



# **Indianapolis System Modeling Project Report**

## **Indianapolis System Modeling Project**

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*Prepared for:*  
**Coalition for Homelessness  
Intervention and Prevention**  
1100 W. 42<sup>nd</sup> Street  
Indianapolis, IN 46208

*Submitted by:*  
**Abt Associates**  
4550 Montgomery Avenue  
Suite 800 North  
Bethesda, MD 20814

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## **Executive Summary**

As the leaders of the homeless system in Indianapolis started to think about the next Blueprint plan, they had questions about the current state of homelessness in the community and the resources needed to end homelessness in Indianapolis. Their questions included:

- How many individuals and families experience homelessness in Indianapolis each year?
- What types of housing and services does Indianapolis need to end homelessness for all these individuals and families?
- How much housing and services are needed?

To answer these questions, the Coalition for Homelessness Intervention and Prevention of Greater Indianapolis (CHIP) engaged Abt Associates (Abt) in a project to analyze current homelessness in Indianapolis and Marion County, Indiana, and to develop a model of interventions that would more effectively serve people experiencing homelessness. To reach these goals, the System Modeling Steering Committee oversaw a process that included extensive data analysis and development of inventory recommendations for six household types and subpopulations.

## **System Modeling Overview and Process**

Locally and nationally the vision for homeless systems is that they function so efficiently that homelessness in the community is rare, brief and non-recurring. Communities who want to achieve this goal need a plan for the housing and services interventions that are needed to operate this efficiently.

Communities that have a data-informed plan for the housing and services they need have successfully advocated for public and private resources in the last few years. Both Los Angeles, California and the District of Columbia have used the inventory recommendations developed through system modeling to secure significant resource commitments for their homeless systems.

### **Estimating the Annual Number of People Experiencing Homelessness**

Because not all organizations providing housing and services to people experiencing homelessness in Indianapolis enter data into the community's web-based Homeless Management Information System (HMIS), Abt developed an extensive analysis plan to determine the annual number of people experiencing homelessness which included analysis of HMIS and Wheeler Mission Ministries data, extrapolation of the number of unique people served by domestic violence programs and extrapolation of the number of people served by all other projects that do not enter data into HMIS.

During FY2016, which started on 10/1/2015 and ended on 9/30/2016, there were 11,755 people who experienced homelessness in Indianapolis. Broken down by household type there were:

- 8,047 individuals
- 1,072 families with 3,579 people
- 129 unaccompanied children under the age of 18 with no adult in their household

### System Modeling

Abt led the Steering Committee through the system modeling process which included:

- Development of program models to provide effective housing and services interventions
- Selection of pathways or combinations of program types needed to ensure the individual or family's immediate safety and rapid exit to permanent housing
- Determination of the proportion of a group of individuals or families experiencing needing the pathway and the average length of stay in each program type on the pathway

With the estimate of the annual number of people experiencing homelessness and the development of system modeling pathways and assumptions, inventory recommendations can be developed for each household type and subpopulation. The chart below compares the inventory recommendations to the current inventory; the ideal system would have fewer emergency shelter and transitional housing beds or units and many more rapid re-housing and permanent supportive housing subsidy slots or units.

Program Type	All Families (age 18+)	All Non-Veteran Individuals (age 18+)	All Veterans (age 18+)	Inventory Recommendations	Current Inventory – 2016 Housing Inventory Count	Difference Between Ideal Inventory and Current Inventory
Diversion	57	170	26	253	0	253
Emergency Shelter	71	368	76	515	571	(56)
Transitional Housing	39	125	116	280	540	(260)
Rapid Re-housing	270	958	133	1,361	78	1,290
Permanent Supportive Housing (available through turnover or new development)	62 units available for move-in each year	560 units available for move-in each year	70 units available for move-in each year	692 units available for move-in each year	935	692 units available for move-in each year
<b>TOTAL BEDS/UNITS/SUBSIDY SLOTS NEEDED</b>	<b>499</b>	<b>2,181</b>	<b>421</b>	<b>3,101</b>	<b>2,124</b>	

Source: [Indianapolis CoC 2016 Housing Inventory Count Report](#)

NOTE: Inventory recommendations for families are for shelter or housing units not beds. Current inventory totals are calculated using Family Units from the 2016 Housing Inventory Count not Family Beds.

### Initial Housing Priorities and Key Implications

After reviewing the inventory recommendations, System Modeling Steering Committee identified two initial housing priorities and three key findings as a focus for immediate action. The initial housing priorities are:

- Developing sufficient permanent supportive housing to end chronic homelessness for the estimated 879 chronically homeless non-Veteran individuals in Indianapolis in five years
- Developing the full inventory of rapid re-housing resources recommended for families of all ages in three years

In addition to the initial housing priorities, three key findings about the system were identified through the process. The findings were:

- Indianapolis needs a surge in resources to provide permanent housing and supportive services interventions to the people experiencing homelessness
- Current shelter system capacity and functioning needs to be assessed to ensure the safety of individuals and families experiencing homelessness and to make recommendations about how the shelters can operate using best practices
- Build the capacity of permanent supportive housing providers to serve people with high barriers to housing through an assessment of current services models, staffing levels and training needs

The Indianapolis System Modeling Project Report has four chapters that describe the analysis and modeling conducted for the project and its outcomes and implications.

