

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Since the Blueprint to End Homelessness was first proposed in 2002, the community has made several key strides towards the goal of ending homelessness in Indianapolis. Service providers have proceeded with a focus on collaboration, and as a result, case management and coordination have significantly improved. These agencies provide important services for the homeless population, many of which are seen as successes. Job training services are both adequate and plentiful, referral services have dramatically improved, and there is a strong emergency shelter network in place. At a structural level, there are also good signs. Indianapolis, unlike other cities, has enough existing structures that can be renovated and rehabilitated to serve as affordable housing, a more cost-effective option than building new such structures.

When surveyed, the homeless population was supportive of many of the programs in which they had contact. Job training and placement programs were singled out as being both plentiful and helpful. Most of the individuals had experience with shelters, and mentioned them as a good place to go for a program referral. Legal services were widely reported as being useful and available, and Indy Connect was mentioned as a great resource to talk to attorneys.

The updated Blueprint to End Homeless, Blueprint 2.0 calls for the Continuum of Care to proactively seek out relationships with homeless and formerly homeless neighbors to connect with policy discussions about the needs of these individuals and families. One of the strategies includes:

- . Build awareness and relationships that result in expanded Continuum membership and ensure its representation in important policy discussions

The Indianapolis Continuum of Care believes that having these individuals as part of the decision making process will help with service providers and policy makers find programs that meet the needs of homeless individuals and families and direct funding to those programs.

Addressing the emergency and transitional housing needs of homeless persons

The City of Indianapolis has seen a rise in the number of individuals and families experiencing homelessness from 2013. The 2014 Point in Time Count showed 1,809 people met HUD's definition of homeless. The Point in Time Count was conducted on one of the coldest days in Indianapolis history. In fact, the next day the City of Indianapolis closed City services for the day due to the extreme cold. Many of the local shelters were utilizing winter contingency plans to house as many people as possible. The number of individuals panhandling at interstate corners and other busy streets in the City has also increased.

Through consultation, the Indianapolis Continuum of Care is cautious to say this may be a trend of increased since the number of homeless has remained steady over the past few years. However, the local shelters have been operating with their winter contingency plans year-round to house as many individuals as possible.

Priorities and goals in this Consolidated Plan will address the needs of these individuals to get them out of the shelters and transitional housing and into permanent housing. The Indianapolis Continuum of Care will be more inclusive of all housing developers at every level to ensure the full continuum of housing is addressed, from shelters to permanent housing.

The first touch with homeless individuals and families is through street outreach and at shelters. Finding the needs of these neighbors help service providers and shelters tailor programming, moving people from the street and into shelter or other housing. The City of Indianapolis priority for the five-year plan is to *increase coordination and effectiveness of Street Outreach Services*. The City will fund programs meeting the five-year goal to serve 1,000 individuals with outreach services. Of those served, 15 percent will meet the definition of "chronic."

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals

and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

Key stakeholders commented that program funding, especially for programs that focus on prevention, is too low; yet, prevention was cited as possibly the most useful strategy to end homelessness. As a result, the previous Blueprint's focus on a Housing First approach was seen as an inefficient, one size fits all model. When an individual or family receives housing, supportive services are a key requirement for success. Despite this, funding for such services has decreased in the past five years. Mental health and addiction services were also viewed as a gap in the Continuum of Care that the community needed to address. Homeless individuals also mentioned this as an area of concern, and suggested a screening process to accompany shelter intake as a possible means of identifying those with additional mental health needs.

On the whole, it is clear that there have been important and measurable strides made to eliminate homelessness in Indianapolis. There are important outside barriers to this goal, notably transportation, that are difficult to address. However, other barriers like low funding for mental health and addiction services, and knowledge gaps that separate the homeless from resources that could help them, are more easily surmounted, and should be a focus of new plans.

The City of Indianapolis has set the priority to *help individuals and families find permanent, suitable housing and reduce the length of shelter stays*. Goals under this priority for the five-year plan are:

1. Serve 750 individuals/families with Rapid Re-Housing and Stabilization Services. Of those, 10 percent will meet the definition of "Chronic" homeless.
2. Reduce the average shelter stay by at least 10 percent from the preceding year.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Funds will target those in shelters and transitional housing who are at or below 30% MFI for Rapid Re-Housing and those who are at risk of homelessness for those who are imminently losing their homes for Prevention.

Clients may not receive more than 24 months of assistance in a 36-month period in the aggregate.

Clients will still have to prevent eviction and disconnect notices where required and partnerships between providers, particularly shelters and transitional housing and those recipients of ESG funding will be facilitated. CHIP has already begun hosting training sessions for all ESG HP recipients. Policies and procedures will be reviewed with grantees in a Project Sponsor training session prior to contract issuance as well as claim submission and eligibility requirements.

The City of Indianapolis has set a priority in this Consolidated Plan to *increase access to assistance that keeps individuals and families in their homes*. The five-year goal under that priority is to serve 1,000 individuals and families with Prevention and Stabilization Services. Of those 10 percent will meet the definition of chronic.