

Blueprint 2: Solutions to Homelessness in Indianapolis

The next right answer

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Introduction

Nearly 50 years after the war on poverty was waged, more than 100 years since Lady Liberty exhorted the world to “give me your tired, your poor,” America still struggles with the far-reaching, long-term and seemingly intractable issues caused by poverty, including homelessness.

Indianapolis is like virtually every other big city in this country – filled with opportunity for those whose personal circumstances have placed them in the position to grasp it. But for those born in poverty or cast there by life’s circumstances, Indianapolis’s streets can be mean. Poor and homeless individuals and families must negotiate a maze to access even the most fundamental necessities. And because many of them are ill-equipped to do so, they end up at a dead end.

We can do better than this.

Immediately after the stage-rigging collapse at the Indiana State Fair in August 2011, Governor Mitch Daniels praised the Hoosiers who “ran to the trouble, not from it” for their “remarkable demonstration of compassion, caring and bravery.” Two days later, a fund was set up to accept contributions to benefit the victims.

That tragedy caught national attention and local imaginations. But quiet tragedies happen every day in Indianapolis: when a man loses his job and his family spirals downward toward homelessness; when a mother grabs her children and finally flees the flying fists of her partner; when a veteran for whom the world no longer makes sense cannot comprehend living anywhere but under a bridge. Will their fellow Hoosiers exhibit compassion, caring and bravery? Will their neighbors run to the trouble, not from it?

We believe they will. We believe that, when they learn of these daily tragedies, Hoosiers will respond as eagerly and as passionately as they did on that blustery August evening. We present this **Blueprint 2: Solutions to Homelessness in Indianapolis** as a follow-up to the Blueprint to End Homelessness and an outline for Hoosiers to use, starting in 2012, to channel their eagerness and passion – indeed, their compassion, caring and bravery – to end homelessness for their neighbors, one person or family at a time, and to prevent others from falling into it.

The issue

At this writing, economists say that our nation is emerging from the worst economic downturn since the Great Depression.¹ But when you’re homeless or jobless or living on the edge, it’s hard to see where the economy has improved.

Statistics bear out our dismay. From 2000 to 2010, our state’s median household income dropped farther than income in any other state in the nation except Michigan – more than \$7,000.² That placed Hoosier households’ 36th in the nation, down drastically from 23rd in 2000. Indiana ranked 41st among the states in income growth for the second quarter of 2011.³

The poverty rate in Indiana soared to 16.3 percent in 2010,⁴ the highest rate in 30 years. More than one in four Hoosier children – 26.3 percent – lived in poverty. One in three Hoosiers were considered low-income, compared with one in four a decade ago.⁵ In 2009 and 2010, Indiana ranked fifth among the states for the number of personal bankruptcies, with filings by 7.1 of every 1,000 residents.⁶

The unemployment rate in the Indianapolis metropolitan area reached 10.1 percent in February and March 2010⁷ – even with the inclusion of wealthy Carmel in the statistic – and hovered around 8 percent more recently. Indeed, not only have economists called this a jobless recovery, but some employers pointedly will not hire someone who is out of work.⁸

Even those fortunate to have work have difficulty making ends meet. A minimum-wage earner in Indianapolis has to work 81 hours a week, 52 weeks a year, to afford a two-bedroom apartment.⁹

Joblessness was identified in the 2011 homeless count as by far the biggest cause of homelessness in Indianapolis.¹⁰ And unemployment brought on by the recession surely is to blame, at least in part, for the 78 percent increase in the number of homeless families who were counted in 2009 compared to 2008.¹¹

“More and more in these economic times, a person is one bad situation away from being out on the street.”

-The Rev. Michael Bowling, pastor,
Englewood Christian Church

But blaming the recent recession for homelessness is too simplistic: Holy Family Shelter, the oldest family shelter in Indianapolis, has been virtually full for 27 uninterrupted years – during booms and busts, a sputtering economy and a humming one.

Homelessness is a symptom of our country, state and city’s failure to adequately address societal ills, including poverty, domestic violence, child abuse, mental illness and substance abuse. The 2011 homeless count, which counted 1,567 sheltered and unsheltered individuals, identified 425 people with alcohol problems; 379 with drug problems; 257 with a chronic health condition; 247 with a developmental disability; and 159 with mental illness.¹²

Only about 11 percent of those counted met the federal government’s definition of “chronically homeless,” and that suggests the complexity of the issue. Too often, society thinks the panhandler on the downtown street corner is the typical homeless person. He is not; in fact, the person shaking the cup or verbally accosting pedestrians may not even be homeless. Contrary to that public perception, the count found 390 victims of domestic violence; 86 youths who had emerged from the foster-care system; 155 families with 444 members.

Homelessness cuts across faiths and colors, across our society and our community, across our politics and our comfort zones. It undermines our sense of wellbeing and our pursuit of the American dream; it makes us realize that there but for the grace of God or karma or happenstance go I.

We will never eradicate homelessness – not as long as the societal ills that cause it are not addressed. So while this document, like the one that preceded it, offers solutions to ending homelessness for that individual and this family, we know that we are merely treating a symptom of those larger ills. We have no choice but to accept that.

“My passion is for families to get what they need to go home.”

-Shannon Glenn, former executive
director, Interfaith Hospitality Network

We’re sure that the people who 10 years ago crafted the original Blueprint to End Homelessness¹³ recognized that too. Unfortunately, their intent has been blurred or lost or misinterpreted or simplified over the years, so the name of their document – Blueprint to *End* Homelessness – became viewed as a self-defeating proposition. They did not naively believe they could eradicate homelessness once and for all; rather, they wanted to ensure that, when someone in Indianapolis became homeless, the

community offered an adequate infrastructure to quickly and efficiently ensure that the person had a home he could call his own and the services he needed to stay housed.

Our vision for Indianapolis, as expressed in this plan, hasn't changed; in fact, this plan is an evolution from the first blueprint. But we know more and have experienced more. So we should be even better equipped to prevent homelessness for many and to ensure that any person who nevertheless becomes homeless will immediately be swept into a system that gets her quickly housed in the most appropriate setting and addresses the reasons for her homelessness through a comprehensive array of services offered by a coordinated array of providers.

Duration of the plan

While the vision for this plan stretches out over 10 years, we seek to achieve the actions it calls for in the next five years. There are thousands of ways we can address homelessness, but we focused on actions that are achievable in the near term and that respond to the city's most urgent needs.

Many who participated in creation of this plan called for its duration to be three years. But practical considerations described on page 19 required us to settle on a five-year plan with a 10-year vision.

We dreamed a little about what we hope for and will endeavor to achieve over the next decade, but we also drew on the lessons of the past one. Who, after all, could have predicted in 2001 – when work on the Blueprint to End Homelessness was most in earnest – that the most devastating economic downturn in eight decades would occur during that document's life?

What's more, about four in 10 respondents to a recent survey about the Blueprint to End Homelessness, conducted as part of an evaluation, acknowledged that they have become less attentive to it in recent years. We don't want the strategies and goals set out in this document to fade from our consciences before they're accomplished. It also has become clear over the years that some goals were not sustainable as community priorities. Consequently, we thought it wiser to focus on the foreseeable future – as foreseeable as the future ever is – and to set out reasonably achievable goals. We also outline our dreams for the long term, and we establish a system to regularly update our goals and evaluate our progress so that Blueprint 2 is a living document.

The name

As we prepared this plan, there was considerable debate over its name. Some people insisted that we will never end homelessness; one suggested that keeping the name would offend him and his colleagues so much that they would promptly toss the plan into the waste basket. Others urged us to retain the name because of its brand equity.

We believe we crafted a compelling compromise. We chose the name "Blueprint 2" to leverage the community's association of the word "blueprint" with homelessness and to connote continuity from the original plan. But we eliminated the word "end" from the name because of the visceral response to it and in recognition, as one contributor said, that we never will *eradicate* homelessness. But we still believe that a worthy goal – indeed, the *only* goal – for this community is to seek to *end* homelessness, one person or family at a time. As another community leader put it: how can those who commit time, effort and treasure to this endeavor set any lesser goal?

