

The Importance of Strategic Planning in the Fight to End Homelessness in Indianapolis

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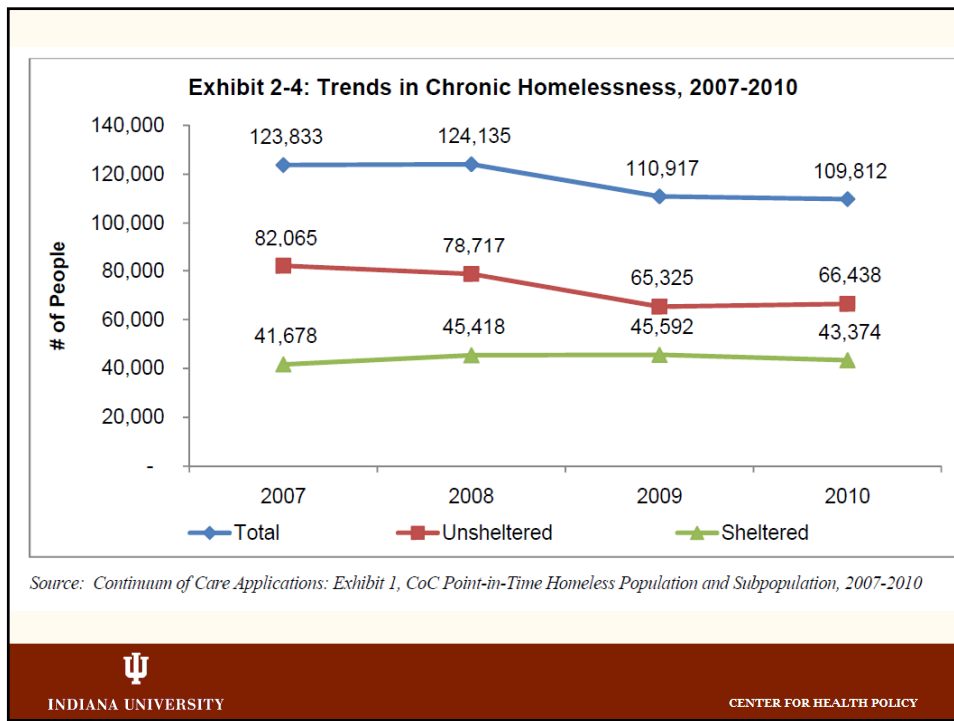
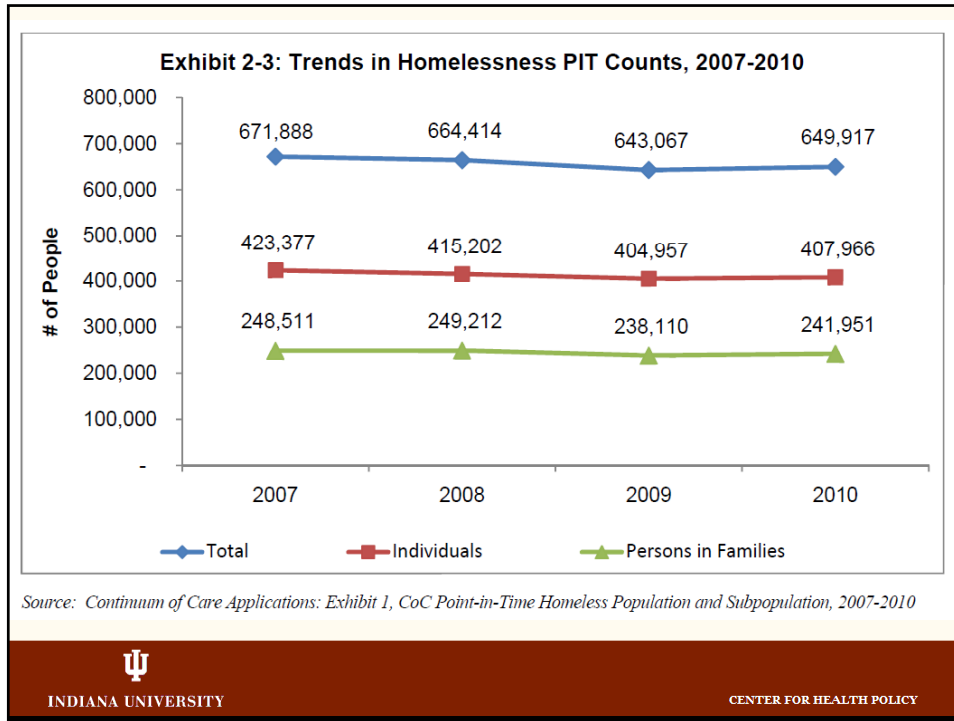
National State of Homelessness: 2010

- Point in Time Count
 - Overall numbers have not changed much since 2007
 - 649,917 people homeless on a given night
 - Makeup of the overall homeless population has changed substantially since 2007
 - Substantial decrease in chronic homelessness (most likely due to Housing First approach)
 - Increased family homelessness



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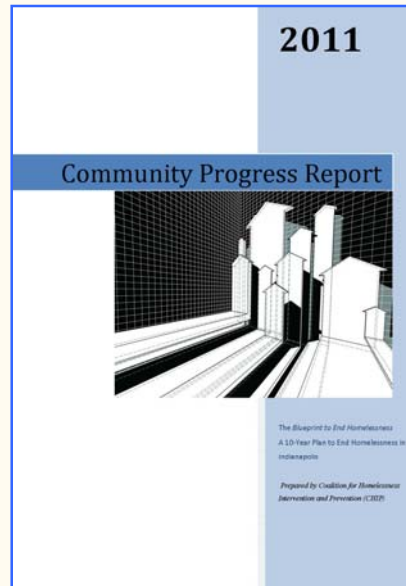
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Indianapolis Has Much to Be Proud Of....

