

Indianapolis Blueprint to End Homelessness Work Plan - Executive Summary¹

Coalition for Homelessness Intervention and Prevention of Greater Indianapolis

A. Introduction

In 2002, a group of approximately 450 community stakeholders and 150 organizations completed work on a strategic ten-year plan to end homelessness in Indianapolis. This plan, known as The Blueprint to End Homelessness², is based on a report and recommendations prepared by the Corporation for Supportive Housing, a national entity dedicated to helping nonprofit organizations develop and operate service-enriched permanent housing for homeless and at-risk families and individuals. The Blueprint advocates a “Housing First, Housing Plus” approach to ending homelessness. This approach focuses on the individual being served and emphasizes safe and affordable housing placement as an immediate response followed by adding the necessary supports to sustain that housing. This approach promotes long-term self-sufficiency by linking people to community-based services to support their transition, while recognizing that lifelong support may be required to prevent the recurrence of homelessness.

Building on this core approach, the Blueprint focuses on the goals of (1) strengthening efforts to prevent people from becoming homeless; (2) improving access to, and coordination of, housing and services; (3) enhancing services in specific areas of need; (4) coordinating service systems for special populations, including families, veterans, youth and survivors of domestic violence; and (5) implementing the plan and monitoring effectiveness. The Coalition for Homelessness Intervention and Prevention of Greater Indianapolis (CHIP) was identified as the lead entity responsible for mobilizing community resources to achieve the goals of the Blueprint. This document and a dynamic, multi-faceted work plan underlying it, fulfill the more specific task of supporting and updating implementation of the Blueprint and measuring the community’s progress toward ending homelessness.

B. Blueprint Benchmarks

The Blueprint estimates that approximately 15,000 people experience homelessness in Indianapolis each year. Forty percent are identified as families, and 30% are identified as children. The Blueprint further estimates that the Indianapolis community spends approximately \$22 million *each year* in public and private funds to provide shelter and other services to our homeless neighbors. This \$22 million annual expenditure does not include the additional cost of

¹ Adapted from a report prepared with support from Abt Associates, Inc.

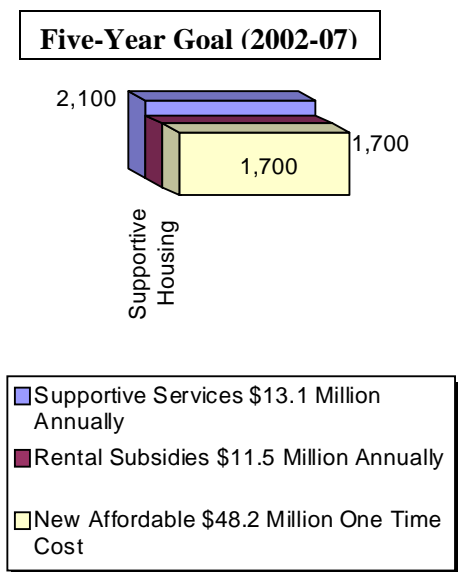
² For additional information on Indianapolis’ Blueprint to End Homelessness, please visit www.chipindy.org. A copy of the Blueprint can be downloaded from this website.

public safety and emergency health care services incurred by people experiencing homelessness.³ The Blueprint established benchmarks to end this cycle.

Ten-Year Goal for Affordable Housing. The Blueprint calls for the creation of 12,500 new units of affordable housing for low-income residents, a portion of which would include support services. These units would house both those who are experiencing and who are at risk of experiencing homelessness. The Blueprint noted that Indianapolis had an estimated 13,000 vacant rental units, many not currently affordable to low income residents. The Blueprint suggested that this surplus provided an unusual and important resource in meeting the need for affordable housing and may make it unnecessary to build large numbers of new units to provide housing to homeless and people at risk of experiencing homelessness.

Five-Year Goals for Affordable and Supportive Housing.

The Blueprint set a five-year goal (beginning in 2002) for affordable and supportive housing. The Blueprint calls for the creation of 2,100 units of supportive housing during the first five years. Supportive housing includes services to ensure that people residing in those units live as independently as possible. *Included within* these affordable supportive units are 1,700 new units of housing. In addition, the Blueprint calls for 1,700 units of the total, whether new or new and existing units, to receive rental subsidies. The Blueprint estimated that the ongoing annual cost to maintain 2,100 units of supportive housing would be \$24.6 million (\$13.1 million to provide support services for all 2,100 units, and another \$11.5 million in rental subsidies for 1,700 of those units). In addition, the cost for establishing 1,700 new units of affordable housing in Indianapolis would be \$48.2 million, with that one-time cost spread across new and existing public and private sources. All of these cost estimates assumed full occupancy.