We also chose a subtitle – “the next right answer” – to honor the hard work and achievements of so many people in our community as a result of the original blueprint.

We hope our choices mean our friend won’t throw this plan into the trash. Likewise, we hope it won’t end up on a high, dusty shelf, but rather remain on desks and coffee tables across Indianapolis, where we will be constantly reminded of the important work we all must continue to do to end homelessness in our city.

Our approach

The Blueprint to End Homelessness designated the Coalition for Homelessness Intervention and Prevention the “lead entity” to implement its measures. As such, and as we drew closer to the end of that plan’s 10-year life, CHIP began the process to coalesce the community around a post-blueprint plan.

Preparation of this plan took almost a year; an evaluation of the community’s progress on the Blueprint to End Homelessness was conducted contemporaneously but was completed in time to inform this document. From late January through early July 2011, more than 80 people – consumers; service providers; funders; elected and civic leaders; state and local government officials; law enforcement and justice officials; representatives of the faith community and community development; housing experts; businesspeople and others – contributed their time and expertise during interviews that delved into their observations about what we are doing well and not so well in the battle against homelessness in Indianapolis.

A steering committee formed in July. More than 30 people who were representative of the spectrum of stakeholders were invited to participate, and those who committed their time and talents were encouraged to invite still others to ensure that a full array of stakeholders was represented. Using ideas gleaned from the interviews as their guide, the members of the steering committee identified priorities that they thought should be addressed in this plan. Three subcommittees – housing; mental health/substance abuse/health care; and employment/skills development/education – refined the ideas. Each subcommittee used a framework that focused on the results it wanted to achieve; the powerful strategies the community can use to achieve them; the populations each strategy would affect; and the ways the community will know that it has succeeded.

Members of the steering committee later took up the issue of planning, which is discussed on page 22.

Beginning in late August, we asked those interested in homelessness across Indianapolis to save the date for the Community Summit on Homelessness, set for Oct. 11. We published information about the summit far and wide, and asked those who learned of the summit to send notice to their networks as well, in an effort to include anyone with interest in the issue. Notices appeared in the *Indianapolis Star*, on WFYI-radio, in the Indianapolis Not-for-Profit News newsletter and on Facebook®.

The event, which was covered by WIBC-radio and Network Indiana, drew more than 100 people to hone the ideas even further. An e-mail address – blueprint2comments@chipindy.org – was established to accept comments. A month later, a draft was presented to the community for its review; comments were accepted for two weeks and a public comment session was held Nov. 22 so the community could react to the draft. The result is the document that you hold in your hands or that you are peering at on a computer screen.

Over the course of the interviews, steering committee/subcommittee process and the Community Summit on Homelessness, themes emerged. Over and over, we heard that our community needs specific things to effectively prevent and end homelessness.

What we need

More than 25 years ago, Robert M. Hayes, founder of the National Coalition for the Homeless, wrote, “It is no exaggeration to say that there is a three-word solution to homelessness: housing, housing, housing.” We respectfully disagree. Housing alone will not address the reason a person or family became homeless; it is an empty promise. **To be sustainable, housing must be coupled with services that address the reason one became homeless.**

Consequently, we embrace the concept of “housing first/housing plus.” This is more than a matter of semantics. “Housing plus” means that an individual or family who is placed in any of a variety of housing settings is assisted by a case manager – a trained professional who understands “the system” and can act as facilitator, go between, coach, negotiator, mentor or teacher to connect the homeless neighbor to the services he or she needs to stay housed. Such services may address legal and financial issues (financial literacy training, bankruptcy, landlord-tenant issues, modifications of child support); health matters (health care, mental health care, substance abuse treatment); job training or employment assistance; or whatever will enable the neighbor to stay under roof.

The concept behind housing first is that everyone deserves a home. Not a single person who participated in the preparation of this plan suggested otherwise, nor did anyone say that an individual must undertake certain steps or jump through myriad hoops to be deemed *worthy* of a home. But a significant number of people in the Indianapolis homeless-services community believes that individuals must be *ready* for a home. Service providers see their role as helping them to become ready, not to judge when they are worthy. The distinction is important.

“There are lots of different reasons that they’re homeless, so putting them in a building isn’t going to keep them there. They’re going to leave; they’re not going to stay housed. It’s because they don’t have supports to figure out how to live and have a home.”

-Susan Calhoun, chief operating officer, Partners in Housing

That is why, in addition to adopting the housing first/housing plus model, we believe that Indianapolis should adopt a “flexibility always” model or, as one leader put it, do “whatever works.” We maintain that every person deserves a home in an appropriate setting, with access to the services that will allow her to stay housed. Whereas the national model of housing first generally calls for individuals to be placed only in permanent supportive housing, we know from experience derived from implementation of the first blueprint that housing first/housing plus can succeed in transitional settings too.

Some homeless neighbors will do well living relatively independently in a permanent place with access to services that allow them to stay housed. Others, such as Vanessa Stewart, whose treatment at Pathway to Recovery Inc. enables her to be in recovery from a 32-year addiction to heroin and living in her own apartment, need the highly structured approach of a transitional recovery setting that enables them to bring order to their chaotic lives. And still others need transitional housing with services only until they get their financial footing again and are ready to move on with a self-sustaining lifestyle.

Housing strategies

Our community's frustration is that we have an adequate number of apartments and houses but lack the funds to place people into decent, affordable housing and pay for the crucial services they need to sustain it. We'll discuss the funding side of the issue later. To achieve the housing side, the community identified several gaps in Indianapolis's housing continuum that we must fill. Accordingly,

"There's nowhere else we would rather be and no work we'd rather be doing. But there are frustrations."

-Leslie Kelly, director of programs,
Horizon House

The community shall:

- **Establish an engagement center.** The 2011 homeless count found 168 chronically homeless people, many of whom have severe mental illness and substance-abuse problems. The fact is, many of our homeless neighbors deal with their mental illness by self-medicating with alcohol and drugs. But their intoxication makes them vulnerable to arrest or attack. An engagement center will provide safe shelter for people who are homeless and intoxicated for up to three days. And establishing an engagement center as soon as possible would be a worthy launch of this new blueprint.

CHIP already has convened an Engagement Center Task Force; raised significant funding; secured a commitment from Health and Hospital Corporation of Marion County and Midtown Community Mental Health Center to operate a facility; contracted for architectural renderings; and taken other steps toward realizing the center. At this writing, Health and Hospital Corporation is seeking a location for the facility.

Police officers now have the choice of taking an intoxicated person who is homeless to jail or the emergency room; both are costly and neither is necessarily appropriate to deal with the person's issues. When the engagement center is open, police officers will have a better choice. We call on the Indianapolis Metropolitan Police Department and other law enforcement agencies that serve Marion County to adopt a policy stating that the engagement center shall be the first choice unless a serious crime has been committed or the person's health is endangered.

"It buys them three days, and sometimes two are all you need to pull off a miracle."

-Sgt. Robert Hipple of IMPD on the
engagement center

That policy will reduce public costs. Police officers will spend less time in their encounters with these individuals and costly jail stays and court time will be avoided. And rather than sleeping off intoxication in the emergency room, the person will do so at the engagement center. Homeless neighbors who stay at the engagement center will be encouraged to accept housing and services that will end their time on the streets.

City leaders must publicly state their support for this cost-saving, life-saving facility. And because we all care about the same bottom line – ending homelessness – service providers must form a chorus of support for this important piece of Indianapolis's continuum of services.

- **Develop a low-demand housing first/housing plus approach to accommodate individuals who are not yet ready to accept services.** We wish that every homeless individual who is approached by an outreach worker or happens into a day center would promptly accept services. But sometimes our

ideas of what would improve that person's life differ from his. Sometimes he's not ready to accept the rules and the life changes inherent in many programs.