## 1. Introduction

The Coalition for Homelessness Intervention and Prevention of Greater Indianapolis (CHIP) engaged Abt Associates (Abt) in a project to analyze current homelessness in Indianapolis and Marion County, Indiana and to develop a model of interventions that would more effectively serve people experiencing homelessness in that service area. The key goals of the project were to:

- Determine the annual number of individuals and families experiencing homelessness in Indianapolis.
- Analyze and understand the utilization of the projects in its homeless system.
- Model the units needed to end homelessness, including the cost of the model, for various priority populations (including chronically homeless people, Veterans, families, and youth).
- Develop five-year recommendations for identified populations to move Indianapolis' homeless system to the ideal model.

The main activities conducted to reach these goals were extensive data analysis and system modeling to develop a model of the ideal set of housing and services interventions for the homeless system in Indianapolis. Over the course of five meetings from September 2016 to March 2017, the members of the Indianapolis System Modeling Steering Committee (Appendix A) worked with Abt on each stage of the system modeling process.

### System Modeling

A technique used to understand the ideal set of housing and services interventions needed to end homelessness for the individuals and families who present to a community's homeless system each year.

Once this ideal model has been developed, it can be used to advocate for increased resources from the public and private sectors. In Los Angeles and the District of Columbia, system modeling work in the last few years has resulted in substantial investments to their respective homeless systems.

This report documents the data analyzed and assumptions made to develop the model of the ideal set of housing and services interventions presented in the report. It also describes the initial housing priorities identified by the Steering Committee and several key findings about the homeless system.

### 1.1 Goals and Vision

In 2010, the United States Interagency Council on Homelessness (USICH) issued *Opening Doors* with a vision and comprehensive plan to prevent and end homelessness. Under this vision, community homeless crisis response systems have evolved from loosely coordinated projects taking care of basic needs and providing housing to persistent individuals and families toward an actual organized system of projects working together to ensure that homelessness in a community is rare, brief, and non-recurring. To reduce the occurrence of homelessness, a system needs projects to divert people from entering homelessness and help them stabilize their housing without first being in shelter or other temporary projects. Rapidly exiting people who do become homeless to permanent housing reduces the time they spend in temporary projects such as shelter and in unsheltered homelessness. To prevent people from returning to homelessness once they are housed, a system needs to connect



people to services and supports in the community and help them plan how to manage their next housing crisis, should there be one.

This kind of effective system needs sufficient housing and services interventions, efficient processes to assess and refer people to appropriate interventions, and frequent performance evaluations to understand what is working and what needs improvement. *System modeling* can help a community understand the scale and types of projects it needs to be able to fully meet the needs of all people experiencing homelessness in its service area each year.

### 1.2 Guiding Principles

Early in the system modeling project, the Steering Committee adopted guiding principles to frame the development of assumptions Abt would use in its system modeling. These principles were intended to support its goal of ensuring that homelessness in Indianapolis is rare, brief, and non-recurring. These principles are:

- **Person Centered.** Decisions about which services and housing interventions a person experiencing homelessness is referred to take into account the person's preferences and needs, as well as eligibility requirements established by project funders. Decisions about referrals are not made based on projects' convenience or preference.
- **Housing First.** Barriers to assistance from the homeless system and referral to individual projects are eliminated, with no restrictions on access to permanent housing based on a person's lack of income, employment, sobriety, or treatment. Evictions and project terminations are restricted to only the most severe circumstances, to promote retention of permanent housing.
- **Permanent Housing Focused.** System planning and investment prioritizes permanent housing, except where the lack of interim housing, particularly emergency shelter, poses a safety risk to the people experiencing homelessness in the community.
- **Coordinated Entry.** A coordinated entry system is used (i) to determine the best services and housing interventions for each person experiencing homelessness, taking into account client choice to the greatest extent possible, and (ii) to fill all project vacancies using the prioritization standards and processes developed by the Continuum of Care.

Envisioning a new approach to homelessness using these principles and developing new program models from national best practices instead of the existing models that have accumulated over time in the community is a challenging task. The Steering Committee rethought existing approaches, challenged long-held assumptions about what people need in order to exit homelessness, and explored new models for providing housing and services. The Steering Committee members will continue to take leadership on improving the homeless system in Indianapolis as the System Modeling Project Report is released to the community and advocacy for resources to implement the ideal system begins.

### 1.3 Organization of the Report

This Indianapolis System Modeling Project Report has four chapters that describe the analysis and modeling conducted for the project and its outcomes and implications.

- Chapter 2 describes the process used to determine the number of people served annually by projects in the existing homeless crisis response system in Indianapolis.
- Chapter 3 describes the system modeling process used to develop a set of inventory recommendations for the ideal system.
- Chapter 4 describes those inventory recommendations.
- Chapter 5 describes the two initial housing priorities the Steering Committee chose for the community, including considerations for planning and their implementation, and three key implications for system change identified during the system modeling process.

