

Population Targeted	Indicators of Success	Strategies (What Works)	Lead Entities/ Partners	Performance Measures (# Impacted)	Policy/Funding Implications
All populations	# of homeless people	<p>Provide a streamlined service delivery system that decreases duplication of services due to people accessing multiple systems. Outreach and case management should be centrally coordinated and managed.</p> <ul style="list-style-type: none"> • Efficiencies in overhead/admin costs • Uniform use of assessment tool such as self-sufficiency matrix to ensure that data is comprehensive and uniform • Not necessarily operated by a single organization, but well-coordinated <p>And:</p> <ul style="list-style-type: none"> • Develop formal training for outreach workers (something like the CIT training, but more advanced and offered at a regular interval) • Explore professionalization of outreach workers through official certification that achieves a standard of practice 	CHIP; CCRH	<p># people assessed with a common assessment tool</p> <p>Development of a common assessment tool</p> <p>Development of outreach worker training and certification</p> <p># outreach workers who are trained/ certified</p>	Continuum of Care money is single pot and all use it, no matter what the strategies are
All populations	# of homeless people	<p>Develop existing agencies to provide co-located and/or collaborative on-site comprehensive services to minimize the number of agencies clients need to go to for services and supports. This could include:</p> <ul style="list-style-type: none"> • WorkOne Mobile Unit • Mental Health/Substance Abuse treatment • Soft skills training • Financial literacy • All staff trained to refer to employment services regardless of the presenting need 	WorkOne; HP/I providers	<p># agencies offering co-located services</p> <p># of people employed</p> <p># of people who retain employment</p> <p># of people who achieve sobriety</p>	<p>-Co-located services opportunities along bus routes, at street level, and consistent across the network of agencies so it is easier to navigate the system (e.g., signage that communicates types of services and naming of services consistent across agencies)</p> <p>-Need flexible funding</p>
All populations	# of homeless people	<p>Develop a mechanism for facilitating real-time, accurate communication about client needs and available services across agencies to ensure that referrals to services are beneficial to clients and that those services are easy to reach, clearly marked and identified, and do not duplicate</p>	CHIP; HP/I providers	<p># referrals made</p> <p># referrals completed (client received service)</p> <p># of organizations</p>	HMIS (ClientTrack) may be the best option for this, but need to explore what it would take to expand the capacity of this tool

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		previous services.		participating in a shared data system # clients in a community-wide, shared data system	
All populations	Unemployment rate—Marion County Unemployment rate—HP/I clients	Ensure that agencies/case managers have the skills necessary to address the employment/education needs of the client. Case managers should: <ul style="list-style-type: none"> • Receive training in motivational coaching and connecting for reemployment • Be aware of employment tools and resources clients need to be successful • Establish a trusting, non-judgmental relationship with clients • Use appropriate assessment and planning with clients • Develop a “Homelessness 101” class for service providers that encompasses: <ul style="list-style-type: none"> • Orientation to relevant laws/policies • Orientation to the services available and qualifications for services • Communication across the system • Consistent information across agencies 	Corporation for Supportive Housing; EmployIndy/WorkOne; LISC; CBO’s (e.g., Fathers & Families, CAFÉ, Boner, Mary Rigg)	# of people employed # of people who retain employment # staff receiving training	Need to identify and secure resources for training Must have lower case managers : client ratios in order to develop trusting relationships
All populations	Unemployment rate—Marion County Unemployment rate—HP/I clients	Develop an employment continuum/pipeline that moves clients from: Addressing Basic Needs → Soft skills → Training/Education → Employment <ul style="list-style-type: none"> • Put soft timeframes for each stage to help people figure out pacing and set expectations • Use ClientTrack to assess and understand where in the pipeline the client is 		# of people employed # of people who retain employment # of people who move along the continuum	Expand ClientTrack to support this process. Training and coordination through CHIP