That doesn't mean he doesn't deserve to be housed. Indianapolis has limited low-demand housing options that provide a safe environment for people who otherwise will live on the streets; we need more. We envision a site-based program that demands only that residents refrain from endangering others. However, they would be exposed to and encouraged to partake in intensive mental health and substance abuse treatment and employment and skills development programs. They would be afforded housing and services immediately, even if they have not yet been diagnosed with mental illness, addiction or AIDS (as typically required by facilities funded by Shelter Plus Care grants from the federal government), and while awaiting approval for participation in Medicaid, Social Security Disability Insurance, Supplemental Security Income or other public benefits for which they may be eligible.

We believe that an individual is more likely to become engaged and accept services if he or she is housed. And on a very practical level, it's easier for that person to do so. Keeping appointments with a therapist is tough for someone who sleeps on a steam grate, lost his watch to theft and doesn't have bus fare.

Developers shall document the personal effectiveness and the cost effectiveness of the program to determine if it should be continued or expanded.

- **Establish a pilot housing project to serve homeless youths age 18-24.** The Marion County Commission on Youth and CHIP convened the Homeless Youth Advocacy Network, an interagency group of housing, health, social service and educational leaders who have been studying ways to address youth homelessness. Among the network's findings is the need for a pilot project that would repurpose existing housing stock – an apartment building or scattered-site housing – to provide homeless youths with supervised, safe, affordable housing tied to educational, employment, social service, health, income and case management resources. After a small number of youths has been placed in housing, and monitoring and evaluation methods have been put in place, the program should be modified as necessary and expanded with new partners.
- **Leverage Indianapolis's glut of abandoned houses to provide affordable housing.** The city of Indianapolis estimates there are 8,000 to 10,000 abandoned houses in its borders and is spending millions of dollars to tear many of them down. It makes much more sense to catch houses before they fall into such hopeless disrepair, rehabilitate them as needed and make them available at affordable rents to homeless families.

The concept is simple; the process is not. The city is willing to make these houses available for such purposes, but there is a cost – \$2,500 for nonprofits with 501(c)3 designation. And there has to be a willing owner. We call on the city's faith community – churches, synagogues and mosques – and civic and service organizations to step up to the challenge. These houses of worship and organizations can partner with service providers to identify appropriate individuals or families to reside in the house. Then their members, with assistance from at least some tenants, can rehabilitate the house as a community-improvement project. And perhaps more important, the members could mentor the new residents and address issues to keep them housed.

- **Create an array of housing options to fill gaps.** Renota and Bobby Smith spent almost five months at Interfaith Hospitality Network, living a week or two at a time in facilities provided by generous faith organizations. Their stay was not unusual; the average stay in family shelters in Indianapolis is 100 days. With the help of the U.S. Department of Veterans Affairs, the Smiths were able to move their blended family – his two children, her two children and their 3-year-old daughter – to a new house in November, where they expect to welcome a new baby girl around Jan. 1.

“Anybody is a paycheck or two from being homeless, really.”

-Bobby Smith, a disabled veteran whose family became homeless

When the couple – he, an Army veteran; she, holder of an associate’s degree – learned that they became eligible for subsidized housing, they moved to a hotel to await their permanent move so that Interfaith could take in another family.

The Smiths ended up squeezed into their hotel room for longer than expected because of delays in their move. We’d like other families to be spared the hardships that they had to endure. And, to the extent possible, we’d like to minimize stays in shelters so individuals and families do not fall into a shelter mentality, when they feel beaten down because of restrictions and limited privacy. Indianapolis must establish a network of **long-term emergency housing** so that, rather than staying in shelter or a motel, individuals or families could live in an apartment or a house that is more comfortable and more conducive to a return to normalcy.

Again, we turn to the faith community and civic organizations. In a slight twist on the program described above, a church, synagogue, mosque or organization can rehabilitate a house, partner with a service provider and offer the house for long-term emergency shelter.

We also call on civic-minded apartment owners to set aside a unit in their buildings that could be used for safe haven or transitional housing. An apartment complex on the northeast side, for example, has done just that, giving the keys to two apartments to a caseworker for the Far Eastside Action Coalition for use by victims of domestic violence who need a safe place to stay for a short time. The Lawrence and Warren township trustees pay utility bills for those units. The other seven trustees in Marion County should facilitate similar arrangements around the city.

“These partnerships make wise use of limited resources while providing stability for our neighbors who find themselves experiencing unexpected homelessness.”

-The Honorable Russell Brown, Lawrence Township trustee

- **Determine the feasibility of community development corporations renting property to low-income tenants and joining forces to hire a property manager.** Some CDCs have been unable to sell houses that they’ve built or rehabilitated because low-income families can’t get mortgages in the current economic environment. Renting such properties raises issues, such as depreciation, maintenance and tenant matters, and likely would require approval by lenders. But doing so could provide affordable housing to individuals and families who have no homes while generating income for the CDCs. Some CDCs have been reluctant to rent units not only because of the aforementioned issues but also because they cannot handle property-management duties and they have too few units to make it feasible to hire an outside management company. CDCs that have units that could be leased should collaborate to reach a scale at which jointly hiring a property manager would be reasonable.

- **Support neighborhood homelessness-prevention initiatives** that provide rent subsidies and other services that prevent homelessness. Indianapolis would do well to replicate the successful Homeless Prevention and Rapid Re-Housing Program, which was created and funded by the American Recovery and Reinvestment Act of 2009.

Over HPRP's two-year life, 1,023 Indianapolis households with 2,325 members were rescued from being homeless: 557 Indianapolis households with 1,442 members were able to stay in their homes because they got rent or utility assistance and 466 Indianapolis households with 883 members were rapidly rehoused and provided services to help them stay housed, according to the Homeless Management Information System. HPRP served households earning 50 percent or less of the area median income.

- **Seek new providers or the involvement of existing ones to create affordable housing.** The evaluation of the original blueprint noted that Indianapolis has too few entities that can convert existing structures into affordable housing. We must seek out new entrants into this field and encourage expansion by responsible organizations already involved in creating affordable housing.

We also encourage these housing providers, whenever possible, to hire people who are homeless to do the construction work or take on apprentices who can be trained in construction jobs.

- **Create a cross-agency housing team that would enable people to move out of shelters and into housing more quickly.** This team of four to six members, including a team leader, should be located in an agency that does not operate a shelter, and each team member should be assigned to a specific shelter that he or she would regularly visit to meet with neighbors to understand their housing needs and resources. Team members would develop relationships with private landlords so they clearly understand availability, entry criteria and other benefits or needs of a property. These relationships would allow team members to more easily resolve landlord-tenant disputes after a neighbor has moved in. They also would have relationships with providers of supportive, transitional and Shelter Plus Care housing. Team members should use existing resources, such as Indiana Housing Now (<http://indianahousingnow.org/>), a free listing of rental properties that was developed as a result of the first blueprint. And they should provide "Rent Smart" workshops, which would teach neighbors how to be good tenants as well as their rights and responsibilities.
- **Identify how to provide shelter for underserved populations.** Outreach workers report that some transgendered individuals and unmarried couples, both heterosexual and homosexual, choose to stay on the streets instead of going to a shelter where they are uncomfortable, unwelcomed or required to deny who they are. Other populations that cannot always find shelter include people with HIV/AIDS; gays and lesbians; youths; families led by a single father; and even single women.

Everyone deserves to be sheltered safely, exposed to services and ultimately moved to housing, and collaborative service providers are best suited to identify how to make that happen for all.

Service-delivery strategies

Our community identified several gaps in the services needed by people who are homeless in Indianapolis to get into and stay in housing. None was cited more frequently or stressed as more urgent than comprehensive case management services.