Central Goals of Indianapolis' first *Blueprint to End Homelessness* (2002):

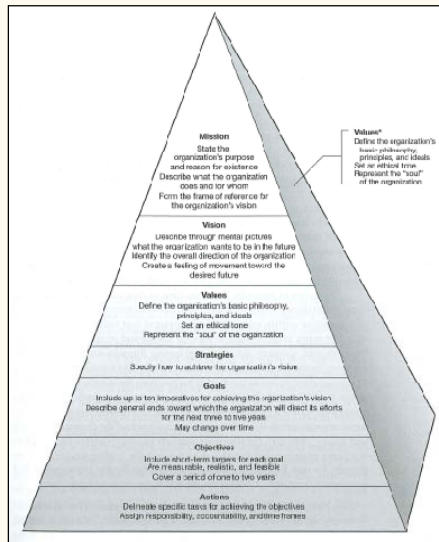
1. Strengthening efforts to prevent people from becoming homeless;
2. Improving access to, and coordination of, housing and services;
3. Enhancing services in specific areas of need; and
4. Coordinating service systems for special populations, including families, veterans, youth and survivors of domestic violence.



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Fundamental Questions in the Strategic Planning Process



Graphic Adapted from A. Zuckerman, 2005. *Healthcare Strategic Planning, 2nd Edition*. Chicago: Health Administration Press. Reprinted in R.T. Dunn, 2010. *Dunn & Haimann's Healthcare Management, Ninth Edition*. Chicago: Health Administration Press, p. 139.

1. What are the most important challenges we'll face in the foreseeable future? (strategic issues)
2. What do we aspire to be? (vision)
3. What are the most important things we need to do to become what we aspire to be? (strategies)
4. How do we intend to accomplish our strategies? (tactics and action plans)
5. How will we know how we're doing" (measurement)



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Strategic planning at the community level

- ✓ Offers unique opportunities and special challenges.
- ✓ Has the potential to result in real social change.



Special Considerations in Community Planning Involving Not-for Profit Community Service Organizations

- Leaders passionate about their cause; not necessarily structured planners
- Limited resources...planning is critical
- Organizations often equate willingness to plan with ability to plan
- Some organizations do not have the commitment or capacity to engage in effective strategic planning
- Funding strategy critical



Factors that Shape the Success of Community Planning Efforts

- Strength of Commitment
- Common understanding of mission
- Willingness and ability to participate
- Previous planning experience or recognition of the need for assistance
- Determining the right participants
- Regular review to ensure implementation



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Step 1 - Needs Assessment: Profile population needs, resources, and readiness to address needs and gaps.

- This phase helps define the problem or the issue a project needs to tackle
- Involves collection of data in order to:
 - Understand a population's needs
 - Review resources that are needed
 - Review resources that are available
 - Identify readiness of the community to address prevention needs and service gaps



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Step 2 - Capacity Building/Community Mobilization: Mobilize and/or build capacity to address needs.

- Involves mobilizing resources (organizational, human, financial) to meet project goals
- Training and education to promote readiness are critical aspects of this phase
- It involves:
 - Engaging stakeholders
 - Partnerships with the community
 - Building coalitions
 - Developing readiness
 - Focusing on cultural competency, sustainability, and evaluation
- The resources, people, partnerships, coalitions, and skills are essential to the successful implementation of prevention plans



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Step 3 - Strategic Planning: Develop a Comprehensive Strategic Plan.

- Creating a comprehensive plan with goals, objectives, and strategies aimed at meeting substance abuse prevention needs of the community
- Organizations may select logic models for purposes of structure
- Organizations must select evidence-based policies and programs
- Cost and resource needs are determined
- Strategic Plan lays the groundwork for:
 - Implementation activities
 - Identification of strategies
 - Selection of evidence-based programs, policies, and practices
 - Evaluation plan



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Step 4 - Implementation: Implement evidence-based prevention programs and activities.

- Focused on carrying out various components of the plan; identify and overcome potential barriers
- Organizations detail evidence-based policies and practices that need to be undertaken
- Develop specific timelines
- Decide on-going program evaluation needs



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Step 5 - Evaluation: Monitor, evaluate, sustain and improve or replace those that fail.