The Appendix contains additional information about the system modeling conducted for Indianapolis. Appendix E contains a Glossary of terms used in this report.

## 2. Homelessness in Indianapolis

For any type of planning, including system modeling, a community's homeless crisis response system needs to know how many people in its service area experience homelessness every day and over the course of a year. Information on the total number of individuals and families, population breakdowns by household type and characteristics, and patterns of utilization of the system by these different groups are all essential.

To support system planning and performance evaluation, the U.S. Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to implement a shared community-wide, web-based database called the Homeless Management Information System (HMIS) and to conduct a count of every person experiencing homelessness on one day of the year. An annual count of every person experiencing homelessness in a year and the one-day or Point in Time (PIT) Count provide different and differently useful types of information on local homelessness.

Because some providers in Indianapolis maintain their own databases of the people they serve, the Indianapolis HMIS does not reflect a complete picture of homelessness within the community without consulting other sources. For purposes of this analysis, Abt<sup>1</sup>:

- Collected and examined data from the HMIS, which is administered by CHIP.
- Collected and examined data from Wheeler Mission Ministries, the largest local homeless services provider that maintains client data outside of the HMIS.
- Estimated the number of people served by other non-participating providers.

### 2.1 Determining the Number of People Experiencing Homelessness

Abt was asked to estimate the number of people annually receiving services and housing throughout the homeless system in Indianapolis. This estimate would include people experiencing literal homelessness at some point during the year and people who were housed in one of the housing projects in the CoC for the whole year.

#### 2.1.1 Year-Round HMIS Coverage<sup>2</sup>

To understand how completely analysis of data in HMIS reflects the actual experience of people experiencing homelessness in a community, HUD requires CoC's to analyze the participation or coverage of all projects providing beds for overnight accommodations, whether in temporary projects or permanent housing projects, in the HMIS. Indianapolis does not have high rates of coverage for

<sup>1</sup> Abt executed a data use agreement with CHIP and with Wheeler Mission Ministries. Data were transferred using a secure process. Abt maintains rigorous security for all data entrusted to it for analysis purposes.

<sup>2</sup> By including dedicated beds for domestic violence projects in the HMIS coverage rate, the analysis differs from HUD's usual Housing Inventory Count methodology. Abt implemented this different approach to ensure that people who used these beds were included in the analysis' extrapolations of total annual system usage.

several project types which necessitated securing data from Wheeler and estimating the annual number of people served by other providers. Year-round HMIS participation or coverage by project type (emergency shelter, etc.) and household type (families, individuals) is depicted in Exhibit 2-1. This information was taken from the Housing Inventory Count (HIC) gathered in Indianapolis in 2016 on January 27—the same night as the Point in Time Count.<sup>3</sup>

HMIS coverage across all project types was 56%, which means that almost half of the projects providing beds were not entering data into HMIS. A CoC is not expected to have 100% coverage because victim services providers are prohibited from entering data into HMIS<sup>4</sup>. But coverage rates substantially greater than 50%, particularly for projects serving literally homeless people, help a CoC generate accurate estimates of the extent and nature of homelessness for planning and performance evaluation.

In the spring of 2017, HMIS coverage in Indianapolis will improve when Wheeler starts uploading information on people being served in its emergency shelter and transitional housing projects to HMIS. This change will increase overall coverage in HMIS to 67%, including increasing the participation in HMIS of emergency shelter beds for individuals to 71%. All of the permanent supportive housing units in the Indianapolis CoC already participate in HMIS except for HUD-VASH vouchers for Veterans, which is not required to enter data into HMIS.

#### Exhibit 2-1. 2016 Year-Round HMIS Coverage in Indianapolis

Program Type	Beds in Projects Serving Families	Beds in Projects Serving Individuals	Beds in Projects Serving Unaccompanied Children	Total Coverage of Beds in the CoC
Emergency Shelter	40%	14%	100%	32%
Transitional Housing	37%	64%	n/a	66%
Rapid Re-housing	100%	100%	n/a	100%
Permanent Supportive Housing	91%	50%	n/a	63%
<b>HMIS COVERAGE</b>	<b>60%</b>	<b>47%</b>	<b>100%</b>	<b>56%</b>

SOURCE: [Indianapolis CoC 2016 Housing Inventory Count Report](#)

#### 2.1.2 Household Types

HUD requires CoCs to track and report data on three household types. Persons of each type need different types of shelter and housing interventions to ensure their immediate safety while homeless and to assist them to rapidly exit to permanent housing. The three household types are:

<sup>3</sup> See Appendix B for a list of projects on the 2016 Housing Inventory Count chart.

<sup>4</sup> The overall HMIS coverage rate for this analysis includes rapid re-housing beds using HUD's methodology from the HIC. That methodology is based on active client usage of permanent housing during the PIT Count. As rapid re-housing projects do not have year round beds, this method is inexact for calculating overall coverage rates.

- **Individuals.** Households where all members are age 18 or older. This household type consists of either an individual or a family without children under age 18.
- **Families.** Households of two or more members including at least one child under age 18.
- **Unaccompanied Children.** Households of one or more children under age 18 without an adult age 18 or older present.