Generally, observers called for more case management services for people before and after they are housed and the money to pay for them. (We address the latter concern later in this plan.) They emphasized a dual need – for professionally trained case managers who know how to facilitate access to a wide variety of services and for the services themselves. Some called for the community to designate a *care* management organization to coordinate support services with employment assistance and housing. That proposal was made in the original blueprint but not completed, and there was no consensus around the issue for this plan. Accordingly,

The community shall:

- **Explore if a centralized care management organization would work in Indianapolis.** Such an organization would enhance service providers’ ability to work cooperatively to streamline service delivery; cut overhead and administrative costs; reduce duplication of services; and coordinate and manage outreach and case management.
- **Ensure that there is no wrong door to access services that will prevent or end homelessness.**
- **Ensure that all personnel who come in contact with homeless neighbors establish a trusting, non-judgmental relationship with them and respect their dignity.**
- **Ensure there is a continuum of mental health and substance abuse treatment.** The 2011 homeless count, as noted above, identified 159 people with severe mental illness, 425 with an alcohol problem and 379 with a drug problem. Rather than dismissing these individuals as hopeless cases who choose their lifestyle, we must recognize that mental illness and addiction often render folks incapable of making a healthier, safer choice. They may see no other options. One man, who lived on the streets for a decade before he was diagnosed with schizophrenia, put it this way: “I was in denial and I couldn’t face reality. I just couldn’t see it.”

Indianapolis must offer a continuum of care that starts with street outreach and includes case management; safe haven; the engagement center; inpatient and intensive outpatient mental health services; inpatient and intensive outpatient addiction services; transitional housing; and permanent supportive housing.

- **Explore options for health and mental health care of youths, ages 12-25.**
- **Co-locate health care – medical, mental, dental, vision and respite care – in as many locations around the city as possible,** including shelters, housing developments and day centers. We wish for homeless neighbors anywhere in the city to find the care they need nearby. Many service providers already cooperate with one another, especially through the co-location of mental health services in shelters. But through collaboration and creativity, more can be done.

“I’m just stuck in the muck at this time.”

-40-year-old homeless man in Judge Barbara Collins’s mental health court

This includes the coordination of physicians’ and nurse practitioners’ schedules; rotations to shelters and locations of transitional and permanent housing; sharing of medical records (with client waivers to overcome HIPAA restrictions); and regularly updating information for CHIP’s Handbook of Help and Connect2Help, the 2-1-1 center for Central Indiana.

- **Expand medical respite services for people recovering from hospitalization.** Last winter, when an addicted man who was homeless passed out on the street on one of the coldest nights of the years, he woke up in a hospital without his legs; doctors had to amputate because of frostbite. The hospital was ready to release him, but he had nowhere to go. He suffered not only from the new disability but also had mental illness – and there was no facility in the city that could handle such severe barriers.

Another patient who had been brutally attacked at his campsite landed in a wheelchair, but his therapist had no choice but to return him to the camp – where his condition made him even more vulnerable to another attack – because she could not find an accommodation for him. Other patients cannot enter respite care because they take certain medications. What’s worse is that there is no respite care – under any conditions – for women.

- **Coordinate street outreach and engagement of homeless individuals.** The outreach teams that serve Indianapolis and the agencies that sponsor them have made great strides in recent years to coordinate their efforts with one another and with other stakeholders. And they’ve made great strides in persuading homeless neighbors to come in off the streets. The secret to their success seems to be the intensive and persistent one-on-one relationships that outreach team members develop with people living on the streets or in camps.

The Community Outreach Task Force, known as COT Force, links outreach workers, police and the courts to identify homeless neighbors who have a mental illness and a history of numerous arrests; it targets them to receive interventions to stabilize their lives. The Street Outreach Rapid Response Team seeks to coordinate street outreach and triage for homeless neighbors,

“I used to look at the police as an enemy but once I was plugged into what they were doing with outreach, I looked at them as friend.”

-George Neal, member of Homeless Advocacy Council

responding, for example, when a homeless person is taken to the emergency room. These and other teams and their sponsoring agencies should explore whether they can coordinate even more and possibly merge; they likewise should explore whether their work should target homeless youths.

All teams and their sponsoring agencies should adopt the consensus professional standards for outreach teams that were promulgated last year. The city of Indianapolis should adopt the consensus standards for outreach teams and recognize those teams that follow the standards.

- **Develop a program or identify one that could be brought to Indianapolis or replicated here to train outreach workers how to engage people living on the streets in safe and effective ways.** CHIP previously worked with outreach providers and the Indianapolis-Marion County Police Department to design training and deliver it to police officers. It also has taken Indianapolis outreach workers to shadow and be mentored by Chicago outreach workers. But outreach workers want and need more formalized training, and such training programs exist elsewhere in the country.

We encourage institutions of higher learning in Indianapolis to develop a certificate program for outreach workers.

- **Establish and adopt consensus professional standards for case management.**

- **Ensure that case managers immediately check their clients' eligibility for public benefits**, including Medicaid, Supplemental Security Income, Social Security Disability Insurance, veterans' benefits and other benefits.
- **Ensure that case managers are trained in motivational coaching and job placement and are aware of employment tools and resources that neighbors can use to be successful.**

While enabling homeless neighbors to access life-saving services such as health and mental health care, case managers also must enable them to access life-sustaining services, such as career development services; job training; financial literacy training; and education, including classes to earn one's GED, high school diploma or certificate.

- **Make training, skills development and employment of people who are homeless a priority.** Even before the Great Recession, people with limited education or few skills were finding it more and more difficult to compete in the increasingly technological workplace. Low-skill jobs that had not been moved outside our country's borders rarely paid enough for workers to make ends meet. Many were one paycheck or one illness or one family crisis away from homelessness, and the recession has considerably worsened the situation. Now even people with higher levels of education, including college, find themselves jobless and, too often, homeless.

Many homeless-service providers offer job placement for homeless neighbors, and job developers generously donate their time to help neighbors who attend Indy Homeless Connect, an annual event at which homeless neighbors are offered an array of services. Other providers do not have the financial resources to have job developers on staff. These service providers should partner with other organizations that provide training, skills development and job training, such as WorkOne centers and community centers.

In addition, WorkOne and community centers should focus more pointedly on people who are homeless or impoverished, taking into consideration the specific needs of this population. Our community must develop an employment continuum that addresses the needs of homeless neighbors; trains them in soft skills and financial literacy; assesses their need for and provides access to training and/or education; and places them in jobs. EmployIndy, which operates the WorkOne Centers in Marion County, should include shelters, day centers and housing developments in its mobile WorkOne schedule.

Supportive employment programs should be expanded to enable more people with disabilities, including mental illness, to become employed. Such programs already are available in Indianapolis through the community mental health centers, Midtown, Gallahue, Adult & Child and Aspire, and several community rehabilitation programs, but more can and must be done.

- **Develop a system of employment-support services for homeless neighbors that is modeled after the best practices of EmployIndy's Youth Employment Services.** YES, a six-year-old program, has achieved "noteworthy success," according to its Brandeis University evaluators, for helping at-risk young people up to age 25 get training, find work and keep their jobs. We believe a similar program would enable some people who are experiencing homelessness to find and keep jobs.

The key to YES's success is flexible, "barrier-busting" assistance that enables its participants to overcome obstacles that get in their path to success. Likewise, the Psychiatric Assertive

Identification Referral/ Response Program has effectively used “barrier-busting” dollars to help individuals with mental illness who are arrested in Marion County get unconventional services that keep them in treatment and out of trouble.

Flexible, “barrier-busting” dollars should be available and used to help participants become employed, stay in treatment and otherwise address issues that made them homeless, especially when public benefits are unavailable or too restrictive to meet their need.

- **Establish a city-sponsored, employer-support program to encourage and equip employers to hire jobless individuals.** City government and EmployIndy shall promote employer incentives, such as the federal Work Opportunity Tax Credit, which reduces an employers’ federal income tax liability for hiring certain disadvantaged people, such as disabled veterans, ex-offenders and recipients of Temporary Aid to Needy Families, Supplemental Nutrition Assistance Program (food stamps) and Supplemental Security Income.