- Helps organizations recognize what is done well; what areas need improvement
- Involves measuring the impact of programs and practices to understand their effectiveness and any need for change
- Evaluation efforts greatly influence the future planning of a program, and can impact sustainability



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Chicago Evaluation

- First 10-year plan implemented in a major city
- Data
 - Qualitative –
 - Observations
 - Outreach vans
 - Hospital emergency rooms
 - Department of Family and Social Services
 - Test of 311 system
 - Quantitative
 - 554 individuals through 3 levels of system (emergency, interim, and permanent)
 - 3 waves conducted over one year



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Chicago Evaluation: Major Findings from Qualitative and Wave 1 Data

- Lack of overall coordination in system
 - Fragmentation
 - lack of linkages between programs
 - Poor referral (especially at shelter level)
 - Lack of skilled workers
 - Consumers rely on informal networks to find shelter/housing
- Movement through system not happening as planned
 - Average shelter stays about 1 year
 - 34% of interim report stays longer than 120 days
- Services
 - Lack of services for individuals (not in families) without serious illness
 - Availability of employment services does not match need



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Ratings of Problems in Various Areas and Receipt of Services

	Shelter	Interim Housing	Permanent/ Supportive Housing
% Rating Extent to Which They Have Been Bothered by Medical Problems in the Last 30 days as Moderate to Extreme	46.2	46.8	60.5
Of These Percent Receiving Any Medical Treatment in the Last 30 days.	54.0**	63.0	72.7
% Rating Extent to Which They Have Been Bothered by Employment Problems in the Last 30 days as Moderate to Extreme	51.0***	46.3***	21.4
Of These Percent Receiving Any Employment Services in the Last 30 days.	15.7	38.3	24.9
% Rating Extent to Which They Have Been Bothered by Psychological Problems in the Last 30 days as Moderate to Extreme	31.9	44.6	39.3
Of These Percent Receiving Any Out Patient Mental Health Services in the Last 30 days.	16.1***	33.5*	54.8

For comparison to individuals in Permanent/Supportive Housing: * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$



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Questions Raised By the Chicago Evaluation

- What are needs of consumers?
 - Is system meeting those needs? Why, or why not?
- Are there effective linkages between programs in the system?
 - What does the referral system look like?
 - Are programs being over- or under-utilized?
- Are consumers moving through the 3 levels of shelter/housing as planned/theorized?
- Is the current approach still the best in light of changing composition of homelessness? If not, what modifications are needed?



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Recommendation #1: **Carefully Consider the Impact of the First Blueprint and the Changing Socio-economic Context**

- Build on the successes and achievements made in response to the first *Blueprint*.
- Consider carefully the findings from the forthcoming evaluation of the *Blueprint*.
- Conduct a detailed SWOT analysis for the homeless prevention/intervention system.



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Recommendation #2: Incorporate a Comprehensive Evaluation System to Guide Implementation

- Improve the systems capacity to generate meaningful, real-time data
 - Encourage a deeper and more robust adoption and utilization of the HMIS (Homeless Management Information System).
 - Explore potential linkages with other information systems, especially the Indiana Health Information Exchange (IHIE)/Regenstrief Institute data systems and other public social service MIS systems.



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Recommendation #2 (cont.): Incorporate a Comprehensive Evaluation System to Guide Implementation

- Annual Consumer Survey
 - Across the continuum of care (e.g., street, shelter, supportive and permanent housing services)
 - Understand: demographics, needs, entrance and movement through system, service use
- Annual Provider Survey
 - Network composition and referral system
 - Services available (vs. services being used by consumers)
- Annual consumer and provider focus groups across the continuum of care.



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Coordinated Community Planning Can...

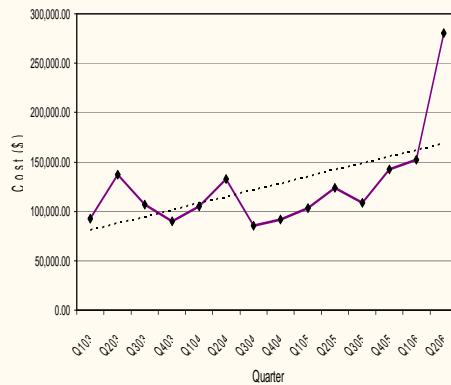
Save Lives



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and Money



- Data from the 2007 Homeless Count indicate that there are approximately 500 chronically homeless people with substance abuse and/or mental illness in Indianapolis
- The estimated cost of caring for these people in the public healthcare and criminal justice system is between \$3.3 million to \$8.5 million annually

Eric Wright, Laura Littlepage, Courtney Federspiel. 2007. *Serving the Homeless Could Save Taxpayer Dollars*. Issue Brief. Indianapolis, IN: Center for Health Policy. Available at: http://www.healthpolicy.iupui.edu/PubsPDFs/251_Homeless.pdf.



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In Conclusion: Community Planning



Is like trying to organize a flotilla of ships to cross the sea to reach the same destination far away at the same time.

Is valuable because it:

- Fosters a broader perspective than you can get day to day
- Creates opportunities to see and celebrate successes and address common challenges
- Helps to clarify roles and functions within the system.
- Improves the likelihood that any individual or organization will have an impact on homeless.



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