Indianapolis Blueprint to End Homelessness: 2018-2023

"We believe everyone has the right to be housed and connected to care."

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Opening

On any given night in the City of Indianapolis, nearly 1,600 of our most vulnerable neighbors are experiencing homelessness – they are sleeping in temporary shelters, transitional housing, or on the street. In a community that is nationally recognized as a leader in sports entertainment, serves as the Midwest hub for technology innovation, and prides itself on Hoosier hospitality, we believe that we can and must do more to help families and individuals who experience homelessness.

Since the inception of the first Blueprint to End Homelessness in 2002, community leaders and advocates have committed to taking a shared approach to ending homelessness in Indianapolis. Blueprint 2.0, which guided the community's work from 2013-2018 to make homelessness rare, short-lived, and recoverable, resulted in several key milestones, including:

- A community governance structure, organized around the Blueprint Council with the Coalition for Homelessness Intervention and Prevention (CHIP) serving as the support entity, began significant system-change efforts including: focusing on special populations like Veterans and chronically homeless individuals, changing the community funding process, and shifting the focus of the Continuum of Care to increasing permanent housing options.
- The Reuben Engagement Center opened in January 2017, providing shelter, initial substance and alcohol detoxification, case management, mental health evaluations, and housing referrals for individuals experiencing chronic homelessness, substance abuse, and mental health issues.
- System performance measures were established and regularly monitored so we can better track our goals toward ending homelessness.
- A Coordinated Entry System was successfully launched in July 2017, providing a common application process, assessment, prioritization, and referral to housing, resulting in more efficient use of resources based on vulnerability and severity of need.
- In 2017, the Indianapolis Housing Agency created its first ever homeless preference offering subsidies through the Coordinated Entry System.

While these efforts have helped Indianapolis to make great strides forward, we continue to face many challenges.

- The majority of services available to individuals and families facing homelessness are designed to meet immediate needs with temporary solutions, leaving gaps in services focused on obtaining and maintaining stable housing.
- The current inventory of safe, affordable housing – including units dedicated to permanent supportive housing or rapid rehousing – is too low to meet our city's demands.
- For those who do obtain housing, we do not have the support systems in place to provide consistent access to mental health services, interventions for substance abuse, or to meet other long-term needs that would ensure overall wellbeing and long-term self-sufficiency.
- While many service providers are working to address these gaps, efforts often take a fragmented approach without building the coordination or collective funding strategies to support long-term success.

Indianapolis Blueprint to End Homelessness: 2018-2023

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As we look to the future for Indianapolis, we know that we must be prepared to rise to the challenge and address these critical issues. The 2018-2023 Indianapolis Blueprint to End Homelessness is an ambitious yet clear plan to drive solutions for our City, anchored by a simple concept, "We believe *everyone* has the right to be housed and connected to care." By focusing, first and foremost, on creating a surge of safe and affordable housing options in Indianapolis, the Plan calls on the business community, government representatives, and community advocates to reimagine our approach, so that, together, we can solve this city-wide issue.

Indianapolis Blueprint to End Homelessness: 2018-2023

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Defining Homelessness

We recognize that homelessness can be defined in many different ways depending on program guidelines or federal funding restrictions. In fact, locally, Veteran's programs, schools, re-entry programs, and the HUD funded Continuum of Care grantees, all operate within the Continuum of Care using different definitions. However, we recognize that limiting our shared definition of homelessness to align with any of these specific guidelines would exclude critical organizations and strategies needed for the success of this Plan. Moreover, some funding streams that restrict the definition of homelessness can even limits housing to people who are living in places not meant for human habitation, emergency shelters, or transitional housing, or those who are exiting from an institution where they temporarily resided for 90 days or less.

Therefore, for the purposes of the Indianapolis Blueprint to End Homelessness, **homelessness will be defined as any family or individual that lacks regular, fixed, and adequate nighttime residence**.

By using this definition, strategies in the Plan are designed to support all unaccompanied minors and families who are unstably housed and likely to continue in that state, as well as families or individuals who face losing their primary nighttime residence within 14 days without the resources or support networks necessary to remain housed. The Plan also considers those who are fleeing or attempting to flee domestic violence or trafficking situations who lack resources or support networks to obtain other permanent housing. Further, the Plan includes individuals who entered into correctional institutions and treatment programs who were homeless, stayed longer than 90 days, and lack resources or support networks to secure or maintain housing upon exit.

While this inclusive definition supports our community vision that everyone deserves to be housed and connected to care, it is important to note that this inclusive definition within the Plan will not change how Indianapolis collects data for the annual Point in Time count, nor will it change federal funding formulas.

Special Populations

The majority of this Plan focuses on strategies that affect people of all walks of life who are experiencing homelessness; however; the community understands that specific populations who face homelessness can experience unique challenges that require more tailored solutions. To account for these unique challenges, the Plan also highlights unique goals and strategies for Chronically Homeless, Veterans, Youth and Young Adults, and Families.