In establishing these short and long term goals, the Blueprint acknowledged that meeting the five-year goals would require an extraordinary level of political commitment and public investment, and that success would only be possible if community support could be fostered and maintained over the first five years. The Blueprint further acknowledged that reducing the number of people experiencing homelessness in Indianapolis would require the city to increase its investment in affordable rental housing, to use its existing resources more efficiently to

³ Wright, E., Littlepage, L., Federspiel, C. Issues for Policy Makers, Serving the Homeless Well Could Save Taxpayer Dollars. Center for Health Policy, Indiana University – Purdue University Indianapolis; 2007. (estimating these services to range from \$3 million to 7.8 million annually, even when those cost estimates are limited to the chronically homeless).

leverage other public funding, and to establish new partnerships among public agencies and with the private sector.

C. **Blueprint Progress Through October 2008**

Significant work has been done to advance the goals of the Blueprint since its adoption, but Indianapolis is far from meeting the five or ten-year goals for housing. While tangible results have been achieved, progress to date has largely been process-oriented and focused on advocacy, providing education and technical assistance to support a Housing First model, relationship building, and growing capacity and infrastructure to support the new approach and attainment of goals. Examples include:

- New units of *affordable* housing were created to meet the Blueprint’s five-year goal for the creation of more affordable housing. During the first five years of the Blueprint, 1,919 new units of affordable housing were created, including some units of supportive housing.⁴
- Existing and new units of *supportive* housing were identified. During the first five years of the Blueprint, 802 units of affordable, supportive housing had been identified. These include 440 of the units of new affordable housing referenced above, as well as new and existing units of transition in place, safe haven, and permanent housing.⁵ Since this inventory was taken, additional existing units were identified and new units were created to raise this estimate to more than 850 units of supportive housing. This falls short of the Blueprint’s original five-year goal of 2,100 units of supportive housing.⁶
- The Homeless Management Information System (HMIS) was deployed, and “Indiana Housing Now,” an affordable housing locator database, was put in place. In addition, the Corporation for Supportive Housing is currently working with providers on pipeline projects.
- From 2003 to 2008, over \$14 million in Federal Continuum of Care funding was awarded to support existing and new local homeless programs, and additional federal grants were secured to implement a Tenant Based Rental Assistance program.
- The Marion County Housing Trust Fund was launched and permanent revenue has been secured in excess of \$1 million annually.
- Public and private foundations have included Blueprint priorities in their Requests for Proposals (RFPs) to ensure that new projects are consistent with the Blueprint.
- Multiple providers have implemented homelessness prevention and Housing First, Housing Plus demonstration projects (e.g., ACES, Threshold, Ralph Dowe Project, Colonial Park), and the community is piloting a new Housing First, Housing Plus “Transition in Place” program model that allows tenants to remain in their homes after services end.

⁴ These figures are taken from multiple sources including the city and through tallies coordinated with providers. CHIP program staff is reviewing and revising these numbers to ensure accuracy, and expects to have a comprehensive listing and map showing these Blueprint units by the end of 2008.

⁵ Supportive housing does not include emergency shelters or transitional housing to which support services might also be attached.

⁶ See footnote 4.

- Shelter, housing and service providers are meeting on a regular basis to provide training and to identify mechanisms for enhanced collaboration in serving individuals including those with a mental illness and the co-occurring disorder of addiction. This has resulted in cross-training staff from diverse disciplines to improve referrals and understanding of services available. One such collaboration of homeless service providers and mental health advocates was recently awarded a \$1.4 million five-year grant from the United States Department of Education to provide employment services and training to move people into positions within the city's hospitality industry.
- CHIP hosted three Indy Homeless Connect events. These annual one-day events attracted more than 1,400 volunteers and provided services and housing to more than 2,300 people.
- A plan was developed by United Way of Central Indiana in collaboration with other local partners to serve youth aging out of foster care.
- CHIP and HVAF have begun working with the Indiana National Guard to prepare for 3,200 Indiana soldiers returning from Iraq in the last two months of 2008, many of whom are returning without employment, and others who are returning without a place to live.

