housing. As a part of the BoS CoC commitment to street outreach, two new SSOs for street outreach are being submitted for the unsheltered set-aside. Projects selected for funding under both the unsheltered and rural set-aside have created a plan using service dollars to hire peer supports, housing navigators, and even coordinate directly with specific hospital and healthcare partner staff roles to engage individuals who are needing assistance or referred to the program so that they do not fall through the cracks. Additionally, projects described using flexible funding resources in their community and leveraging unique eligible expenses in the rural set-aside to reduce barriers to housing. These decisions to fund partners with intentional plans to engage harder to serve and unsheltered populations was in responsive to anecdotal information and data.

Affordability and access to housing continues to be an issue throughout the state. According to a ICAPI's report analyzing results of a 2020 community needs assessment, over half of survey respondents (54%) indicated that they are renters. As rents rise across Indiana, low-income individuals and their families will continue to face difficulty maintaining their housing and may become homeless. Indiana is short over 135,000 affordable housing units for extremely low-income renters ($26,200 for a 4-person household). Strategies for increasing access to housing includes flexible spending for regions and their ability to provide rental assistance, damages, deposits, and other costs to move unsheltered homeless populations into housing. Additionally, the leverage from Stability Vouchers and other voucher programs will increase the availability of needed rental subsidies.

P-5-4 As BoS CoC implements the rural and unsheltered set-aside projects we will be intentional connections to CE, with a focus on meeting individuals where they are in the community regardless of their barriers to housing. Recently the BoS CoC has strengthened its relationship with 2-1-1. As of August 2022, nearly a quarter of all CE assessments occurred by phone. Many of these phone referrals come from 2-1-1 so the collaboration with them is vital to ensuring appropriate referrals to CE. 2-1-1 is now overhauling their screening process and increasing their collaboration with regional CE Leads to ensure accurate information is given to callers and improves connections to the homeless response system. Projects will utilize partnerships to increase our reach into under-served areas or those who have been less likely to access services in the past. The focus on serving individuals and families and tailoring services to meet their needs is aligned with the BoS CoC strategic plan.

BoS CoC was pleased to accept and approve projects for funding that were intentional in their project design to include housing navigation services and leveraging barrier-busting funds in their local communities to serve clients. 100% of our permanent housing applicants in this NOFO have a relationship with a healthcare partner that is supporting the match and/or leverage for their project. In the unsheltered set-aside, our street outreach applicants are connected to local healthcare and recovery programs and utilize peer supports as a key component of their agency's services.

P-6/6a The BoS CoC believes engaging persons with lived experience (PLE) is critical to reduce and end homelessness. The Board will be elevating the expectation that it has for all members of the COC Network to engage PLEs in an effective, respectful, and appropriate way. The CA is providing technical assistance and training to the COC Network on best practices in engaging PLEs. It is also reviewing whether to add a lived experience training academy in 2023 that would provide leadership training to PLEs so that they can effectively participate in leadership roles and decision-making processes. In addition, one of the BoS CoC board members is engaged through her organization to create a housing and homelessness certificate training program for individuals with lived experience to train them to help persons experiencing homelessness and housing instability navigate and access housing resources, including supportive housing. Serving as a model, the CA has recently hired seven new employees for a new program focused on youth and young adults with three of those seven employees having lived experience. These individuals will provide invaluable insight and expertise as the CA expands to include youth programming.

P-6-1 The BoS CoC is developing ways to routinely gather feedback from PLEs and people who have received assistance from the CoC or ESG program. During its recent strategic planning process, it engaged PLEs through a series of surveys, focus groups, one-on-one interviews, virtual and in-person meetings over the course of a year to learn about the successes and challenges to prevent and end homelessness across the state. Invitations to join these opportunities are posted in the CoC newsletter, promoted at committee and regional planning council meetings, and each CoC and ESG funded partner was asked to recommend/nominate an individual with lived experience to participate. As part of the supplemental NOFO process, the CA has engaged a committee of PLEs to assist with developing the CoC Plan to serve individuals and families with severer service needs and will continue to provide training and technical assistance to the COC Network to expand efforts to engage PLEs. The BoS CoC recognizes that all parts of the homeless response system should be guided and designed by

voices of people with lived expertise of homelessness and all decision-making bodies should ensure that their voices are elevated in these spaces.