These household types were used to conduct the analysis of the number of people in Indianapolis who experience homelessness annually.

## 2.2 Annual Count

To estimate the number of people in Indianapolis served annually by its homeless crisis response system, Abt looked at data for FY2016, which began on October 1, 2015, and ended on September 30, 2016.

First, Abt combined data from the HMIS with data from Wheeler Mission Ministries. Next, using provider survey response, Abt factored in annual usage data of two victim services providers not entering data into HMIS. Then Abt extrapolated the number of unduplicated people served in other projects in the community—using the same techniques Abt uses to extrapolate data for the Annual Homeless Assessment Report (AHAR) Abt produces for HUD to deliver to Congress. This multi-step process resulted in an overall estimate of the number of people served in all services and housing projects, including those served in permanent supportive housing projects where people may have lived for the entire 12-month period in FY2016. Each of these steps is described in the sections that follow.

A count of all people experiencing literal homelessness at some point in FY2016 is calculated for system modeling purposes; see Section 3.3 for more information about that count.

### 2.2.1 HMIS Data

The first step was to develop a deduplicated count of the number of people in HMIS served during FY2016. There were 7,092 people who were served during the year: 4,387 individuals, 2,576 people in 771 families, and 129 unaccompanied children (Exhibit 2-2). Because some people used more than one project in the year, the total number of people served in all the projects is more than the deduplicated total number served.

**Exhibit 2-2. FY2016 HMIS Data**

Program Type	Total Number of People	Individuals	Families (Households)	Unaccompanied Children
Street Outreach	1,048	1,003	45 (38)	0
Day Shelter	2,047	1,948	98 (57)	1
Emergency Shelter	2,603	612	1,865 (558)	126
Transitional Housing	808	674	133 (41)	1
Rapid Re-housing	875	498	374 (106)	3

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Permanent Supportive Housing	799	489	310 (95)	0
Safe Haven	45	44	1 (1)	0
<b>TOTAL</b>	<b>7,092</b>	<b>4,387</b>	<b>2,576 (771)</b>	<b>129</b>

NOTE: Because some people participated in more than one project type in FY2016, project totals will add to more than the overall total.

SOURCE: Indianapolis HMIS

Unaccompanied children are the only household type with 100% coverage in HMIS. As a result, the number of minors served by projects in the homeless system did not need to be estimated; 129 were served in FY2016.

### 2.2.2 Wheeler Mission Ministries Data

Wheeler provides emergency shelter and transitional housing to families and individuals. The organization agreed to provide data from its agency database to Abt to be combined with the HMIS data to provide a more complete picture of annual homelessness in Indianapolis. This is the first time data have been combined from these two sources. The combined dataset provided an opportunity to explore the ways people use all of these projects during the time they are homeless.

In FY2016, Wheeler provided assistance to 3,988 people, including 3,876 individuals and 112 people in 46 families (Exhibit 2-3). As with the HMIS data, some people used more than one project in a year, so the total number of people served in all the projects will be more than the deduplicated total number served.

#### Exhibit 2-3. FY2016 Wheeler Mission Ministries Data

Program Type	Total Number of People	Individuals	Families (Households)
Emergency Shelter	3,679	3,644	35 (12)
Transitional Housing	615	521	94 (39)
<b>TOTAL</b>	<b>3,988</b>	<b>3,876</b>	<b>112 (46)</b>

NOTE: Because some people participated in more than one project type in FY2016, project totals will add to more than the overall deduplicated total.

SOURCE: Wheeler Mission Ministries

### 2.2.3 Deduplication of HMIS and Wheeler Data

The combined HMIS and Wheeler dataset was deduplicated in order to get an accurate estimate of the number of people served by HMIS-participating projects and by Wheeler—a better estimate of the number of people experiencing homelessness within the community than has been previously available.

Deduplication was conducted by comparing the names, dates of birth, and Social Security numbers of people appearing in the HMIS and Wheeler datasets and counting only once any person who appeared in both datasets. In Exhibit 2-4, the dark grey cells contain the deduplicated Wheeler and HMIS counts for people served in emergency shelter or transitional housing projects or both.

With the Wheeler data added, the number of people homeless in Indianapolis in FY2016 increased by 2,631. The new total for the year of 9,723 includes 6,955 individuals, 2,639 people in 800 families, and 129 unaccompanied children.

#### Exhibit 2-4. FY2016 Deduplicated HMIS and Wheeler Data

Program Type	Total Number of People	Individuals	Families (Households)	Unaccompanied Children
Street Outreach	1,048	1,003	45 (38)	0
Day Shelter	2,047	1,948	98 (57)	1
Emergency Shelter	6,168	4,165	1,877 (569)	126
Transitional Housing	1,415	1,187	227 (83)	1
Rapid Re-housing	875	498	374 (106)	3
Permanent Supportive Housing	799	489	310 (95)	0
Safe Haven	45	44	1 (1)	0
<b>TOTAL</b>	<b>9,723</b>	<b>6,955</b>	<b>2,639 (800)</b>	<b>129</b>

NOTE: Because some people participated in more than one project type in FY2016, project totals will add to more than the overall deduplicated total. Dark grey cells contain the deduplicated Wheeler and HMIS counts.