The city and EmployIndy, with partners such as Goodwill Industries of Central Indiana Inc., HVAF of Indiana Inc., Julian Center, Salvation Army Indiana, Horizon House and Homeless initiative Program, shall develop and operate a mentoring/job coaching program staffed by employers who will volunteer their time to work with disadvantaged people.

- **Support informal networks of information and referral to resources in the Latino and other ethnic communities and increase the availability of culturally sensitive, bilingual services.**
- **Ensure access to legal services** targeted at self-sufficiency and preventing homelessness, such as landlord-tenant dispute resolution; foreclosure intervention; child support payment modification; criminal record expungement; debt consolidation; and access to public benefits. Various providers of legal services must coordinate their services.
- **Be prepared for an influx of veterans.** The provider community for veterans is strong. As one observer put it: “In this community right now, if you are homeless and you are a veteran, you do not have to spend the night in the street.” Still, more and more veterans are returning home from overseas duty, many of them with devastating physical and psychological injuries. Our community must be prepared to honor their service, respond to their needs and prevent them from becoming homeless.
- **Explore how to establish a shuttle-bus system among agencies** so neighbors can get to the services they need. A shuttle bus will never replace an adequate bus system, and the need for a shuttle will be reduced if agencies co-locate services as called for above. But until the community commits to more bus routes and added hours, something must be done to get people from place to place. In Cincinnati, for example, five shelters collaborate on a shuttle service that makes rounds around downtown three times daily.

How we will achieve it

Indianapolis is a can-do community, renowned for its ability to form public-private partnerships to get things done. With resolve and collaboration by the faith community, government, schools, service providers, business and others, we are capable of implementing the strategies contained in this document. But we also need fundamental changes, specifically in **funding, accountability and planning**.

Funding

This document, like the original blueprint, is filled with good ideas generated by knowledgeable and caring people. But ideas have no value if they cannot be implemented, and most of these ideas cannot be implemented without new money.

We are not asking the community to throw money at a problem and hope something works. We know that ending homelessness makes sense not only from a humane standpoint, but also from a financial one.

Unlike the other 11 cities that precede Indianapolis on the list of the nation's 12 largest cities, as well as many cities and counties, including Columbus, Denver and Seattle, Indianapolis provides no direct tax dollars to battle homelessness. Virtually all money directed to homelessness by the city comes from the federal government. The Indianapolis Housing Trust Fund receives \$1 million a year from the Health and Hospital Corporation, which is tax-supported, as well as \$400,000 a year from a filing fee on real estate documents filed with the Marion County recorder. The Chip in at the Box initiative, while started by the city, relies on individual contributions and has generated only about \$12,000 in 3.5 years.

It is unconscionable and unnecessary for anyone in Indianapolis to be homeless. It also is unreasonable and ill-advised to continue to spend money, for example, on arresting the same mentally ill or addicted individuals over and over again for public intoxication, lodging them in the crowded Marion County Jail and expecting anything to change. Albert Einstein defined insanity as "doing the same thing over and over again and expecting different results," and we decline to argue with Albert Einstein.

We therefore call for a permanent and meaningful revenue stream to fund initiatives and services to end homelessness be established in Marion County as soon as possible, given the constraints of the government's machinery.

We are not insensitive to putting new burdens on anyone; we know full well how individuals and families living tenuously on the edge can teeter over it with the slightest push. But we also believe that a small, dedicated public contribution to battle homelessness will tremendously help a significant number of people to get a firmer grasp of their lives before they fall and provide a hand up to those who have already fallen, while going virtually unnoticed by most people who will be asked to pay it.

There is ample evidence to show that spending money to end homelessness is cost-effective:

- A 2009 update of a study conducted by the Center for Health Policy at Indiana University-Purdue University Indianapolis found that the average chronically homeless person with mental illness or addiction incurred between \$6,162 and \$18,712 a year in costs to the public health care and criminal justice systems.¹⁴ The figures do not include the high cost of emergency shelter.

At a fair market value rent of \$629 a month¹⁵, it would cost \$7,548 to rent a one-bedroom apartment for a year in Indianapolis. The blueprint analysis in 2007 estimated the annual cost of services to be \$5,550; Connected by 25 recently budgeted annual services at \$5,476 per recipient. In other words, placing a chronically homeless person in permanent supportive housing with services – housing first/housing plus – could cost roughly \$13,000, less than leaving him on the street.

- The original Center for Health Policy study, conducted in 2007, concluded that “expanding access to (permanent supportive housing) programs – and coordinating this type of care with existing housing and social services – would help provide better care for this high-need population and reduce the financial stress on our criminal justice and public health care system.”¹⁶
- A white paper prepared by the Indiana Housing and Community Development Authority in September 2009 cites studies that cumulatively found that the costs of permanent supportive housing “are similar to – and often less than – the costs of allowing persons with chronic illnesses or other special needs to remain homeless.”¹⁷

The paper cites several studies that found that permanent supportive housing program variously produced a 98 percent reduction in emergency room visits and a 62 percent reduction in emergency room costs (Portland, Maine); a 95 percent cut in mental health inpatient hospitalizations; a 71 percent decrease in Medicaid reimbursement costs (New Haven, Conn.); a 97 percent reduction in nursing home nights (Illinois); an 84 percent reduction in tenants’ days spent in correctional facilities; an 87 percent decrease in sobering center admissions; and an 84 percent reduction in detoxification costs (Denver).

- A 2006 study of Action Coalition to Ensure Stability, an award-winning demonstration project operated in Indianapolis, found a 75-percent reduction from pre- to post-enrollment health care costs for ACES’ chronically homeless, dually diagnosed clients.¹⁸
- The Homelessness Research Institute of the National Alliance to End Homelessness found in March 2010 that, when chronically homeless people were housed in permanent supportive housing in four cities and a state (Portland, Maine; Portland, Oregon; New York, NY; Denver, Colo.; and Rhode Island), the costs generally were offset by reductions in costs for emergency shelter, medical and mental health care, police and jail costs.¹⁹
- After chronically homeless people were stabilized through a housing first/housing plus initiative in Massachusetts, annual Medicaid costs for them declined 67 percent, from \$26,124 to \$8,500 per person. The costs of shelter and incarceration also decreased after housing, from \$6,984 to \$192. Housing and related services cost \$15,468 per person, so the annual net per-person savings was \$8,949.²⁰
- After 75 chronically addicted people were stabilized in a housing first/housing plus program in Seattle, the public realized savings of \$2,449 per person per month. Seattle’s expenditure for emergency medical care, jail and detoxification services plummeted from \$8.2 million for those 75 people to \$4 million in the year after they were housed and provided services.²¹
- A study by David V. Perkins, Ph.D., a professor in the Department of Psychological Science at Ball State University, found that, as people with mental illness spent more time working because of

supported employment programs, they used fewer hours of mental health treatment.²² According to Charles Boyle, bureau chief – adults with mental illness, at the Indiana Office of Mental Health Policy and Planning, research shows that people with disabilities are better employees than non-disabled individuals, with fewer days absent.

Clearly, it pays off to provide housing and services to people who are homeless. They're healthier and safer; they're causing less of a drain on working members of society; and many of *them* become working members of society. Yet service providers have been struggling to offer the very services that will enable these people to live stable lives:

- The COT Force scrapes by with limited funding from the Indianapolis Housing Trust Fund, the Chip in at the Box initiative, Community Court and the Homeless Initiative Program – whatever it can cobble together. That means there is little money to pay for treatment and other services that will get its homeless people off the street, and even less to house them after they've gone through detoxification.
- The largest of four federal grants that Indianapolis receives to fight homelessness (among other purposes), the Community Development Block Grant, was cut 16 percent in 2011 (from \$10.4 million to \$8.6 million). An additional cut is expected in 2012. In addition, the U.S. Department of Housing and Urban Development has shifted the focus of the money it provides, and allows no more than 15 percent of that money to be used for services.