D. Elements of the Blueprint Work Plan

The Blueprint Work Plan builds upon work that has already been completed and presents a dynamic and systematic means to further implement and measure the Blueprint goals. Most significantly, while the original goal of increasing the availability of affordable housing remains constant, the Blueprint Work Plan does not emphasize the robust creation of new temporary and permanent housing. Rather, compared to the first five-year goal of adding 2,100 units of supportive housing to the community, the Blueprint Work Plan calls for a more modest target of new residential units and instead stages increased case management and prevention assistance to reduce the need for future housing interventions.

The Blueprint Work Plan encompasses multiple documents and spreadsheets that reflect different components and strategies, especially in the area of identifying prevention assistance and supportive services to enrich new and existing affordable housing. The Blueprint Work Plan includes these components:

- The Blueprint System Model. A roadmap detailing how the components of the Blueprint system fit together to accomplish the system's goals.
- The Program Models Matrix. A guide to the components of the Blueprint System Model. The matrix details program types from shelters to permanent supportive housing, target populations, time limits and program outcomes, with an emphasis on supportive housing.
- Current Inventory, System Projections, Program Budget Detail and Program Cost Estimates. These components represent an assessment of the system's current capacity and cost projections of future capacity based on the vision outlined in the matrix. These projections estimate costs by program type as well as the cost savings and new effort needed to implement the Blueprint goals staged over time.

- The Investment Strategy. An outline and proposed plan to identify sources of funding for the new effort needed to implement the Housing First, Housing Plus approach. The Investment Strategy maps out annual targets of housing units and services by unit type and potential sources of funding, using actual cost estimates by program type.
- An Evaluation Plan. The Evaluation Plan identifies the Blueprint goals and sets out the activity, program targets, program outputs, and program outcomes for each goal.

E. Blueprint Work Plan Projections

The Blueprint Work Plan sets out projections from year to year for individuals and families requiring housing and services, the scope or type of housing and services they will require, and the estimated costs to provide that assistance. For example, the Blueprint Work Plan sets out year by year projections to add each program type of housing, such as transition in place or permanent supportive housing. Each program type is accounted for in that manner, staging the addition of housing and services from year to year through the end of the Blueprint period. At the end of the Blueprint period, the Blueprint Work Plan sets a total system capacity goal of 2,614 residential units of temporary, transitional and supportive housing. The chart below illustrates the projected goals for all of the program models at the end of the Blueprint period.

Point-in-Time Capacity of Blueprint System By Program Type (2013)

Program Types (Point-in-time Capacity)	Capacity for Single Persons (2013)	Capacity for Families (2013)	Total System Capacity (2013)
Supportive Services (service slots) and Financial Assistance (persons)			
Prevention – One-time Assistance (annual)	185	49	234
Prevention – 6 mo Subsidies	-	21	21
Outreach	Maintain current cap.		
Day Center	Maintain current cap.		
Housing Placement Subsidies (annual)	1,748	352	2,100
Coordinated Case Management	1,036	195	1,231
Residential Programs (Beds or Single Units)			
Emergency Shelter	438	90	528
Engagement Center ⁷	33	-	33
Transitional Housing	439	119	558
Transition In Place	338	56	394
Safe Haven	56	-	56
Permanent Supportive Housing	1,009	36	1,045
TOTAL Residential Units	2,313	301	2,614

⁷ Revised planning for the Engagement Center includes additional beds for a 50-bed facility.

Of the goal for 2,614 residential units, the goal for supportive housing is 1,495 units inclusive of transition in place, safe haven, and permanent supportive housing. Accounting for the current inventory of these units (which, as noted above, is subject to ongoing review and revision), an additional 645 units is needed to reach the goal for supportive housing in the Blueprint Work Plan. Under the Blueprint Work Plan, the Blueprint’s original goal of adding 2,100 new units of supportive housing is adjusted down to account for reprogramming current resources and increasing the investment in prevention and supportive services to provide housing stability.

The capacity projections shown above reflect a combination of adding new programs and shifting resources from one program type to another. Most importantly, the increased investment in prevention assistance and coordinated case management will reduce the need for capacity in various housing programs over time. For instance, individuals and families at risk of becoming homeless can receive case management, prevention assistance and housing placement assistance for affordable housing, thus reducing the need for other housing interventions. If more people can be moved into alternative permanent housing and prevented from becoming homeless, then the demand for shelter will decrease. Similarly, if people who need shelter to resolve their housing crisis can be moved into affordable, permanent housing more quickly, then the shelters can serve more persons with fewer beds based on the turnover of the units, so again, the number of emergency shelter beds can be reduced over time. The success of achieving the goals of the Blueprint Work Plan, and the validity of the assumptions underlying those goals and any revisions, is dependent upon the successful implementation of the other components of the Blueprint Work Plan, and specifically, securing the investments required in affordable housing placement, prevention and coordinated case management to keep people stably housed.