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All populations, especially people with: HIV/AIDS (but applies to others, too)	# of homeless people # homeless people with HIV/AIDS # of homeless people who have public benefits	Provide extended case management and supportive services that include: • Career/Workforce development; • Job training and education; • Access to physical and mental health and substance abuse services • Financial Literacy • Coaching and support • Child care	Community Centers, Community Mental Health Centers, HIP, UIndy, Ticket to Work, Circles Campaign	# of people who improve their housing status # of people who retain their housing # of people who receive public benefits	-Access funding sources available for those with HIV/AIDS -Advocate for a child care funding carve-out priority for people what are at risk of or currently homeless -Advocate for extension of public benefits while client is building stability
All populations	Unemployment rate—Marion County Unemployment rate—HP/I clients	Increase access to education • GED/HS Degree • Develop certifications/training specific to need • Retraining	Ivy Tech; Department of Education	# of people who get HS degree # of people who complete job training # of people who complete certification program	Need waivers for testing fee
All populations	Unemployment rate—Marion County Unemployment rate—HP/I clients	Develop Supportive Employment programs that include on-the-job training in soft skills, life skills, job skills, job coaching, and transitions to permanent private sector employment. • Use proven transitional jobs models (e.g., Job Corps) • Incorporate job coaches to help clients navigate the employer’s culture	Workforce development service providers; Chamber of Commerce; DWD (EmployIndy)	# of people employed in private sector # retained 1st Q after exiting program 30/60/90 days	Look at Department of Labor funding options Ensure there is funding for job coach
All populations; employed homeless/ near-homeless adults	Unemployment rate—Marion County Unemployment rate—HP/I clients	Establish Employer Support Program to ensure that employers are able to respond to the employment needs and have resources to address challenges • Promote Employer incentives – Work Opportunity Tax Break/Federal Bonding Program	Chamber of Commerce; DWD (EmployIndy) Dress for Success;	# of employers participate # of people employed # of people who retain	Federal funding streams through DWD (Work Opportunity Tax Break/Federal Bonding program)

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		<ul style="list-style-type: none"> Develop Employer-based mentoring/volunteer program (job coach) Establish relationships between employers and agencies Dual relationship—employer resource for ‘fragile’ employers 	Danny’s Closet; Trusted Mentors	employment in private sector (3mos., 6 mos., 12 mos.)	
All populations	Unemployment rate—Marion County Unemployment rate—program participants	Develop a system of support services that is modeled after the best practices of EmployIndy’s Youth Employment Services (YES) Program <ul style="list-style-type: none"> Supportive services attached to client over a long period of time Access to support for child care/transportation Access to “Barrier Buster” funds to remove obstacles to sustained employment 	EmployIndy	# of people employed # of people who retain employment	-Need to develop a funding source (YES is currently funded through Lilly Endmt) -Need to make the case that there are cost-savings associated with this model
All populations, especially: Chronically homeless people with health conditions	# of homeless people # of homeless people who have medical conditions	Create multiple access points of comprehensive, coordinated healthcare for homeless persons in a way that provides a continuum of care and includes medical, mental, dental, vision, respite care <ul style="list-style-type: none"> Improve communication and coordination with health care providers (coordinate schedules among physicians, sharing of medical records) Leverage funds from health care reform to enhance the continuum of care Make sure information about healthcare sites is available to the clients (CHIP’s Handbook of Help provides it—must be kept up-to-date) 	Gennesaret Free Clinic, HIP, IUMG, Wishard, HealthNet, IU Health	# of homeless people who receive healthcare # of people who improve their health condition(s)	There isn’t any dedicated funding for multiple access points—need to get rid of middle management; Affordable Care Act ; Need to address HIPAA issues
Homeless people with mental health and/or substance abuse issues	# of homeless people # of homeless people who have mental health and/or substance	Ensure there is a continuum of mental health/substance abuse treatment services that has the capacity to meet the need and is connected as a system (coordinated across providers with real-time communication). This would include: <ul style="list-style-type: none"> Outreach/Case Management 	Gennesaret Free Clinic, HIP, IUMG, Wishard, HealthNet, IU Health; Engagement	# of people who receive healthcare # of people who improve their health condition	Need to address HIPAA issues

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	abuse issues	<ul style="list-style-type: none"> • Safe Haven/Engagement Center • Detox Beds • Substance abuse treatment services (inpatient/intensive outpatient) • Mental health treatment services (inpatient/intensive outpatient) • Transitional Housing • Permanent, supportive housing • Safe, affordable permanent housing with maintained sobriety and/or treatment compliance 	Center; service providers		
Homeless youth	# of homeless youth # of homeless youth who have medical conditions	Explore options for health care/mental health care for homeless youth (ages 12-25) <ul style="list-style-type: none"> • Mature Minor Clause • Educate health care providers on options • Address policy that prohibits treatment of homeless youth 	MCHD; Outreach teams	# of homeless youth that improve their health condition(s)	Policy clarification on what is permissible in terms of healthcare for homeless youth Establish policies to permit treatment of unattached youth
All homeless; homeless youth with mental health issues	# of homeless youth	Continue to support efforts to coordinate street outreach among public and not-for-profit agencies, such as COT Force, IMPD Homeless Outreach Unit, CIT Teams, HIP, Horizon House, VA Street Outreach, Outreach, Inc.. <ul style="list-style-type: none"> • Document the effectiveness of the COT Force and formalize the program • Create a CIT program targeted to homeless youth through additional training 	All outreach teams; CIT Committee	# of people served # officers trained in CIT program # youth served EBP research on COT Force Establishment of CIT program for homeless youth	-Need to increase funding for the program to pay for supportive services and barrier-buster funds in addition to funds for housing and treatment -Integrate CIT into operations
Homeless/near-homeless Latino people	# of homeless Latino people	Support informal networks of information and referral to resources within the Latino community and increase availability of culturally sensitive, bi-lingual and Spanish-language services.	La Plaza; Immigrant Welcome Center; service providers	# bi-lingual/ bi-cultural staff at HP/I providers # networks/connectors	Need to identify, understand, and communicate policies that impact Latinos (particularly those without documentation)