Indianapolis Blueprint to End Homelessness: 2018-2023

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Our Vision

Drawing on evidence-based practices, community members agreed on the key vision and values that will guide the oversight and implementation of this Plan. Prioritizing the increase of safe, affordable housing as a clear focus for ending homelessness in Indianapolis will be the foundation for the Plan, yet service providers, government representatives, and businesses alike acknowledge that an increase in housing alone will not address the complexity of needs, barriers, and systemic challenges that our neighbors often face. Input from a variety of community partners and those experiencing homelessness first-hand confirms that providing access to holistic systems of care designed to address mental, physical, social, environmental, and economic needs is just as critical as increasing the availability of housing as we build effective solutions to homelessness. These clear, community-driven concepts shape the vision for the Indianapolis Blueprint to End Homelessness:

"We believe everyone has the right to be housed and connected to care."

Our Values

As we realize this vision together, community members have identified nine key values that will be essential in driving our collective work:

- **Client Choice** – We must allow client's the capacity for self-determination in making decisions about their lives.
- **Community-Level Approach** – We believe that the best housing solutions come when we work together to find solutions as a community rather than individually as separate entities.
- **Housing First** – We believe in quickly connecting individuals and families to permanent housing without preconditions or barriers and ensuring that ongoing engagement in services to support long-term stability.
- **Inclusivity** – We must seek to include stakeholders from every sector who can help us reach our goals, with special emphasis on engaging those with lived experience.
- **Individualized and Client-Driven Services** – We recognize that all people experiencing homelessness are unique and we must provide services that respond to individual differences and needs, length of time for engagement, and types of services offered.
- **Quality** – We must provide quality housing and services, measuring all programs against common metrics of success.
- **System Integration** – We prevent and end homelessness by working collaboratively with other systems that impact our ability to end homelessness, including health care, education, corrections, the Balance of State Continuum of Care, and others.
- **Transparency & Cultural Competence** – We must assure that we make data-driven decisions, communicate openly, and provide services in manners that accommodate different cultures and beliefs.
- **Trauma Informed Care** – We must provide services that respond to all types of trauma while minimizing the risk of future incidences of trauma.

By extending these values beyond the daily work of social service providers and applying them to the shared approach of all intersecting systems that impact our neighbors, we can position Indianapolis, as a community, to effectively address the crisis of homelessness in our city.

Indianapolis Blueprint to End Homelessness: 2018-2023

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The Path Forward

As we work together to ensure that *everyone* in our community is housed and connected to care, our efforts will be focused on five Strategic Priorities:

- **Strategic Priority 1:** Optimize the crisis response system to reduce the length of time people experience homelessness and focus on permanent housing as a solution.

- **Strategic Priority 2:** Increase availability and access to safe, supportive, and permanent housing.

- **Strategic Priority 3:** Expand and enhance wraparound services to increase housing stability and prevent returns to homelessness.

- **Strategic Priority 4:** Unify intersecting systems in a shared approach to prevent people from being released into homelessness.

- **Strategic Priority 5:** Empower system level leadership entities to align resources, enable collaboration, and maintain transparency with the community.

By holding one another accountable to these shared priorities, we can build a city-wide approach that strengthens *all* of the intersecting systems that impact opportunities to secure and maintain safe, affordable housing, fulfilling the right we all share to be housed and connected to care.

Additional Supporting Documents

Each Strategic Priority and 5 Year Goal featured within this Plan has a supporting operational plan that includes immediate action steps to prioritize during implementation; tools and resources needed to move each priority forward; accountable parties who are responsible for implementation; and progress measures that show advancement is taking place. Additionally, strategies included in this Plan for each special population has a supporting operational plan that will support the success of the Strategic Priorities and Goals in the overall community plan as well as the unique Strategic Priorities and 5 Year Goals.

A Plan Shaped by the Community Voice

We know that our entire community must be engaged to design and implement effective solutions to ending homelessness, and we're proud of the hundreds of community voices that shaped this plan. More than 350 individuals representing 71 unique organizations, 170 of whom are experiencing or have experienced homelessness first-hand, provided their leadership and expertise throughout the planning process. Over a full calendar year, these community voices shaped the Indianapolis Blueprint to End Homelessness through these activities:

- ✓ community focus groups and listening sessions
- ✓ key informant interviews
- ✓ electronic surveys
- ✓ steering committee and Continuum of Care (CoC) meetings
- ✓ comparative analysis of effective interventions taking place in other communities
- ✓ analysis of national and local best practices in prevention and intervention strategies
- ✓ community-wide planning sessions
- ✓ population-specific planning sessions
- ✓ community feedback sessions
- ✓ online public comment

Indianapolis Blueprint to End Homelessness: 2018-2023

"We believe everyone has the right to be housed and connected to care."

Strategic Priority 1: Optimize the crisis response system to reduce the length of time people experience homelessness and focus on permanent housing as a solution.

With increased housing as the clear exit strategy from homelessness in our community, our efforts must be reinforced by an evolved approach of our crisis response system that concentrates our collective resources on the shared belief that everyone has the right to be housed. By shifting the practices within the crisis response system so that all homeless service providers see themselves as part of the supportive housing system, we can prioritize permanent housing for all, reduce demands on temporary shelters, and rebalance the shelter system.