This has left service providers in search of ways to provide the all-important services, including treatment and help in finding employment, that neighbors need to overcome the issues that made them homeless. According to the National Coalition for the Homeless, this came at the same time that funding to train and provide intensive employment services for hard-to-serve populations decreased in favor of serving those most likely to get employment with the least amount of assistance.

- The state of Indiana previously allowed Marion County service providers to apply for federal Emergency Shelter Grant (now Emergency Solutions Grant) funds distributed for use in the "balance of state." That is no longer the case. As a result, nine Marion County providers lost a total of about \$275,000 in 2011 that had been used for operations and personnel.
- Several successful or promising programs ended for lack of funding. Those include ACES, mentioned above, and a hospitality certification program that trained neighbors who were homeless and disabled to work in the hospitality industry and placed them in jobs.

A 2007 investment strategy found that implementing the original blueprint in full would require \$17.9 million annually for housing and services. The strategy identified many sources for that money, including federal and philanthropic grants. But it anticipated that hefty increases in those resources would be forthcoming by 2013, an unlikely proposition today, given the tenor in Washington D.C. It anticipated that city, township and state government would provide more than \$8 million in criminal justice, public and behavioral health, housing trust fund, poor relief and housing authority resources – *vastly* more than those

"We're just piecing together funding for these people. There needs to be some funding there to be able to help these people on a longer range, with baby steps."

-Karin Thornburg, clinical program coordinator, Midtown Community Mental Health Center

But it anticipated that hefty increases in those resources would be forthcoming by 2013, an unlikely proposition today, given the tenor in Washington D.C. It anticipated that city, township and state government would provide more than \$8 million in criminal justice, public and behavioral health, housing trust fund, poor relief and housing authority resources – *vastly* more than those

governments have chosen to dedicate to homeless services to date. There has been no evidence since 2007 that either of these predictions will prove correct, leaving a significant funding gap. What's more, even with those optimistic predictions, the strategy acknowledged that it could not identify a source for nearly \$4 million of the needed total.²³

In addition, the homeless population has changed since 2007 in ways that may increase the costs to serve homeless neighbors. There are fewer chronically homeless individuals but more families and more formally educated people who previously had stable housing and jobs. Barriers facing many "recently homeless" are significantly higher than those facing families and others before the Great Recession, requiring more intensive services to get them into housing and keep them there.

As this plan was prepared, the need for funding was the most common refrain from those familiar with homelessness. There is little question that our community must dedicate more resources if we have any hope of preventing homelessness or ending it quickly for those who fall into it.

We turn first to the nine township trustees who serve Marion County and cumulatively have more than \$25 million in surplus.²⁴ Several trustees have relationships with service and housing providers that support homeless neighbors. Others, however, deny assistance because a homeless person has no address and can't prove that he lives in their township. **Township trustees, who have been under fire from some political quarters, can demonstrate their relevance and their understanding of the tremendous need by voluntarily collaborating to identify, permanently dedicate and announce a specific amount of their annual tax revenue to preventing homelessness.** Short of their voluntary attention to this issue, the community should demand that township funds be dedicated to homeless services.

Next, we appeal to the better angels of our nature and ask the people of Marion County to recognize the practical benefits of compassion. A public investment to prevent and end homelessness, the **Common Cents Initiative**, ultimately will pay off, as other cities across the country have learned. An increase of one-eighth of one cent on the Marion County sales tax would generate \$9.6 million annually in revenue, while an increase of one-quarter of one cent would generate \$19.3 million, based on 2010 sales in Marion County. We propose these parameters until a new investment strategy, based on today's reality, can identify exactly the need.

An increase of one-eighth of one cent would amount to taxes of 12.5 cents on a \$100 purchase; a one-quarter of one cent increase would add 25 cents to a \$100 purchase. For a median-income Marion County household, the additional tax burden would amount to only \$11.78 to \$23.57 a year, depending on the level of taxation.

In other words, for mere pennies per household, our community can provide housing and services for thousands of our neighbors. Case managers will be able to stay with their clients longer, providing "after care" that will end their homelessness, once and for all. People with mental illness will be housed in a safe, stable environment and get the treatment they need to live a decent life. Social workers will be assigned to the justice system, identifying arrestees who are homeless, linking them to housing and services and working to prevent a recurrence of the incident that brought them to court. Families will be able to provide a stable household for their children, eliminating the trauma that otherwise could haunt them for the rest of their lives. An outreach worker who engaged a chronically homeless individual will be able to get him into housing and services quickly, without a frustrating wait that may discourage the person from accepting help after all. Neighborhoods will be safer when empty houses become occupied and are put back on the tax rolls. Lives will be saved.

Accordingly,

The community shall:

- **Conduct, as soon as possible, a new investment strategy study to determine the cost to implement in full the measures called for in this plan.** The investment strategy should reflect the new demographics of homelessness and the measures needed to address them. It also should identify the current cost associated with homelessness, both in terms of services offered by the homeless-service community and costs incurred by the criminal justice, emergency medical and other systems to deal with homelessness.
- **Adopt the Common Cents Initiative.** The homeless-services community must work tirelessly to bring sufficient resources to bear on this issue. CHIP, as the lead entity identified in the first blueprint and as a coalition of agencies that address homelessness, is best suited to serve as the effort's point agency. It shall undertake aggressive advocacy and awareness efforts and solicit grassroots participation in the **Common Cents Campaign**, which will demonstrate that Indianapolis residents, by paying mere pennies per household, will realize net taxpayer savings while taking care of their homeless neighbors. Service providers shall join CHIP and support it in that advocacy.

This effort will be aimed first at persuading the Indiana General Assembly to authorize a referendum question to be posed on the 2014 General Election ballot. CHIP should be armed with the new investment strategy to demonstrate the specific need for a reliable revenue stream to provide homeless services, so this effort should be directed at the 2013 and 2014 sessions of the General Assembly. Depending on the findings of the investment strategy, the referendum will ask voters if they support a countywide sales tax increase of one-eighth of one cent or one-quarter of one cent to provide services that enable children, veterans and families to be housed and get the services they need to stay housed.

During and after the push to persuade the legislature to allow voters to decide, CHIP shall advocate to persuade the electorate that it makes financial sense to support housing and services for homeless individuals and families, whose ultimate self-sufficiency will reduce the burden on public benefits.

Revenue received through the Common Cents Initiative will be collected by the state and deposited with the city of Indianapolis. The city shall establish an advisory board or otherwise identify how the new revenue shall be distributed, based on the community's priorities as set out in this plan and its updates (see page 22).

- **Adopt an aggressive advocacy stance to ensure that solutions to homelessness are enacted in Indianapolis.** In addition to securing a new revenue stream, CHIP must focus its advocacy efforts on using trustee reserves to address homelessness and on policy matters to ensure that homelessness is prevented or addressed as quickly as possible. This includes advocacy for homeless people, the homelessness issue and service providers, as well as issues such as a better transit system and more child care vouchers. CHIP will be seeking public awareness, recognition, power and funding that establish Indianapolis as a model for the nation.

Accountability

We cannot, and would not, ask the community to provide a funding stream and trust our homeless-services network to do the hard work of ending homelessness unless we all are accountable.

Accountability comes in several forms: accountability to our homeless neighbors, to other individuals and organizations in the services network, to the system, to the community.

We call on each member of the homeless-services community to think creatively about the big picture and frequently ask: How does my agency fit into Blueprint 2? How can I better coordinate and cooperate with partners to advance the cause? Am I doing everything I can – providing data, referring clients to more appropriate agencies, partnering to find funding – to be part of the continuum and to fill gaps in the continuum? Is another organization better equipped than ours to serve a particular portion of the population, even if that means we have to relinquish some funds? Could we move closer to ending homelessness if we merged our organization with another?