SOURCE: Indianapolis HMIS and Wheeler Mission Ministries

Additional analysis was conducted to determine the number of people who were served by one or more projects at Wheeler who also received services from other projects that enter data into HMIS. There were 1,357 people who were served by projects entering data into both the HMIS and Wheeler datasets. The overlap by project type was:

- Wheeler projects and Street Outreach – 23%
- Wheeler projects and Day Shelter – 49%
- Wheeler projects and HMIS Emergency Shelter – 60%
- Wheeler projects and HMIS Transitional Housing – 52%
- Wheeler projects and Rapid Re-housing – 10%
- Wheeler projects and Permanent Supportive Housing – 7%
- Wheeler projects and Safe Haven – 47%

While more representative, the totals shown in Exhibit 2-4 are still missing people experiencing homelessness who were served in domestic violence projects and in other projects that do not enter data in HMIS. Thus, Abt took additional steps to estimate for missing providers.

#### 2.2.4 Estimating People Served by Victim Services Providers

Abt gathered information on the number of people in Indianapolis served by victim services providers, who primarily serve victims of domestic violence, during FY2016 through surveys of two such providers—the Julian Center and Coburn Place. Because some people experiencing

homelessness participate in domestic violence projects as well as mainstream homeless projects, the data were analyzed to eliminate the overlap and accurately estimate the number of people who were served only by these two agencies.

### **Julian Center Survey Data**

In FY2016, there were 746 people served in the domestic violence shelter and transitional housing projects operated by the Julian Center. Of these, 101 were individuals and 645 were in families. Based on Julian Center staff survey response, Abt estimated that 30% of the people in its shelter and 94% of the persons in its transitional housing project were also served in projects entering data into HMIS.

Using this overlap assumption, Abt estimated that 483 of those 746 people were served only by the Julian Center in FY2016.

### **Coburn Place Survey Data**

In FY2016, Coburn Place served 161 people in its domestic violence transitional housing project; all of them were in families. Based on Coburn Place staff survey responses, Abt estimated that 10% of the people in its transitional housing project were also served in projects entering data into HMIS.

Using this overlap assumption, Abt estimated that 144 people of those 161 people were served only by Coburn Place in FY2016.

## **2.2.5 Estimating People Served by Other Non-HMIS Participating Providers**

The AHAR that Abt produces for HUD uses extrapolation to estimate the number of people served by projects that do not enter data into HMIS. For this project, Abt used the same extrapolation processes and assumptions to estimate the number of homeless people in Indianapolis served by other providers in its system that do not enter data into HMIS and did not provide data to Abt through an upload or survey.

Extrapolation started with the bed count on the Housing Inventory Count chart and then assumed the beds were used at the same rate—meaning used at similar occupancy and turnover levels—as comparable beds that did report data to HMIS. Once Abt determined the estimated number annually served in non-participating beds, then the team reduced the number to account for people who used projects that report data to HMIS or projects that provided alternate data and therefore were already reflected in the estimated counts:

- First, for people served in shelter and transitional housing projects, the first discount of 7% accounts for who were served by more than one shelter or transitional housing project.
- Second, for people served by permanent supportive housing projects, the first discount of 20% accounts for people served by more than one permanent supportive housing provider based on that project type's AHAR entry rate and prior living situation prevalence rates. This discount eliminates double-counting between people served while literally homeless and then in permanent supportive housing projects in the same year.
- Finally, 9% of people were assumed to be served in at least one of the HMIS-participating services projects, such as day shelter, street outreach, or rapid re-housing.



Based on these calculations, Abt estimated an additional 2,344 people were homeless in Indianapolis in FY2016 beyond those included in the HMIS, Wheeler, and survey datasets (Exhibit 2-5).

#### Exhibit 2-5. FY2016 Estimated Count from Extrapolation

Program Type	Number of People
Shelter and Transitional Housing	2,033
Permanent Supportive Housing	311
<b>TOTAL</b>	<b>2,344</b>

SOURCE: Abt calculation

#### 2.2.6 FY2016 Annual Count

Data from all sources described above were combined to develop an estimate of the total number of people annually receiving housing or services from projects in the Indianapolis CoC during FY2016. Abt estimates a total of 12,694 people (Exhibit 2-6) experienced sheltered or unsheltered homelessness during this period.

#### Exhibit 2-6. FY2016 Estimated Annual Count of All People Served by the Indianapolis CoC

Source	Number of People
HMIS	7,092
Wheeler (deduplicated with HMIS)	2,631
Julian Center (analysis based on survey information)	483
Coburn Center (analysis based on survey information)	144
Non-HMIS Participating Projects (extrapolation based on HIC, HMIS, AHAR sources)	2,344
<b>TOTAL <sup>a</sup></b>	<b>12,694</b>

<sup>a</sup> Includes people who were tenants in permanent supporting housing for all of FY2016.