5 Year Goal:
The length of time people experience homelessness is 30 days or less by 2023.

Annual Benchmarks:

2018 Baseline	50 days (Emergency shelter + Safe Haven)
2019	46 days
2020	42 days
2021	38 days
2022	34 days
2023	30 days

Key Strategies:

1.1 Develop and implement a clear diversion strategy for Street Outreach and shelter systems to connect individuals and families directly to rapid rehousing and permanent housing options, preventing the need to enter temporary shelter

1.2 Engage Community Mental Health Centers in expanding effective housing models for clients with serious mental health issues, substance use disorders, or co-occurring mental health and substance abuse disorders

1.3 Provide professional, intensive case management services in all temporary shelters and day services centers designed to directly connect individuals to all appropriate services, including permanent housing and obtaining healthcare and available cash and non-case benefits

1.4 Expand Faith Based Outreach Team efforts to promote collaboration between Professional Blended Street Outreach and an increased number of faith-based and professional service providers

1.5 Rebalance the shelter system to provide an adjusted inventory of low-barrier, temporary shelter units as increased permanent housing placement reduces demand for temporary shelter

1.6 Align transitional housing to serve evidence-based populations which includes those experiencing domestic violence, individuals in recovery, and youth experiencing homelessness

4.23.2018 DRAFT

Indianapolis Blueprint to End Homelessness: 2018-2023

"We believe everyone has the right to be housed and connected to care."

Strategic Priority 2: Increase availability and access to safe, supportive, and permanent housing.

By taking a collaborative approach between service providers, businesses, and government entities, we can ensure quick access to the type of housing most needed by those experiencing homelessness - whether that's a safe haven from domestic violence, rapid rehousing, or permanent supportive housing - with the ultimate goal of positioning Indianapolis as a champion for permanent housing solutions.

5 Year Goal:

Increase the number of permanent supportive housing units by 1,110 and develop and maintain at least 690 rapid rehousing eligible units.

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
2018 Baseline	957	654
2019	222 new units	138 new units
2020	222 new units	138 new units
2021	222 new units	138 new units
2022	222 new units	138 new units
2023	222 new units	138 new units

Key Strategies:

2.1 Approach the City of Indianapolis about spearheading the development and financing of permanent supportive housing units so the Continuum of Care can divert new project funding to other housing needs such as rapid rehousing and youth housing

2.2 Create a pipeline of affordable housing projects to pursue that are not being funded by the HUD Continuum of Care Program Competition

2.3 Work with affordable housing developers to increase units set aside for homeless individuals and families

2.4 Support affordable housing landlords to provide consistency in the quality of units and rental terms for formerly homeless individuals and families

2.5 Create additional scattered site subsidies to increase client-choice housing options

2.6 Increase availability of recovery housing and other housing opportunities for previously homeless individuals transitioning out of treatment

2.7 Ensure availability of adequate safe housing options for survivors of domestic violence, sexual assault, and human trafficking throughout all special populations

2.8 Build the capacity of permanent supportive housing providers to serve people with high barriers to housing through an assessment of current service models, staffing levels, and training needs

2.9 Increase availability of criminal record expungement services to increase housing and employment eligibility

4.23.2018 DRAFT

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Indianapolis Blueprint to End Homelessness: 2018-2023

"We believe everyone has the right to be housed and connected to care."

Strategic Priority 3: Expand and enhance wraparound services to increase housing stability and prevent returns to homelessness.

While people experiencing homelessness do not all share the same path to obtaining permanent housing, we do know that overall health – which is influenced by mental, physical, social, environmental, and economic factors – plays a key role in the ability of all community members to secure and maintain stable housing for themselves and their families. We must develop a system of streamlined wraparound supports designed to meet individuals and families where they are and ensure inclusive and unfettered access to the care they need.

5 Year Goal:
90% of formerly homeless individuals and families remain housed after two years.

Annual Benchmarks:

2018 Baseline	82% remain housed *(FY16 System Performance Measures)*
2019	85% remain housed
2020	88% remain housed
2021	90% remain housed
2022	91% remain housed
2023	92% remain housed

Key Strategies:

3.1 Provide capacity building support to all service providers to integrate Housing First principles and rapid rehousing best practices into service delivery models to address individuals' primary reasons for lack of permanent housing

3.2 Provide professional case management services to assist individuals with obtaining health care coverage and access to primary health care services, such as early diagnosis and treatment for chronic diseases

3.3 Ensure access to diverse, no-cost activities designed to promote social wellbeing

3.4 Increase the accessibility and affordability of public transportation for individuals and families experiencing homelessness

3.5 Prioritize access to employment training, certification opportunities, and job placement for those experiencing or most at risk of homelessness

3.6 Provide professional case management services in all permanent housing programs to assist individuals with determining eligibility and obtaining available cash and non-cash benefits

3.7 Establish systemic service delivery options with designated system leads providing coordination of multiple programs, focusing on system level housing navigation, SOAR implementation, and landlord relationship development

3.8 Pursue opportunities to expand Medicaid reimbursement capacity and braided funding models for service delivery throughout the Continuum of Care

3.9 Ensure that all housing is connected to adequate supportive services

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Indianapolis Blueprint to End Homelessness: 2018-2023

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Strategic Priority 4: Unify intersecting systems in a shared approach to prevent people from being released into homelessness.