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All populations	# of homeless people who are homeless as a result of eviction or foreclosure # of homeless people with a felony	Ensure access to legal services targeted at increasing self-sufficiency and preventing homelessness, such as landlord/tenant dispute resolution, foreclosure intervention, child support payment modification, criminal record expungement, debt consolidation, and establishing eligibility for public benefits. <ul style="list-style-type: none"> • Coordinate services across the legal service provider system 	NCLC; Legal Aid Society; PACE; Centers for Working Families	# of people who get legal services # of people who resolve dispute; prevent foreclosure; modify child support; consolidate debt	

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All populations	# of homeless people # of homeless people in emergency shelters; transitional shelters; Safe Havens; unsheltered (street)	Develop and implement a Coordinated Community Response to effectively address homelessness <ul style="list-style-type: none"> • There is an energy and great momentum building in the community of homeless providers and intervention services to make this happen and coordinate that response. • Intentionally move toward an asset-based community development model that pulls in existing organizations/programs and strategizes how to coordinate efforts and build assets to address homelessness • Support the community of homeless services providers and intervention service providers to strengthen the network for a coordinated community response in partnership with government/public agencies. • “No wrong door” to access services • Develop the technology to coordinate services across the system. • Support an asset-based community development model. • Develop a continuum of housing that has options for the diversity of people/families who are homeless that starts with emergency shelter and continues to stable permanent housing. 	CHIP; Service providers; City of Indianapolis; Business community	# of people engaging in HP/I services # of people who obtain stable, permanent housing # of housing options for each housing type on the continuum of housing # of HP/I service providers who are closely coordinating services	Need to increase funding for the program to pay for supportive services and barrier-buster funds in addition to funds for housing and treatment
Chronically homeless/ mentally ill people	# of homeless people who have mental health and/or substance abuse issues	Develop Housing First/Housing Plus, low-demand approach with the following components: <ul style="list-style-type: none"> • Long term relationship between outreach worker/case manager and client • Wrap-around intensive services to support mental health treatment • Ability to immediately address substance abuse across the continuum of detox to treatment • Access to employment/education skills • Immediate access to services without waiting for certifications/approvals—SSI, Medicaid, 	COT Force; Mental Health and Homeless Outreach Committee	# of people who receive services #of people who improve their health condition(s) # of people who have stable housing	-Eliminate the red tape that exists currently for Housing First programs (e.g., requirement of diagnosis); Need to fast track the housing so clients don’t get discouraged and giving up -Currently funded through Housing Trust Fund, but those resources have decreased and there is no

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		<p>public benefits</p> <p>Envision an apartment building that also has all of these services that house clients throughout their treatment/progress</p>			<p>dedicated funding stream (the funding comes through HIP currently)</p> <p>-Formalize this strategy so that it is part of the system</p> <p>-Document the effectiveness of the program to establish it as an effective best practice</p> <p>-Document the cost/benefit of the program to make the business case for it</p>
<p>All populations, especially: Ex-offenders; veterans, recently homeless</p>	<p># of homeless people</p> <p># of homeless people who are ex-offenders, veterans, and non-chronic homeless</p>	<p>Connect availability of abandoned homes to people who need homes.</p> <ul style="list-style-type: none"> Secure abandoned houses before they are too damaged Develop a sweat equity program Model a program after the best practices of Habitat for Humanity’s home ownership program 	<p>City; Land Bank; CDCs; LISC; land lords; corporate partners such as Home Depot, Lowes, etc; government such as public safety, DPW, transportation</p>	<p># of homes made available</p> <p># of people housed</p>	<p>-Grants; for-profit/not-for-profit partnerships; HOME Funds</p> <p>-Intervene earlier so properties are in good shape</p> <p>-CDCs may have a property tax issue</p>
<p>Near homeless individuals and families</p>	<p># of homeless people</p> <p># of homeless people who are not chronically homeless</p>	<p>Continue to support neighborhood homelessness prevention initiatives that provide rental subsidies and other services that prevent homelessness.</p>	<p>Community Centers; other neighborhood – based prevention providers</p>	<p># of people served who sustain housing</p>	