SOURCE: Abt calculation

The estimate is limited to a count of people served as individuals, including unaccompanied children, or as part of families in the Indianapolis homeless crisis response system. To estimate the number of people by various characteristics, such as age or Veteran status, requires applying the proportions of people with these characteristics in HMIS to the total count. (For more information on this, see Section 3.3.)

### 2.3 Point in Time Count

In addition to the annual count described in the previous section, a CoC is required to conduct a Point in Time Count on a regular schedule to determine the number of people experiencing sheltered and unsheltered homelessness on a single night. Across the community, all projects with sleeping accommodations, whether they enter data into HMIS or not, serving people experiencing homelessness are asked to collect data on the people being served that night. In addition, to get a count of unsheltered homelessness, teams of street outreach workers and community volunteers look

## HOMELESSNESS IN INDIANAPOLIS

in the early hours of the morning for people sleeping in places not meant for human habitation such as parks, cars, and abandoned buildings. Information on household and other characteristics are also gathered during the Count. Indianapolis conducted its 2016 Point in Time Count on January 27<sup>th</sup>, the number of people homeless that night is shown in Exhibit 2-7.

**Exhibit 2-7. Indianapolis January 2016 Point in Time Count**

Project Type	Individuals Age 18-24	Individuals Age 25+	Families Age 18-24 (Households)	Families Age 25+ (Households)	Unaccompanied Children Under Age 18	Total
Emergency Shelter	43	515	53 (18)	262 (79)	4	877
Transitional Housing	31	439	32 (9)	110 (31)	0	600
Unsheltered	14	116	0	0	0	130
<b>TOTAL</b>	<b>88</b>	<b>1,070</b>	<b>85 (27)</b>	<b>372 (110)</b>	<b>4</b>	<b>1,619</b>

SOURCE: [Indianapolis Homeless Populations and Subpopulations Report for 2016](#)

On the night of the 2016 Count in Indianapolis, there were 1,619 people who were homeless including 88 homeless youth aged 18-24, 1,070 homeless adults 25 or older, 85 people in 27 families where the head of household was aged 18-24, and 372 in 110 families where the head of household was 25 or older. There were also four unaccompanied children experiencing homelessness, all of them sheltered.

One of the pieces of additional information that is gathered on household characteristics during the Point in Time Count is whether an individual or family meets the definition of chronic homelessness. HUD has defined chronic homelessness as an individual or family with a member who has had long episodes of homelessness, either 12 continuous months or four episodes in the past three years where the total length of time homeless adds up to 12 months, and a qualifying disability that is of long-standing duration and would improve with access to housing. In January 2016 there were 10 chronically homeless families, all of whom were sheltered; and 128 chronically homeless individuals, 52 of whom were unsheltered.

### 2.4 Difference between Annual Count and Point in Time Count

The annual count and the Point in Time Count capture similar data on very different time frames. Each has its own advantages and disadvantages. The Point in Time Count includes people who are unsheltered and who may not have given permission to have their data entered into HMIS, as well as people staying in projects that do not enter data into HMIS, including domestic violence projects. The Point in Time Count provides complete information for only one day a year. Annual counts are more complete because of the longer timeframe but usually are not as comprehensive because most CoCs can only generate an annual count from HMIS, which does not reflect people who are unsheltered and disconnected from outreach and other services, nor does it count people who are served by projects that do not enter data into HMIS.

The annual count is best for understanding the rate of inflow into homelessness and the overall number of people that the community needs to plan to shelter, serve, and re-house over the course of a year. The Point in Time Count is best used to understand the extent of chronic, unsheltered homelessness and the need for permanent supportive housing.

### 3. System Modeling

System modeling uses information to develop an ideal model of the set of housing and services interventions needed to rapidly exit people to permanent housing. Modeling uses two kinds of information: (1) the annual number of people experiencing homelessness, and (2) assumptions about the housing and services projects that individuals and families need in order to end their homelessness.

With this ideal model, a CoC can analyze existing inventory for alignment with the ideal program models developed during the process, advocate for new resources, and prioritize investments. Increasing inventory and improving projects to meet the length of stay assumptions developed during the modeling process can result in improved homeless system performance with people exiting more quickly to permanent housing.

#### 3.1 System Modeling Context

To develop a model of the ideal system for Indianapolis, the System Modeling Steering Committee discussed and adopted a vision and guiding principles (see Section 1.2), developed program models, defined planning assumptions for each household type, and reviewed the inventory recommendations developed through system modeling. The Steering Committee discussed the factors that affect the planning assumptions and so change the number and type of units recommended for an ideal system. One factor is the length of stay in projects, where longer times increase the number of beds or units needed at a point in time and can affect the CoC's performance on HUD's System Performance Measures. Another factor is expectations about the percentages of the population that need various interventions. When people are assumed to need more intensive interventions, that affects the overall number of persons who can be served with available resources, which leads to serving fewer people overall.

Abt used data on the number of Indianapolis households experiencing homelessness annually and the assumptions the Steering Committee defined about the ideal system in order to complete the system modeling spreadsheets that generated the inventory recommendations (discussed in Chapter 4). At the final planning meeting, the Steering Committee members identified the community's initial housing priorities for implementation (Chapter 5) and discussed strategies to present the System Modeling Project Report to the community and begin advocating for resources to implement the priorities. The rest of this chapter describes the steps in the system modeling process including the decisions about the various factors made by the Steering Committee.