Every day, individuals in Indianapolis are discharged from hospitals and treatment centers, released from the department of correction and local jail systems, and aging out of the foster care system without a place to call home. As a community, it is our shared responsibility to ensure that these intersecting systems are equipped not only to provide or connect individuals and families to resources for safe housing, but to ensure access and placement to prevent them from being released without a place to call home.

5 Year Goal:
Data systems with all intersecting systems have been integrated to understand how many people are exiting into homelessness and develop mutual strategies for reduction.

Annual Benchmarks:

2018 Baseline	Data sharing plans have been developesd with hospitals and treatment centers, the criminal justice system, and foster care system.
2019	All intersecting systems have established shared, baseline goals.
2020	TBD based on shared baseline goals established in 2019.
2021	TBD based on shared baseline goals established in 2019.
2022	TBD based on shared baseline goals established in 2019.
2023	TBD based on shared baseline goals established in 2019.

Key Strategies:

4.1   Maintain an updated list that is available to everyone of supportive housing options for healthcare providers, criminal justice system representatives, and the Department of Child Services to better understand when, where, and how housing is available

4.2   Utilize findings from the Data Integration Project to develop and implement a pilot cross-sector data sharing agreement between homeless service providers and key intersecting systems

4.3   Collaborate with all hospital systems to ensure screening, referral, and navigation services are designed to connect patients experiencing or at risk for homelessness to housing and wraparound supports

4.4   Collaborate with the criminal justice system to ensure all pre-release programs and services are designed to connect justice-involved individuals to housing and wraparound supports so they are not released into homelessness

4.5   Collaborate with the foster care system to ensure all youth and young adults aging out of the system are connected to housing and wraparound supports so they do not enter into homelessness

4.6   Work with Health Insurance & Medicaid Providers to promote accountability to policies and procedures that require safe housing placement upon release

4.7   Coordinate efforts with the Marion County Reentry Coalition (MCRC) and criminal justice system on all re-entry service providers to connect individuals at risk of homelessness to permanent housing

4.8   Coordinate efforts with the Department of Child Services to effectively identify individuals in the foster care system who are at risk of entering homelessness and connect them to permanent housing

Indianapolis Blueprint to End Homelessness: 2018-2023

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Strategic Priority 5: Empower system level leadership entities to align resources, enable collaboration, and maintain transparency with the community.

Fostering a shared commitment to ending homelessness in our community will require a better infrastructure both within and beyond the homeless services system. We must build a unified system for collecting, sharing, and integrating data between homeless service providers and all intersecting systems so that, together, we can effectively measure the community's progress and identify real-time opportunities to adjust our approach. While this will require action across the community, it will also be critical to designate community leaders with the capacity, connections, and expertise to keep all of stakeholders connected, informed, and actively on track toward our shared goals. Through this improved infrastructure, we can provide greater opportunities for all community members to learn about the realities of homelessness, break down stigmas, and gain buy-in on the solutions.

5 Year Goal:

Funding for the Indianapolis Continuum of Care has increased by TBD% by 2023.

Annual Benchmarks:

2018 Baseline	Policies, procedures, and the Continuum of Care Charter has been amended to support new leadership structure and transparency with providers and the community.
2019	A clear map of needed resources has been created and a development plan is being implemented.
2020	TBD% of needed resources outlined in development plan have been secured
2021	TBD% of needed resources outlined in development plan have been secured
2022	TBD% of needed resources outlined in development plan have been secured
2023	TBD% of needed resources outlined in development plan have been secured

Key Strategies:

5.1 Recruit service providers and programs that are serving homeless individuals but not utilizing the Homeless Management Information System (HMIS) to join shared data tracking practices

5.2 Provide all HMIS users with training, resources, and support to ensure consistency, timeliness, and results in data collection and reporting efforts

5.3 Align the Continuum of Care governing structure with the priorities in the Indianapolis Blueprint to End Homelessness

5.4 Implement a targeted community education plan for representatives from the healthcare system, criminal justice system, schools, City of Indianapolis, faith-based communities, government and philanthropic funders, foster care system, and Balance of State to share Plan priorities, progress, and opportunities for meaningful collaboration

5.5 Develop a communication system between all Continuum of Care Committees that allows entities to efficiently share progress, challenges, and best practices, and collectively track progress toward five-year goals

5.6 Develop a readily available Implementation Guide focused on outcomes and resources needed to help the community successfully execute the Plan

5.7 Work to align resources with Trustees, Emergency Food and Shelter Program (EFSP), Emergency Solutions Grant (ESG), Housing Trust Fund and other funding sources that support housing initiatives

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Indianapolis Blueprint to End Homelessness: 2018-2023

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Special Populations

While the strategies in this Plan are designed to impact all individuals and families who experience homelessness, we recognize that we must focus our resources on the specific populations that experience the highest rates of homelessness in order to have the most impact. Each special population will have an operational plan that will support the success of the Strategic Priorities and Goals in the overall community plan as well as the unique Strategic Priorities and 5 Year Goals.
These populations include:

- **Chronically Homeless**
  Individuals or families with heads of household who have a disabling condition and have been homeless for one year or longer or had four or more homeless episodes, totaling at least 12 months in the previous three years

- **Veterans**
  Individuals who have served in some capacity with the armed forces or reserve and are currently homeless

- **Youth and Young Adults**
  The 5 Year Housing and Services Goals included in the following population specific strategies focus on youth and young adults ranging from age 18 through 24 due to housing eligibility. However, the community recognizes the urgency of addressing the comprehensive needs of unaccompanied youth from age 12 through 24, as well as youth who meet the Department of Education's definition of homeless; therefore strategies for addressing these needs are included in youth and young adults operational plan.

- **Families**
  Families self-define and are either literally homeless by HUD's definition or are homeless and doubled up by the Department of Education's definition

As a key part of the Indianapolis Blueprint to End Homelessness, the following population specific strategies have been tailored to meet the needs of these unique groups, while aligning with clearly with the Strategic Priorities 2 and 3 on the previous pages.

Strategies for Chronic Homelessness

People experiencing chronic homelessness are among the most vulnerable of all homeless populations. Oftentimes these individuals have long-standing disabilities and injuries that are exacerbated due to the prolonged length of time living on the streets or in areas unfit for habitation. Because of the complex health needs associated with these circumstances, research continually demonstrates that the highest costs within the Crisis Response System are incurred by supporting the immediate needs of individuals experiencing chronic homelessness, without resulting in long-term housing solutions. Indianapolis has committed to ending chronic homelessness by creating a surge in housing that is accessible to people experiencing chronic homelessness through Continuum of Care funded permanent supportive housing, housing choice vouchers, as well as ensuring that wraparound support services are available and accessed through Medicaid.

If Indianapolis achieves these outcomes, Indianapolis will end chronic homelessness by 2023.

5 Year Housing Goal for Chronic Homelessness

Increase the number of permanent supportive housing units by 664 for the chronically homeless.* *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Chronic Homelessness)*

Annual Benchmarks:

	Permanent Supportive Housing Units**
2017 Baseline	*470*
2019	147 new units
2020	139 new units
2021	132 new units
2022	126 new units
2023	120 new units

*Indianapolis' system modeling assumes 5% of the permanent supportive housing inventory turns over each year and is available for new move-ins. **These numbers allow us to house at least 20% of individuals experiencing chronic homelessness per year.

Key Strategies:

C.1 Increase availability of housing choice vouchers, project-based vouchers, and dedicated permanent supportive housing units

C.2 Engage Community Mental Health Centers in expanding effective housing models for clients with serious mental health, addictions, and/or co-occurring diagnoses

C.3 Coordinate and monitor progress of Continuum of Care, permanent supportive housing, Indianapolis Housing Agency, and housing navigation to increase utilization and decrease length of time homeless

C.4 Create a pipeline for development of permanent supportive housing programs for chronically homeless

C.5 Annually assess the number of chronically homeless individuals to determine what resources and strategies will be needed to meet the 5-year goal of ending chronic homelessness

C.6 Promote risk mitigation funds and eviction prevention plans to assist in housing development

5 Year Services Goal for Chronic Homelessness

92% of individuals who previously experienced chronic homelessness will remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Chronic Homelessness)*

Annual Benchmarks:

2018 Baseline	*91%*
2019	91% remain housed
2020	92% remain housed
2021	92% remain housed
2022	92% remain housed
2023	92% remain housed

Key Strategies:

C.7 Promote community engagement within permanent supportive housing programs and the City of Indianapolis at large to assist individuals with long-term homelessness to connect with the community

C.8 Increase SOAR capacity to ensure individuals have access to income through SSI/SSDI

C.9 Implement a moving on strategy to increase positive turnovers

C.10 Increase service provider capacity for Medicaid billing to fund services, including those under the 1115 waiver

C.11 Reduce case manager to tenant ratios to 20:1

C.12 Increase coordination with disability and in-home elder care services to ensure all eligible individuals have in-home medical services

Strategies for Veterans

Veterans experience homelessness at a higher rate than the general population for a number of reasons. Veterans are more likely to be living with the effects of post-traumatic stress disorder (PTSD), substance use, and a lack of family and social support networks. The majority of homeless Veterans are single, are living with mental health or addiction issues, or co-occurring conditions. In order to address Veteran homelessness, Indianapolis must more effectively utilize existing resources of both permanent supportive housing and rapid rehousing. Not only must our permanent supportive housing program specifically for Veterans, HUD-VASH, operate at optimal levels of both case management staffing and voucher utilization, we must also continue to prioritize resources to increase permanent housing availability, and improve outcomes of transitional housing programs.

If Indianapolis succeeds are increasing housing availability and improving these outcomes, Indianapolis will end Veteran homelessness by December 2019.