P-6-2 The BoS CoC prioritizes the input and recommendations of those with lived experience throughout the organization, from leadership decision making to program execution. In some BoS CoC regions, they have those with lived experience meet with executive directors monthly, to make sure there's input at all levels. There is a blueprint for action regarding the collection of feedback from those with lived experience, which informs both the CoC program design as well as the implementation. In each region, a serving board member is a person with lived experience of homelessness, and there is a deliberate effort to engage these board members in a statewide lived experience task force to ensure their input is synthesized and prioritized going forward. Fundamental to the development of programs by CoC and subrecipients, people with lived experience must be integrated at every level of decision making, program implementation, and evaluation. At each board meeting, a frontline worker (case manager, street outreach organizer, program recipient) should be given the opportunity to provide a status update of programs. It should be noted that the experience of homelessness is not a continuous experience; thus, those with more recent experiences would often have more meaningful, current insight on issues and trends being seen in the homeless communities. Because of this, it is recommended that the voting board member representing lived experience would have more recent experiences with homelessness.

Additionally, an advisory group for those with lived experiences would offer an opportunity for continuing input from those with lived experiences. Prior to voting on policy changes, program implementation, funding allocation, or other major decisions, the sub-committee should be informed and given an opportunity to offer feedback. There is a conscious effort by regions, to make feedback opportunities accessible to all of those with lived experience, allowing feedback to be submitted in writing, over the phone, or face-to-face.

P-6-3 As part of the COC program, it is required that each recipient and subrecipient have at least one member with lived experience be in a decision-making position. To increase the importance of this requirement, the BoS CoC board is working to expand its own members with lived experience to at least three people. Its 2023-2025 strategic plan will provide tangible actions that the board will take to address challenges raised by PLEs. In addition, the Board and CA will work over the course of the year to provide regular and frequent training to service providers on best practices around engaging this population as well as to PLEs to enhance their leadership capabilities in voicing their expertise.

Building capacity of partners in the CoC to engage with PLEs is also important. At the upcoming Development Day, BoS CoC has developed a session with four panelists that have lived experience to speak on the importance of engaging PLE in decision making bodies and in staff positions. The opening and closing speakers for the one-day training are also individuals with lived experience, and they are highlighting how their lived experience informs their work in serving individuals who are experiencing homelessness. The intention is to highlight the importance of PLE in creating strategies as agency and system leaders and implementing them as day-to-day practitioners.

P-7-1 Some rural areas within regions of the BoS CoC have no transitional housing or emergency shelter, resulting in an unsheltered homeless population. Many communities have some sort of mental health or substance abuse health assistance; however, lack connections to the CE Lead, or any other types of housing assistance related programs.

P-7-2 This population across the regions frequently includes extremely low income (ELI), aging, and households with children. Regions' strategies explicitly acknowledge the disparities in service that have historically impacted the unhoused communities, especially in rural areas. The BoS CoC has found a lack of available and affordable housing at the rates needed for unsheltered homeless populations. Housing continues to be a top unmet need for Hoosiers throughout the BoS CoC. Indiana 2-1-1 reports more than 3,000 calls for housing assistance since the pandemic began with about 15% of those callers left at a dead end due to ineligibility or lack of services. With regions having transitional, emergency shelter, and saved haven beds utilized at 100%, the need is clear. Counties with above average costs of living, such as Monroe County, where the cost of housing is 30% higher than the state, are dealing with more housing barriers because 96% of clients are experiencing extreme poverty.

Regions across the state are implementing a variety of collaborations and partnerships to reach individuals who may be in a housing crisis beyond street outreach activities. One example of a strategy BoS CoC regions use to identify those populations who have not been served at the same rate they are experiencing homelessness includes offering low-barrier day shelter services in a regional-hub community where unsheltered individuals are more likely to congregate. This allows CoC partners to have immediate communication with those experiencing homelessness, and to minimize the barriers to identifying those with the highest needs. Several of the Special NOFO applicants play this role in their respective communities: The Christian Center serves this important role in Madison County, Lafayette Transitional Housing in Tippecanoe County, Homeless Coalition of Southern Indiana in Floyd County, and Beacon Inc in Monroe County. These agencies have tremendous collaboration efforts to leverage their expertise and support individuals in need.