As was true when the Blueprint was adopted, the need for new resources to support the goals of the Blueprint is significant. The Blueprint Work Plan revises the 2002 estimate for maintaining units with supportive services from \$24.6 million to \$17.9 million dollars. As reflected in the chart below, the new estimate is broken down between the annual cost of housing and services for single adults (\$15.2 million) and families (\$2.7 million). This estimate is also broken down between new (\$13.9 million) and reprogrammed (\$3.9 million) resources.

New Annual Resources Needed to Support the Blueprint System

Annual \$ Needed for the Single System	\$15,198,016
Annual \$ Needed for the Family System	\$2,664,501
Total Annual \$ Needed for the Future System	\$17,862,517
Estimated \$ that can be Reprogrammed from Current Programs to Support Future Program Models*	(\$3,919,877)
New Annual Resources Needed to Support the Blueprint System*	\$13,942,639

* The reprogrammed funds represent approximately \$2.5 million in the singles system and \$1.4 million in the families system. Note that current funds cannot be reprogrammed until new program models are in place to respond to persons who experience homelessness in Indianapolis.

As was true in 2002, and perhaps more so now, reducing the number of people experiencing homelessness in Indianapolis will require the city to increase its investment in affordable rental housing, to use its existing resources to leverage other public funding, and to establish new partnerships among public agencies and with the private sector. The Blueprint Work Plan identifies possible sources for this funding and stages the investment each year through 2013. The Blueprint Work Plan also sets forth strategies to secure these resources through broad goals of (1) advocacy for additional targeted homeless and mainstream federal, state and local resources, (2) developing formal linkage agreements with mainstream systems to provide the services and/or housing specified in the Blueprint, (3) working with area landlords, (4) conducting a *Blueprint campaign* to secure additional foundation grants and individual contributions, and (5) redesigning how current programs operate, reprogramming resources that are currently used to fund transitional shelter and leveraging agency plans that are already underway to achieve the goals set forth in the plan.

The chart below reflects one model for leveraging the necessary resources to achieve the goals of the Blueprint. The cumulative level of annual funding needed is shown by funding source. The specific figures are based on modeling done within the Blueprint Work Plan that identifies the program types and the subpopulations that are consistent with each funder’s interest and projecting a scenario of funding the year-by-year unit targets. Some of these funds are already formally committed, some are informally committed or are likely options, and some are included as targets that need to be pursued as part of future advocacy by CHIP and its partners. The investment strategy is intended to be a working, evolving plan used to spark discussion and guide activity. As the work proceeds, the investment strategy will be refined and adjusted to reflect new information and plans.

Annual Resources By 2013 By Proposed Source

Funding Sources	Annual Support By 2013
Federal (e.g., HUD Continuum of Care, HOME and HOPWA grants)	\$3,629,032
State and Local Government (e.g, criminal justice, public and behavioral health, housing trust fund, township, and housing authority resources)	\$8,104,819
Private Foundations	\$1,163,222
Individuals, Congregations and other Agency Fundraising	\$1,017,061
Funding Gap – Source(s) to be determined	\$3,948,384
TOTAL Resources	\$17,862,517

The annual investment is significant; however, the Blueprint inherently changes the homeless system. Rather than managing homelessness, the Blueprint provides for permanent solutions to homelessness for a wide range of populations. The Blueprint represents far more than basic homeless services. It includes enhanced prevention programs, community-based case management, more permanent housing and long-term supportive services. In essence, the

Blueprint outlines a homeless response system supplemented with elements of the mainstream housing and services systems that are required to keep people from returning to homelessness. Presently, mainstream service systems provide and pay for many services for people who are currently homeless; however, the services are often not effective or efficiently delivered because clients are not stably housed. Evidence-based practices demonstrate that investment in the program models proposed in the Blueprint Work Plan will achieve cost savings for other systems and, more importantly, better outcomes for our Indianapolis neighbors who are or are at risk of being homeless.⁸

F. Blueprint Work Plan Evaluation

The Blueprint makes fundamental changes in the way the community responds to homelessness. Evaluating both the process and outcomes of change will be critical in assessing whether the new system achieves its goals and to understand what is effective and what is not. Documenting outcomes are also important to leverage the support and resources needed to support the Blueprint goals. CHIP will work with its partners and use a number of indicators to measure the process of implementation (whether Indianapolis is implementing the new system, as intended) and to track the program and system outcome measures to determine our community's progress toward preventing and ending homelessness.