5 Year Housing Goal for Veterans

Increase number of permanent supportive housing units by 397 and maintain the existing inventory of rapid rehousing eligible units for homeless Veterans.* *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Veterans)*

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
2017 Baseline	*440**	389*
2019	117 new units	maintain system capacity
2020	70 new units	maintain system capacity
2021	70 new units	maintain system capacity
2022	70 new units	maintain system capacity
2023	70 new units	maintain system capacity

Key Strategies:

V.1 Develop and implement effective diversion strategies in partnership SSVF providers homeless prevention funding and increase the number of Veterans diverted annually to 15%

V.2 Coordinate and monitor progress of HUD-VASH, IHA, and housing navigation to increase VASH utilization and decrease length of time homeless

(From HIC, GIW, or agency contracted to serve numbers); Indianapolis' system modeling indicated that the rapid rehousing inventory must be sufficient to serve at least 288 Veteran households with approx. 5 mo. of assistance annually and must also have sufficient resources to end chronic homelessness. According to system modeling the community has sufficient resources for rapid rehousing, but the eligibility for some Veterans to receive services will need to be assessed. The need for rapid rehousing should be assessed annually as the number of homeless Veterans decreases.

5 Year Services Goal for Veterans

90% of formerly homeless Veterans remain housed two years after securing permanent housing.
(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Veterans)

Annual Benchmarks:

2018 Baseline	*84%*
2019	85% remain housed
2020	87% remain housed
2021	90% remain housed
2022	90 % remain housed
2023	90% remain housed

Key Strategies:

V.3 Improve non-bridge Grant Per Diem performance to increase the number of Veterans moving quickly from transitional housing to permanent housing

V.4 Maximize the crisis response housing connection to permanent housing proficiency of bridge housing to quickly move Veterans into permanent housing they can retain

V.5 Increase community collaboration to maximize access to services after housing for all Veterans, and to increase services provided in permanent supportive housing

V.6 Coordinate with the VA to ensure a collective approach to end Veteran homelessness

Strategies for Youth and Young Adults

In addition to the social, emotional, and developmental needs that all young people share as they grow into adulthood, youth and young adults experiencing homelessness face a particularly complex set of challenges, often struggling to navigate a system that has been designed for adults. These challenges can be even greater for LGBTQ youth, pregnant and parenting youth, minors, those connected to the juvenile justice system, former foster youth, victims of sexual trafficking, youth with special needs, chronically homeless youth, and youth of color.

By prioritizing immediate stable housing for all of these groups, as well as permanent connections within the community, opportunities for education and employment, and supports for social-emotional wellbeing, **Indianapolis can effectively reduce these challenges decrease youth homelessness by at least 30% by the year 2023.**

5 Year Housing Goal for Youth and Young Adults

Increase the number of permanent supportive housing units by 45 and develop and maintain 429 rapid rehousing eligible units for homeless youth and young adults. * *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Youth and Young Adults)*

Annual Benchmarks:

	Permanent Supportive Housing Units**	Rapid Rehousing Eligible Units
2017 Baseline	*10*	0
2019	9 new units	25 new units
2020	9 new units	50 new units
2021	9 new units	114 new units
2022	9 new units	114 new units
2023	9 new units	114 new units

Numbers utilized from system modeling completed on 8/2017
***For this population, Permanent Supportive Housing Units are nationally recognized as Non-Time Limited Supportive Housing*

Key Strategies:

Y.1 Increase number of non-time limited supportive housing units set aside for youth and young adults, in addition to main-stream service

Y.2 Increase availability of low-barrier, short term housing options for youth and young adults

Y.3 Create an integrated discharge process between Coordinated Entry, DCS, and Juvenile Justice in order to connect youth and young adults to housing and service options prior to aging out or being released

Y.4 Utilize diversion strategies to prevent youth and young adults from becoming homeless, with the goal of diverting 10% of youth and young adults from the homeless system

Y.5 Create a shared approach with Indianapolis Housing Agency to ensure a collective approach to end youth and young adult homelessness

5 Year Services Goal for Youth and Young Adults

90% of formerly homeless youth and young adults remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Youth and Young Adults)*

Annual Benchmarks:

2018 Baseline	*43%*
2019	50% remain housed
2020	70% remain housed
2021	70% remain housed
2022	90% remain housed
2023	90% remain housed

Key Strategies:

Y.6 Create a multi-agency crisis response team (navigators) to assist youth and young adults through the homeless system

Y.7 Implement programs that increase the educational attainment and connection to the job market for youth and young adults

Y.8 Integrate service provision with other youth service providers to create a shared approach for ending youth homelessness

Strategies for Families

Family homelessness is unique because it sits at the intersection of youth homelessness and individual homelessness, with the effects that are compounded within the family structure. Children who experience homelessness have a lower ability to obtain education and have a higher risk of behavior issues and unstable futures. Parents who experience domestic violence face short and long-term safety and housing stability challenges for themselves and their families. To help move families out of homelessness, Indianapolis must not only increase the availability of rapid rehousing units specifically meant for families, we must also commit to fostering collaboration with the Coordinated Entry System and domestic violence service providers so families fleeing domestic violence can have immediate access to safe housing options, eliminating the need to enter the shelter system. We must also prioritize strengthening our utilization of school liaisons who are in a unique position to provide supportive services to families, so that children do not suffer from the detrimental side effects of homelessness.