Our agencies don't exist to sustain themselves; they exist to prevent and end homelessness for individuals and families. And we must take steps to be accountable to that cause. Accordingly,

CHIP shall:

- **Build on successes realized because of the first blueprint and facilitate new discussions among service providers and other stakeholders** to identify partnerships for purposes of programming and/or funding applications; eliminate areas of redundancy; find ways to achieve greater efficiency; plan joint purchases; and take other steps toward efficiency and cost-savings.
- **Provide more technical assistance** to strengthen service providers in terms of organizational structure, leadership, fund-raising skills and collaboration.
- **Investigate to determine if more asset-based community development would bring creative ideas and would coalesce the community around new ways to solve homelessness.** Several Indianapolis agencies already participate in this practice, which takes the approach that the glass is half full, not half empty²⁵ and that we should tap our community's assets to improve rather than dwell on its detriments.

Service providers shall:

- **Develop and use a centralized and common intake process.** A common intake process will lead to accountability to the consumer, to funders and to the community. It will assess a homeless neighbor's needs efficiently, allowing a service provider to determine if it is the appropriate provider for that person and, if not, to refer him elsewhere. It will evaluate what services have been provided and plan for what should occur. It will reduce forum-shopping by clients and the duplication of services provided to them, freeing up resources, including providers' time, to help someone else. It will enable the provider to more efficiently and effectively address the neighbor's needs and move that individual or family through the system in a progressive way. Ultimately, a common intake form will help more neighbors and allow providers to evaluate their programs' strengths and weaknesses.

The intake process should include uniform assessments, such as a self-sufficiency matrix and the K6, a simple screening instrument for psychiatric symptoms and functional impairment. Consumers who screen positively should be referred to mental health providers for further assessments.

Seattle and King County have established a common intake process under which, for example, single adults can go to one place to apply for any of several organizations' housing programs by filling out a preliminary application.²⁶

- **Develop a Shelter Plus Care housing committee, a collaborative waiting list and standardized application process for housing.** Case managers must fill out five different housing applications, some as long as 20 pages, for each person whom they try to place in a Shelter Plus Care setting, which houses homeless people with a disability, such as mental illness or addiction. A single application should be developed and adopted by all agencies that have housing. A housing committee will allow case managers to meet with housing agencies to discuss the best placement for individual neighbors.

This committee could operate in tandem with the cross-agency housing team referenced on page 10, or the work itself could be assumed by that team.

- **Participate in the Homeless Management Information System.** Only service providers that receive federal funding are required to participate in HMIS, but every service provider in Indianapolis is part of the informal, if not the official, continuum of care. And every service provider has the same goal: to end homelessness for the neighbor who is seeking help.

Data allow us to identify emerging trends and respond to them. They allow us to evaluate the strength and weaknesses of programs. They allow us to outline powerful rationale for funding. They allow us to speak definitively about homeless teens, veterans living on the streets and families moving from shelter to shelter.

But until the entire provider community participates in HMIS, trend analysis will be difficult and suspect. We welcome each new provider that begins to use HMIS, but piecemeal additions skew the data. As noted in the evaluation of the original blueprint: "In 2002, 1,680 cases were entered into HMIS by 24 participating programs. In 2010, over 9,300 cases were entered by 51 programs. This increase in cases was not caused by a more than 500 percent increase in homelessness, but rather an increase in participating agencies submitting information through HMIS."

With full provider participation, HMIS can become a robust tool used to inform community planning, implement services, support advocacy efforts, enhance funding applications – and end homelessness. We encourage philanthropic funders to require participation in HMIS for an agency to receive their support.

- **Avail themselves of assistance, including training, from the Center on Philanthropy** at Indiana University-Purdue University Indianapolis.
- **Establish co-ops** with fellow service providers to jointly purchase supplies, buy employee insurance, handle human resources tasks and address other items.

The community shall:

- **Establish *real* transition planning, as required by law, for those coming out of prison/jail, foster care and mental institutions.** No one should ever be discharged to the streets.

- **Make it easier for formerly homeless individuals who wish to volunteer their time to do so.** Many neighbors who do not have jobs wish to offer their time, but they become discouraged by the time-consuming process of filing numerous applications to become a volunteer or the time lag between application and approval. Social-service organizations that would benefit from their offers of help should be particularly sensitive to this population and make accommodations, including creating a single application that could be used by numerous organizations.

Planning

Why plan? Why was this plan written and why should we contemplate regular updates even before the printer's ink is dry?

Planning provides a logical method to set our priorities and achieve our goals, one step at a time. It helps us avoid pitfalls and keep our eye on the prize. It helps us apply our resources in sensible ways. Planning identifies efficient and effective steps, helping us avoid wasting time and money. It motivates us to be persistent and to strive.

The Blueprint to End Homelessness rallied our community to address homelessness. In the ensuing decade, this community's planning effort paid off in changed lives. Saved lives.

When he addressed the Community Summit on Homelessness Oct. 11, Dr. Eric Wright of Indiana University-Purdue University Indianapolis said that the first blueprint laid "the foundation for long-term change." He pointed specifically to the decrease in the number of chronically homeless people as "a critical sign of success" of the blueprint and a validation for planning.

Indeed, Indianapolis was at the forefront of American cities when it created the original blueprint. But while CHIP regularly provides progress reports on blueprint initiatives, the community has not, until now, updated the blueprint to reflect economic, social and demographic changes.

What's more, Indianapolis has, in the word of one observer, "forgotten" that the federal government created the concept of "continuum of care" to correct for a previous lack of planning at the local level. The Continuum of Care process here has been reduced to an application-approval process: the Continuum of Care Advisory Board, appointed by the mayor, accepts applications from service providers for federal funds, recommends the most promising ones and forwards the recommendations to the city's Department of Metropolitan Development, which approves or disapproves, gets the mayor's signature and makes application to the federal government. While various small groups meet to plan for their portion of the continuum (outreach teams, mental health workers and shelter directors), there is no communitywide planning component to the Continuum of Care, as recommended by the federal government and as exists in many other cities. Local providers have called for an expanded and more comprehensive process that involves a coordinated, communitywide approach to planning and response.

City government, for its part, conducts a yearly update to its own Consolidated Plan, but there is no communitywide planning process that takes a broad look at the entire homeless-services network and all methods of funding it and adjusts for changes.

This plan will alter that. In addition to updating the original blueprint, we also lay out a method for the community to keep tabs on progress made and to adjust for new circumstances. Accordingly,

CHIP shall:

- **Convene regular summits to hear from the community about how homelessness should be addressed and how this plan should be updated.** These summits will affirm or alter priorities set out in this plan; identify and address demographic changes; identify gaps or redundancies in services; evaluate ongoing practices against this plan and its updates; and develop recommendations for projects to be funded in pursuance of this plan and its updates.
- **Communicate the aforementioned recommendations to all funding entities,** including the Continuum of Care Advisory Board; the city of Indianapolis; the Indianapolis Housing Trust Fund; and private foundations.

Public and private funding agencies shall:

- **Consider this plan and its updates, based on the community’s recommendations, when making funding decisions.**
- **Develop a uniform funding application that asks applicant to describe how their proposal advances the goals of this blueprint and its updates.**

What else must happen

The goals of this document are achievable in five years, but we have a vision for 10 years. Some of the actions that we know contribute to an end to homelessness are outside the purview and the power of the homeless-services community. But they are not outside the realm of possibility, especially if thoughtful government leaders and policymakers take notice and action. We encourage policymakers to consider these action items – the sooner, the better – so that, when the next 10-year plan is written, these items will be off the table.

We encourage the community to:

- **Establish a robust IndyGo bus system.** Though Indianapolis is the 12th largest city in the country, IndyGo ranks 97th among bus systems for the number of passenger trips offered and 105th for the number of passenger miles traveled.²⁷ The lack of an adequate bus system bars many people from attaining a self-sufficient life. How, after all, can someone with mental illness hope to get better if she cannot get to treatment appointments? How can someone find and keep a job, especially one in the suburbs, if he or she has no reliable transportation? Few people will be as determined or hardy as those we learned about, who rode the bus to the Indianapolis International Airport and then, even in the dead of winter, walked to their jobs in Plainfield, a trek of at least four miles. Perhaps more to the point, how can a person sustain the two or three jobs that it takes to maintain an apartment in Indianapolis if he has no way to travel efficiently to them?