#### 3.2 Identification of Populations for Modeling

People experiencing homelessness come from different situations and do not all have the same barriers to securing permanent housing, nor will they all need assistance of the same type or for the same amount of time. Availability of housing and services resources also vary by household type and other characteristics such as Veteran status. Acknowledging these variations, the Steering Committee identified seven population groups for system modeling:

- **Families** – head of household age 25+
- **Parenting Youth** – head of household age 18-24

- **Individuals** – age 25+, non-Veteran, non-chronic
- **Single Youth** – age 18-24, non-Veteran, non-chronic
- **Veteran Individuals** – age 18+
- **Chronically Homeless Individuals** – age 18+

Abt's analysis of the Indianapolis data had found very few Veteran family households and very few chronically homeless family households. As a result, the Steering Committee did not separate out these family groups for modeling. Further, the groups of individuals are mutually exclusive; Veterans and chronically homeless individuals are 18 or older, whereas other individuals who do not have these characteristics are separated by age (i.e., Individuals vs. Single Youth).

The Indianapolis homeless system annually serves about 100 unaccompanied children (under age 18 who are not experiencing homelessness with an adult). Serving this group requires specialized programs and partnership with the child welfare system. CHIP decided that the needs of minors experiencing homelessness would be planned for through a separate process with the appropriate partners.

### 3.3 Program Models

The system modeling process starts with the development of program models to clearly define the role of various housing and services interventions in the homeless system. The program models identify characteristics of interventions to meet immediate safety needs and to assist homeless persons to obtain and maintain permanent housing. The program models are not intended to incorporate the design and practices of projects in the CoC's current inventory. Instead, the program models that are developed for the ideal system should reflect desired practices, derived from lessons learned nationally.

The main focus in system modeling is program types that provide beds, units, or subsidy slots to assist individuals and families to rapidly exit to permanent housing. All program models are to be implemented within the framework of the CoC's coordinated entry process, which ensures that people with the highest needs are prioritized for services and housing. The homeless system also needs services programs, including street outreach and day shelter, that are not included in the program models.

The Indianapolis program models developed by the Steering Committee (Appendix C) provide guidance for funders looking for descriptions of the CoC's expectations for various program types and for providers implementing new projects. The program models chart can be used as a template for contracting, monitoring, and performance evaluation. CHIP has incorporated the program models that were developed in the system modeling process into the *Indianapolis Written Standards for Homelessness Assistance and Services*. These standards were developed to ensure consistency across providers and in alignment with the policies and procedures for coordinated entry.

Across the individual program types, the Steering Committee identified a common set of expectations about project design and implementation. These standard elements are:

1. Projects are designed using evidence-based and best practices models specific to the population being served.

2. Case managers are trained to meet the specific needs of the population being served by the project, including training in cultural competency.
3. Projects have policies and procedures to ensure that services are delivered with respect for the rights of the people being served, including the rights of the LGBTQ population, and in compliance with applicable federal and state fair housing and equal protection laws.
4. Projects have access to extensive referral resources to connect participants with services and supports from public and private organizations as appropriate. These include: income and non-cash benefits such as SSI/SSDI Outreach, Access and Recovery (SOAR) assistance; employment training and referrals; education; legal services; child care; health care; treatment for mental health and substance abuse disorders; and parenting skills training.
5. Projects are designed to address the safety needs of people who have experienced domestic violence, sexual assault, or human trafficking, through security measures and safety planning with the survivors.
6. Projects enter data into HMIS, or a comparable database as required by law, following applicable Release of Information and privacy procedures.
7. Projects follow CoC program standards for the applicable program type.

The Steering Committee identified three main categories of programs: Front Porch, Interim Housing, and Permanent Housing (Exhibit 3-1). The Program Models chart contains a program description, the population targeted for the program, essential program elements including any specific program elements for targeted populations, expected length of stay in the program, and the System Performance Measure that the program will most directly affect. Using what limited recommendations about caseload ratios are available from accreditation bodies, federal program and best practices guides, and community standards, the Steering Committee developed caseload ratios for each program type. This information was used by Abt to estimate costs of the program models.