By prioritizing these strategies, Indianapolis will decrease the rate of family homelessness by at least 50% by the year 2023.

5 Year Housing Goal for Families

Increase the number of rapid rehousing eligible units by 261 for homeless families * *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Families)*

Annual Benchmarks:

	Rapid Rehousing Eligible Units
2018 Baseline	265*
2019	114 new units
2020	36 new units
2021	46 new units
2022	32 new units
2023	33 new units

Numbers utilized from system modeling in August 2017 were adapted to serve in a 5 year, instead of 3 year plan. It is necessary to assess the need using CES data and adjust projections as necessary. Families in this plan do not include parenting youth age 18-24, who are being served in the youth plan.

Key Strategies:

F.1 Create a pipeline of affordable housing for extremely low-income families

F.2 Promote risk mitigation funds and eviction prevention plans to assist in housing development

F.3 Expand resources beyond current funding programs, and integrate outside system resources to provide additional subsidies for families experiencing homelessness

F.4 Foster collaboration between domestic violence service providers and the Coordinated Entry System to provide immediate access to safe housing options

F.5 Increase the number of rapid rehousing available for families, including survivors of domestic violence

F.6 Collaborate with landlord partners to increase the number of properties available for utilization of housing assistance programs (vouchers and subsidies) in safe neighborhoods with access to public transportation and employment opportunities

F.7 Collaborate with the Crisis Response System to decrease length in shelter and increase connections to permanent housing

F.8 Assess the community need for rapid rehousing and other interventions annually to determine the necessary resources and partnerships to decrease the number of homeless families

F.9 Develop and implement effective diversion strategies in partnership with family homelessness and emergency shelter providers with the goal of diverting 20% of families from the homeless system

5 Year Services Goal for Families

90% of formerly homeless families remain housed two years after securing permanent housing.
(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Families)

Annual Benchmarks:

2018 Baseline	80%
2019	80% remain housed
2020	85% remain housed
2021	90% remain housed
2022	90 % remain housed
2023	90% remain housed

Key Strategies:

F.10 Provide training, resources, and support to all programs that serve families experiencing or at risk of homelessness to ensure that the educational, financial, developmental, and health care needs of the family are being met

F.11 Implement a communitywide procedure to connect service providers and system partners to McKinney Vento Liaisons in schools to increase coordination for transportation and services to families and children, and to decrease the length of time children miss school due to homelessness

F.12 Continue to emphasize strong rapid rehousing program performance and support capacity for services to ensure positive permanent housing outcomes

Indianapolis Blueprint to End Homelessness: 2018-2023

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Community Voices

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Anthem Indiana Medicaid
Back on My Feet
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Cinnaire
City of Indianapolis
Coburn Place Safe Haven
Community Solutions, Inc.
Connect2Help
Corporation for Supportive Housing
Dayspring Center, Inc.
Department of Veteran Affairs - Indianapolis
Domestic Violence Network
Dove Recovery House for Women
Downtown Indy
EmployIndy
Eskenazi Health – Pedigo Health Clinic
Family Promise of Greater Indianapolis
Federal Home Loan Bank of Indianapolis
Food 4 Souls
Gennesaret Free Clinics
Goodwill Industries of Central Indiana
Greater Indianapolis Progress Committee

Holy Family Shelter
Homeless Initiative Program
Hoosier Veterans Assistance Foundation of Indiana, Inc.
Hope Rising
Horizon House
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Indiana Housing and Community Development Authority
Indiana Legal Services
Indiana Youth Group
Indianapolis Emergency Medical Services
Indianapolis Housing Agency
Indianapolis Neighborhood Housing Partnership
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Lilly Endowment, Inc.
Lutheran Child and Family Services
Marion County Department of Child Services
Marion County Prosecutor's Office
Mary Rigg Neighborhood Center
Metropolitan School District of Washington Township
Midtown Community Mental Health – Eskenazi Health

National Alliance on Mental Illness – Greater Indianapolis
Neighborhood Christian Legal Clinic
Nurse-Family Partnership of Indiana
Office of Indianapolis Mayor Hogsett
Outreach Inc.
PACE, Inc.
Partners in Housing
Pathway to Recovery
PourHouse
Progress House
Purpose of Life Ministries
Realtor Foundation
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Second Helpings
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Southeast Community Center
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Indianapolis Blueprint to End Homelessness: 2018-2023

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Steering Committee

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Indianapolis Blueprint to End Homelessness: 2018-2023

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Rodney Stockment, *Vice-Chair*
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Indianapolis Blueprint to End Homelessness: 2018-2023

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Glossary of Terms

Continuum of Care (CoC): The primary decision-making entity defined in the HUD funding application as the official organization representing a community plan. The CoC is established by representatives of relevant organizations to carry out the responsibilities set forth in the CoC program rules.

Coordinated Entry System (CES): A coordinated process designed to coordinate program participant intake, assessments and provision of referrals.

Department of Child Services (DCS): The governmental agency responsible for the protecting children from abuse and neglect. DCS also manages the state of Indiana's foster care system.