In the 2021 PIT Count, 2,896 individuals were counted in 2,247 households. In a review of the applicant counties we found that of the 28 counties (25 rural, 3 non-rural) 13 did not participate in the 2021 PIT because their communities lacked the capacity to support a count. However, in 2022, only 4 of these counties did not participate, which represents a significant amount of support and collaboration between the HMIS Lead, RPCs and area homeless advocates statewide. The lack of resources in rural areas accounts for a large disparity in the access that individuals and families residing in these communities experience. In 2022 PIT, 3,695 individuals in 2,925 households were counted. Of the counties that had a PIT Count that are included in the application it accounts for 726 individuals in 540 households. 10 of these counties have no shelters, which is a main reason why we chose to include hotel/motel funding in the rural project applications.

Healthcare access and homelessness are closely tied together, with an estimated 70% of individuals who experience homelessness not having health insurance (NCH, 2008), and while Medicaid expansion has improved this number in states like Indiana we still see disparity in low-income households and their health insurance coverage. According to Covering Kids and

Families, a statewide coalition that advocates for and build capacity to insure individuals, families and children in health insurance, the uninsured rates in our rural applicant counties are generally similar or slightly lower to the statewide average of 8%. In a review of data for the applicant counties submitted in the Special NOFO, 10 counties had a higher uninsured rate than the statewide average and 3 counties Adams (19.1% uninsured), Fountain (10.1%), and LaGrange (42.6%) were higher than 10% uninsured.

As a part of the development of the Special NOFO application and our CoC Plan, the BoS CoC engaged representatives with lived experience, and professionals from Area Agencies on Aging, Community Action Agencies, and the statewide health insurance collaborative Covering Kids and Families. These entities were able to provide us with excellent data to support the selection of projects and target resources to communities where uninsured rates and homeless data indicated either a lack of resources or

P-7-3 One of the top objectives for 2023 was to complete a new racial equity analysis using HMIS data to better understand the impacts of historic and current inequities experienced by Black, Indigenous and other People of Color in the homeless services system across the IN-502 geography. Steps to meet this target included starting with a CoC action-oriented strategy to address systemic and institutional inequities affecting individuals within minority and/or traditionally underserved groups experiencing homelessness. Building on the regional strategy, local plans to address systemic and institutional inequities within the IN-502 regions were created along with an outreach strategy targeting culturally specific organizations and organizations that serve Black, Indigenous, and other People of Color and other marginalized communities for inclusion in CoC activities. There has also been an emphasis on strengthening working partnerships regarding CE referrals, service provision, and other opportunities for collaboration.

Another objective to minimize barriers has been refining the CE system (assessment tool, process, and prioritization scheme) by using the racial equity analysis information and feedback from persons with lived expertise to ensure the system is trauma-informed, person-centered, and outcomes are improved for persons disproportionately impacted by homelessness. The BoS CoC also has intentional partnerships with the Indiana Commission on Hispanic and Latino Affairs and the Greater Indianapolis Race and Cultural Relations Leadership Network.

Regions are using specific models, such as hub-and-spoke, to identify and provide assistance to often underserved communities, including in rural areas, where there are often barriers to housing because of the minimal availability of appropriate housing and lack of jobs in the area. Another group often underserved are families with children in school. Several regions have seen increases in housing instability and homelessness among families with children due to disruptions caused by the pandemic and a lack of affordable housing. As a part of the CoCs and IDOE's efforts to serve these families, the HYRP collaboration launched in summer 2022 and 7 navigators have already been hired and began serving across the state. These individuals are charged with serving YYA and families in crisis and bring more services and housing access to those eligible for McKinney-Vento services, especially those experiencing literal homelessness.

Many of the BoS CoC programs are designed in a way that can be personalized to fit their needs. One example of this are programs designed around Critical Time Intervention (CTI), which is designed to serve community members dealing with serious mental illness. The goal of this program is to build long-lasting stability and increase the impact of assistance provided by developing a community support network around the individual or household, and by providing support during the time of transition. The supports established are expected to continue after the financial assistance and relationship with the case manager are terminated. The program can provide assistance for up to 24 months.

The BoS CoC believes that the Special NOFO application is a significant opportunity for our CoC to serve underserved populations by bringing new projects to parts of the state that currently have little or no homelessness and housing services. The leverage of Stability Vouchers will create an impact by increasing the availability of affordable housing and building on the collaborations between BoS CoC and PHAs. As our CoC implements a redesign of CE, with a focus on equity and using our updated racial equity assessment, we will be positioned to reduce disparity using these new resources.