There are three components to the Blueprint Work Plan's evaluation framework: (1) measuring progress in implementing the Blueprint; (2) measuring the outcomes of each part of the system; and (3) measuring the impact of the Blueprint. The provider community worked together to develop appropriate, measurable outputs for each program component of the Blueprint system and to determine our community's progress in achieving the following goals: (1) assisting people in maintaining their housing; (2) connecting people who are homeless to needed shelter, housing and support services; (3) focusing on re-housing all persons, regardless of disability or background; and (4) providing a broad range of permanent housing options with consumer-driven supportive services for people who have temporary or long-term barriers to self-sufficiency.

⁸ A recent Indianapolis study measured the cost savings associated with ACES, an intensive coordinated case management model. The study documented \$443,431 in reduced inpatient health care for the 49 individuals enrolled in ACES during the year following program disenrollment as compared with the year prior to program entry when these individuals were homeless but not receiving intensive case management and housing support. When extrapolated to the estimated 121 persons who are chronically homeless and would benefit from a similar intervention, the estimated cost savings is approximately \$1.1 million. Wright, Eric. *The Impact of ACES on Public Health Care Expenditures for Homeless People with Co-Occurring Substance Use and Mental Health Disorders*. Center for Health Policy, Indiana University-Purdue University Indianapolis; 2006. Another examination of public health and criminal justice costs associated with 96 chronically homeless persons in Indianapolis suggests that Marion County and the City of Indianapolis expend between \$5,912 and \$15,560 annually to respond to the needs of the average homeless person with mental illness and/or substance abuse problems – or when extrapolated to the whole, roughly \$3 to \$7.8 million on local public health care and criminal justice expenditures for the chronically homeless population in the City as a whole. Wright, E., Littlepage, L., Federspiel, C. *Issues for Policy Makers, Serving the Homeless Well Could Save Taxpayer Dollars*. Center for Health Policy, Indiana University – Purdue University Indianapolis; 2007.

Each of these goals has a set of activities and outputs associated with measuring progress. At the system-level, the following outcomes provide a starting point for evaluating overall system effectiveness:

- Increase the proportion of those presenting with a housing crisis who are prevented from becoming homeless.
- Decrease levels of chronic homelessness and/or the number of persons living on the streets.
- Decrease the overall amount of time people spend on the streets and in homeless shelters.
- Decrease the rates of recidivism.
- Increase enrollment in mainstream benefits among those who are eligible.

CHIP will use the Homeless Management Information System (HMIS) to collect data and track the effectiveness of the Blueprint. Using the HMIS to track program and client activity from a community-wide perspective will provide the means and the tools to facilitate measurement of overall system effectiveness. Additional data collection methods, such as regular street counts and data from the SOAR State database and other sources, may be needed to track and report on some system measures. Specific evaluation outcomes will include, *e.g.*, the number of clients who received prevention assistance divided against the total number of clients who presented with a housing crisis; the number of clients housed for six, 12 and 24 months from placement measured against the total number of clients receiving housing; and so on. These and many other outcomes will be measured annually using the same calculations, but applied against new annual estimates of people experiencing homelessness and entering into service. The annual point in time counts will be used as the baseline for measurement.

G. Conclusion

Transforming the current homeless response system to meet the Blueprint goals will take significant dedication, work, and resources. CHIP's work ahead will include education with Blueprint partners and mainstream and homeless funders to advocate for financial commitments and to get Blueprint projects in the pipeline; continued technical assistance and capacity building with the many housing and service providers to equip them to apply the principles embodied in the Blueprint; and continued infrastructure development to support better service delivery and access to benefits. Along the way, CHIP will regularly communicate its progress and measure the effectiveness of the community's actions. Initially, success will be measured by seeing trends of increased prevention and decreased homelessness; however, ultimately, when fully implemented, the Blueprint System will eliminate chronic homelessness and will radically end homelessness as we know it today.