Emergency Food and Shelter Program (EFSP): A federal grant program that is governed by a National Board and determined by a Local Board and provides funding for the provision of food and shelter.

Emergency Shelter: Services that provide short-term support and emergency housing to persons experiencing homelessness. Persons utilizing this type of services are considered homeless.

Emergency Solutions Grant (ESG): A grant program administered by the Indiana Housing and Community Development Authority that provides funding for essential services, operations, and homeless prevention activities to emergency shelters, transitional housing for homeless, and day/night homeless shelters.

Faith-Based Outreach Team: The Faith-Based Outreach Team promotes collaboration and communication among people of faith in Central Indiana who serve the needs of those experiencing homelessness, with the goal of increases effectiveness and decrease redundancy in helping neighbors find stability in life.

Indiana Family & Social Services Administration (FSSA): A department of the State that works to consolidate and better integrate the delivery of human services.

Grant Per Diem Program (GDP): A grant program administered by the Department of Veteran Affairs to promote the development and provision of supportive housing and/or supportive services for veterans experiencing homelessness.

High School Equivalency (HSE): Formerly GED, HSE classes and diplomas are designed to be similar to receiving a high school education.

High Performing Community: A designation of the United States Department of Housing and Urban Development (HUD) that indicates the Continuum of Care meets the standards defined in the Continuum of Care Program Rule.

Housing Inventory Count (HIC): A point-in-time inventory of provider programs within the CoC that provide beds and units dedicated to serve persons who are homeless.

Homeless Management Information System (HMIS): An information system designated by the Continuum of Care (CoC) to comply with requirements prescribed by HUD. This system stores client information about persons who access homeless services in a CoC.

Housing First: An approach to homeless assistance that prioritized providing permanent housing to persons experiencing homelessness and including voluntary services once the household is stable in housing. This approach values client-choice and the provision of necessities like housing and food first.

Client Track: The software that is used by the Homeless Management Information System (HMIS) Lead to administer HMIS.

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HMIS Lead: The organization designated by the Continuum of Care to administer the Homeless Management Information System (HMIS).

The United States Department of Housing and Urban Development (HUD): A department administered by the United States Secretary of Housing and Urban Development that is focused on creating strong, sustainable, inclusive communities and quality affordable homes for all.

Indiana Balance of State Continuum of Care: Indiana's Statewide Continuum of Care represents 91 of the 92 counties in the State.

Indianapolis Housing Agency (IHA): A federally-funded government housing agency that provides low-income families, seniors, and families with disabilities access to affordable housing in one of their communities or in private market housing subsidized through Housing Choice Voucher Program (Section 8).

Managed Care Entities (MCEs): Services that are required under Federal Managed Care regulations to deliver Medicaid health benefits and additional services.

McKinney-Vento Homeless Assistance Act: A federal law that provides funding for homeless services, with a special emphasis on elderly persons, handicapped persons, and families with children

McKinney-Vento Liaisons: McKinney Vento Liaisons are local homeless education liaisons response for ensuring the identification, school enrollment, attendance, and opportunities for academic success of students in homeless situations. By linking students and their families to school and community services, local liaisons play a critical role in stabilizing students and promoting academic achievement at the individual, school, and district level.

Memorandum of Understanding (MOU): A formal agreement between two or more parties that outlines the responsibilities of each parties to an agreement.

Non-Time Limited Supportive Housing: Non-Time Limited Supportive Housing refers to housing for youth and young adults that is not time limited and offers supportive services and the opportunity for youth and young adults to move toward independence at their own pace.

Permanent Supportive Housing (PSH): Housing that is non-time limited; and prioritized for households experiencing chronic homelessness, community-based, and includes supportive services.

Point in Time Count (PIT): A count of sheltered and unsheltered homeless persons on a single night, conducted annually in Indianapolis.

Rapid Re-Housing (RRH): Services and supports designed to help persons experiencing homelessness move as quickly as possible into permanent housing with temporary financial assistance.

Recovery Housing: Recovery housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from addiction.

Risk Mitigation Funds: Reimbursement funds designed to incentivize and protect landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, or criminal history.

SSI/SSDI Outreach, Access, and Recovery (SOAR): A program designed to increase access to Supplemental Security Income (SS)/Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder.

Street Outreach: Services that focus on reaching out to unsheltered homeless persons to connect them to emergency shelter, housing, or critical services.

Indianapolis Blueprint to End Homelessness: 2018-2023

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Supportive Services for Veteran Families (SSVF): A supportive services grant program administered by the VA provides funding to non-profit organizations and consumer cooperatives to assist very low-income Veteran families residing in or transitioning to permanent housing.

Transitional Housing (TH): Housing for up to 24 months that serve as intermediary housing before a person moves into permanent housing.

U.S. Department of Housing and Urban Development – VA Supportive Housing Program (HUD-VASH): A collaborative program between HUD and VA combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing.

Wraparound Supports: Services designed to address basic needs and diverse aspects of individual wellbeing.

Indianapolis Blueprint to End Homelessness: 2018-2023

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Indianapolis Blueprint to End Homelessness: 2018-2023

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