Mass transit is on the public agenda. Indy Connect, a transportation initiative, has offered a long-range plan that centers on a comprehensive regional bus system and some light rail, in addition to roads, bike paths and pedestrian walkways.²⁸ Many civic leaders hope to put a question on the 2012 ballot, asking voters if they wish to establish a regional transportation system. We endorse the IndyConnect plan and strongly encourage lawmakers to allow the question to be put on the 2012 ballot and voters to vote “yes.”

- **Carefully redevelop neighborhoods.** Civic leaders, including the Greater Indianapolis Chamber of Commerce and the Central Indiana Corporate Partnership, recently identified neighborhood

redevelopment in the ring just outside downtown as one of three growth strategies they plan to pursue. While redevelopment is welcomed, we encourage them to tread carefully, avoid gentrification and ensure that low-income people are not displaced from their neighborhoods and that affordable housing and provider services are included in the plans.

- **Step up where they are able.** Utility companies can provide free or reduced-cost power and heat to apartments that have been set aside to long-term emergency shelter, freeing up township trustee funds for other needs. Drug companies can provide free or reduced-cost psychotropic drugs to people whose prescriptions are issued by homeless-service providers.

We encourage the state to:

- **Provide money for child care vouchers.** Many homeless families are single mothers with children. These mothers cannot be expected to work if they cannot find reliable and safe child care. The federal Child Care Development Fund provides vouchers to low-income families to subsidize child care costs so the parent can work, attend training or continue education. While the state, which distributes vouchers, acknowledges the waiting list, it won't confirm its length; we heard anecdotally that it is six months long. For some families, that wait may mean six months in a shelter, six months without work, six months of turmoil.

Policymakers must address this situation. With more federal money unlikely, the state of Indiana should eliminate the wait by appropriating state money for child care vouchers for low-income workers and it should make those who are looking for work eligible to receive vouchers.

- **Revisit some get-tough-on-crime measures, with an eye toward unexpected ramifications.** Lawmakers have enacted get-tough-on-crime laws over the years, seemingly without regard for the ripple effects. A felony record can make it difficult for someone to get a job, especially in a tough economy such as we are experiencing now. A prison term can make it impossible, and some 5,000 ex-offenders are returning to Marion County each year from prison. We can't say how many of them end up homeless, but we know from the last count that 368 of the 1,567 people counted as homeless self-reported felony convictions.

We recommend that lawmakers reconsider some laws, keeping their unintended ramifications in mind. It may make more sense to send first- or second-time drug-possession offenders to treatment that may keep them from offending again rather than convicting them of a felony, branding them for life and possibly encouraging more criminal behavior and addiction. It may make more sense to allow judges more discretion, such as ordering treatment instead of criminal prosecution; giving an alternative or suspend a sentence for some drug-related crimes; or reducing the level of felony for drug possession near a school, church or park if it's clear the perpetrator had no intent to deal.

Sex offenders pose a particularly intractable problem. They are prohibited from living in certain places, and thus have been evicted from shelter in Indianapolis when a charter school moved nearby. Yet we wonder: isn't it preferable to have a sex offender in a controlled environment, getting treatment, rather than living on the street, abusing substances and possibly acting out? One small way to address the problem is for lawmakers to set tiers of sex offenses so that, for example, an 18-year-old youth who had sex with his 16-year-old girlfriend is not labeled as a sex offender for life, making it impossible for him to find a job and housing.

- **Revisit expungement.** A new law that went into effect July 1, 2011, helps to remove the stigma of criminal conviction that too many homeless people have, possibly keeping them from getting housing and a job. The law allows a non-violent offender convicted of a Class D felony or a misdemeanor that did not result in injury to another person to petition, eight years after completing his sentence, to have the state police restrict access to records about his arrest and court proceedings. Still, Indiana allows a criminal record to be expunged only when a person is arrested but no charges are filed or when charges are dropped, but not when the person has been acquitted of a crime.

We encourage the General Assembly to reconsider whether a non-violent offender should have to wait eight years after fulfilling his obligations – in other words, after he has paid his debt to society – to have his record restricted and whether Indiana should follow other states' lead and allow record expungement in more circumstances.

- **Follow the General Assembly's direction and implement the Medicaid expansion** as soon as possible, in advance of the 2014 date set by the Affordable Care Act. The legislature approved advance implementation, but it has not yet been accomplished. Doing so will provide benefits and services to people who are uninsured, likely reducing their use of expensive emergency rooms for general health care.
- **Allow recipients of Social Security Disability Insurance to automatically qualify for Medicaid.** In most states, a recipient of SSDI automatically qualifies for Medicaid. Indiana is not an automatic state, so an individual must apply separately for the benefits, a burdensome requirement for a disabled person.
- **Recognize** that early childhood education; K-12 education; inability to read; lack of a high school diploma; poverty rates; early pregnancy and motherhood; domestic violence; childhood trauma; and unemployment all play into homelessness or prevention of it.

We encourage the city to:

- **Incentivize companies to hire our neighbors.** If a company says it will create 100 jobs and wants tax abatement, the city should require that 20 of them are low-end jobs and that the company must hire from an identified pool.
- **Work with private entities so that Chip in at the Box sites can be placed in sports arenas and shopping malls.**
- **Adopt a policy that the engagement center, once opened, should be the first choice** of an Indianapolis Metropolitan Police Department officer to take an intoxicated homeless neighbor with whom he or she comes in contact unless a serious crime has been committed or the person's health is endangered. We encourage other law enforcement agencies that serve Marion County to do likewise.

We encourage members of the faith community to:

- **Create a council** to coordinate its response to homelessness.
- **Direct their compassion in a way that does not enable chronically homeless individuals to stay on the streets.** Many good people from churches and charitable organizations have the best intentions

when they deliver food, blankets, tents, propane and kerosene heaters, candles, solar showers and the like to homeless people who are living outdoors. But outreach teams report that this enables the recipients to continue living on the street or in camps, discouraging the teams' efforts to persuade them to come inside. The Good Samaritans end up hurting the very people they wanted to help.

For example, a group of Bishop Chatard High School students who recently were walking downtown to learn about homelessness were approached by a homeless neighbor. He asked them if they were serving food, explaining that he didn't want to make the trek to HVAF – where not only would he get a hot meal but also be offered housing and services – if the students had food for him. Another homeless neighbor was recently asked why he declined to get a meal inside, where he would be exposed to services and shelter. “Are you kidding?” he asked, as he peered at his watch. “I’ve got meatloaf coming in 15 minutes.”

The compassionate people who were bringing the meatloaf probably did not realize that their actions meant this homeless neighbor missed the opportunity to be engaged by a service provider who might finally break through and persuade him to come inside.

There are numerous ways for these generous people to use their minds, hearts, souls and muscle to help homeless neighbors move into a better life. They can, for example:

- Become a volunteer tutor for School on Wheels
- Become a volunteer mentor for Trusted Mentors Inc.
- Provide one-on-one discipleship or conduct small-group Bible studies at Wheeler Mission Ministries
- Provide tax preparation assistance
- Provide financial counseling
- Offer educational programs or mentoring
- Provide a foster home for the pet of a homeless person who goes into shelter or treatment
- Provide food or veterinary care for the pets of homeless people
- Pay for a neighbor's psychotropic medicines
- Set up and/or pay for transportation or provide bus passes to take people to appointments
- Help neighbors fill out job applications and prepare for job interviews
- Babysit so a homeless parent can look for a job.

“We met some people who have just inspired us for the better. When I was getting down on my faith, I met a lady who was dying of cancer and had been battling cancer since the early '90s. She was one of the spunkiest women I've ever met in my life. She glowed. I will remember her forever.”

-Renota Smith, on her family's experiences with Interfaith Hospitality Network

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