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People who are chronically addicted; mentally ill; and/or veterans	# of homeless people # of homeless people who are chronically addicted, mentally ill and/or veterans	Low Demand Permanent Supportive Housing <ul style="list-style-type: none"> Continues treatment once people are housed; Has a minimal number of restrictions 	HIP, Part B/INH, Midtown, HVAF	# of units # of people housed	Increase treatment options
All populations, especially: DV victims, fathers with children, youth under 18 unattached to parents, unmarried couples, domestic partnerships, transgendered individuals, ex-offenders	# of homeless people # of homeless people who are: -DV victims -Fathers w/ children -Unattached youth under age 18 -Unmarried couples/no marriage certificate -Domestic partnerships -Trans-gendered individuals -Re-entering	Create a diversity of housing <ul style="list-style-type: none"> Public/private /faith-based partnerships and collaborations <ul style="list-style-type: none"> Extended stay emergency housing (rather than motels) Build collaborations across systems to provide housing. Example: Transitional housing where property-owners donate a unit, the trustee donates utility costs, a church provides mentors, and service providers provide services to move people to self-sufficiency. Diversity of beds/housing across the housing continuum: emergency shelter/short term – transitional – permanent that are responsive to all demographics. Ensure that at every step along the housing continuum, there is sufficient housing to meet demand. 	Government partners, trustees, faith-based organizations, apartment association, housing providers, social service agencies, Circles Campaign	# of people housed in extended stay and transitional units # of people housed in extended stay and transitional units by subpopulation # of extended stay and transitional units # shelter beds and housing units for each subpopulation # of units for each type of	-Required for new developments -Tax breaks for property owners -Cultivate for-profit developers to provide a few units to non-profits -There could be some sort of zoning ordinance that says “if you want to add x number of apartments, you have to provide y number of units...” (Also should include existing units) -It also benefits the apartment building owners because they get a tax write off. -Need to get government partners involved, such as township trustees

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	ex-offenders			housing across the continuum	
All populations	# of homeless people	Increase available affordable, quality rental units in neighborhoods. <ul style="list-style-type: none"> • Since homeownership isn't the most lucrative stream right now, CDCs could shift their role to become more like landlords or property managers with less focus on homeownership. • Community Development Corporations should focus on rental units/property management 	CDCs	# of affordable, quality units # of people housed in CDC-owned rental properties	-CDCs may not want to carry properties on their books because of property tax costs CDCs have tried doing property management in house and out of house with limited success. -If CDCs all over the city or areas of the city pooled all of their units together, they could probably afford to hire a capable, high quality property manager to cover all of them. -Need technical assistance and training for those running the houses, IE email lists, yearly summits, meetings, handbook, etc.
Youth exiting foster care	# of homeless young adults who were in foster care as children	Improve housing and services for young adults leaving the foster care system.	CHIP; FSSA; HP/I service providers	# of youth exiting foster care placed in housing # of youth exiting foster care receiving	

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				supportive services # of youth exiting foster care placed in/ supported in employment	

Policy Recommendations

1. Ensure that public officials and social service providers are knowledgeable about public policies, funding streams and laws impacting homelessness in general and among subpopulations.
2. Develop local and statewide strategies for subsidized childcare for homeless and at risk families.
3. Develop advocacy platform to ensure an on-going presence with the State, City-Council, and other policy makers to ensure that public policy supports housing and service delivery. This would include:
 - a. Pro-active marketing/communications of the challenges and accomplishments
 - b. Development and release of an annual policy brief generated from the community that summarized the key policy issues and advocacy goals
 - c. Engagement in lobbying activities
4. Coordinate collaborative responses for funding support across the system of federal and local resources. Small agencies often do not have the capacity to pursue these opportunities on their own.
5. Develop a stable funding stream for case management and supportive services.
6. Create a Continuum of Care Committee to help coordinate agency efforts and coordinate fund development efforts.
7. Ensure that the supportive services system has the ability to provide homelessness prevention services as well as intervention services recognizing that the service systems may differ.
8. Address policies that prevent people with criminal records from accessing housing support or other supportive services. This would include:
 - a. Access to public housing
 - b. Access to financial aid
 - c. Employment restrictions
9. Identify and fund legal aid services to assist homeless or near-homeless people with issues such as landlord/tenant dispute resolution, foreclosure prevention, debt consolidation, child support modifications, challenges to accessing public benefits and safety net programs, and criminal record expungement.