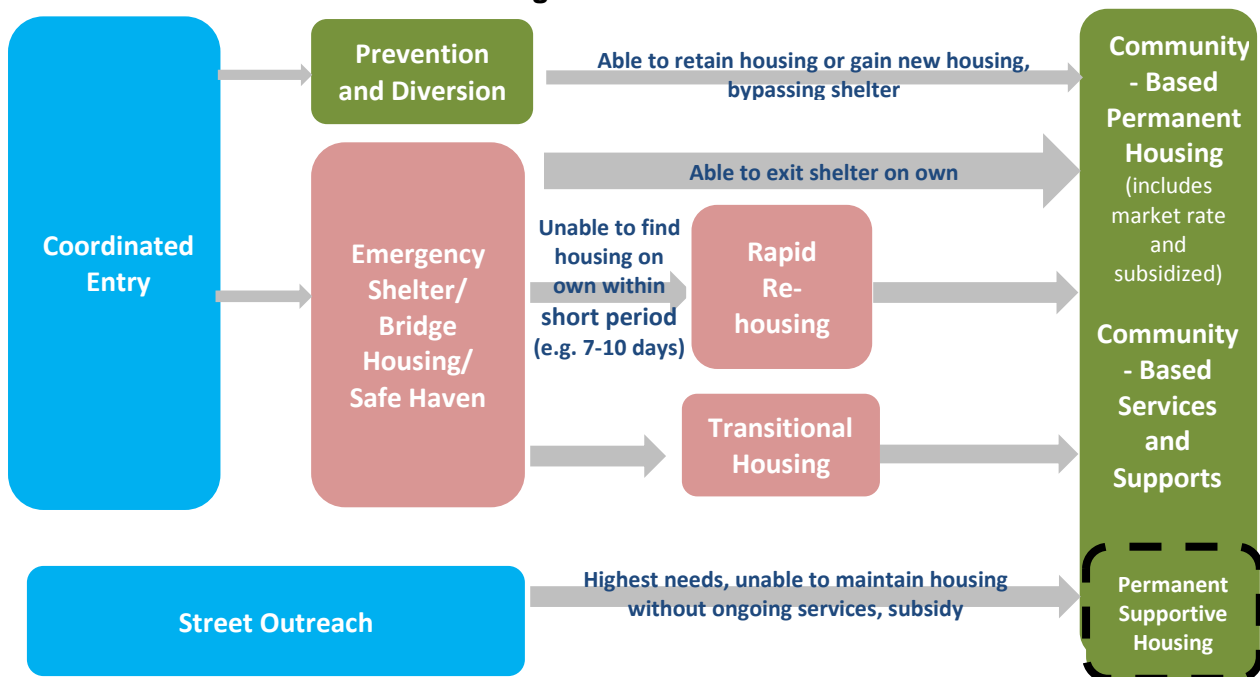
### Exhibit 3-1. Program Models Summary

Program Type	Description
<b>Front Porch:</b> Services to prevent literal homelessness.	
Diversion	Services to prevent people from entering shelter or an unsheltered location. Diversion programs provide housing relocation and stabilization services, which might include financial assistance or securing housing with family or friends.
<b>Interim Housing:</b> Temporary shelter or housing that provides for the household's immediate safety while they are assessed, search for permanent housing, and receive services. All households in these programs are considered homeless.	
Emergency Shelter	Safe, basic lodging open 24 hours a day where individuals and families can stay temporarily while they resolve their housing crisis. Case management and transportation is focused on crisis response and housing.
Transitional Housing	Temporary housing for people who have specific service needs and who prefer a communal, structured program. Services focus on obtaining permanent housing with the goal of providing the shortest length of stay needed for a positive permanent housing outcome.

Program Type	Description
	Transitional housing is targeted to youth age 18-24, victims of domestic violence, and Veterans.
<b>Permanent Housing:</b>	Housing that is safe and stable, in which a household can stay for as long as they choose. May provide a temporary or permanent subsidy and voluntary services (as determined by assessment) to help the household to retain the housing.
Rapid Re-housing	Services to move people as quickly as possible into permanent housing without preconditions through a combination of housing identification, short- to medium-term rental assistance, and case management tailored to the needs of the household.
Permanent Supportive Housing	Permanent tenant-based subsidies or dedicated units combined with supportive services focused on tenancy, with intensity and clinical sophistication of the services appropriate to the needs of the participant.
Other Permanent Housing	Permanent housing for people who do not need a permanent supportive housing level of support to maintain permanent housing, but who do need affordable permanent housing.

The interim housing programs address the immediate safety needs of an individual or family experiencing homelessness while the permanent housing programs provide assistance to help those people who can quickly exit homeless to housing on their own. This movement through the different program types in a homeless system is the foundation of system modeling. The Steering Committee reviewed a conceptual graphic (Exhibit 3-2) depicting this movement between program types towards permanent housing to understand pathways and to illustrate the flow through an ideal system.

**Exhibit 3-2. Movement between Program Models**



NOTE: In some cases rapid re-housing may serve as a 'bridge' to permanent supportive housing and transitional housing may serve as a bridge to rapid re-housing or permanent supportive housing.

### 3.4 Estimate of Annual Households Experiencing Homelessness

The process by which Abt came to the number 12,694 as representing all of the people served by the projects in the homeless system in Indianapolis, including people who were tenants in permanent supportive housing projects for all of FY2016, was reviewed in Chapter 2 (see Exhibit 2-6). For system modeling, the focus is on the number of people who experienced literal homelessness in a year. These are the people who need housing and services interventions to meet their immediate safety needs and to assist them to rapidly exit to permanent housing. Thus, to estimate the number of people experiencing literal homelessness annually in Indianapolis in FY2016, Abt used the same process described in Chapter 2 to estimate the number of people experiencing homelessness in FY2016 (Exhibit 3-3).

#### Exhibit 3-3. FY2016 Estimated Annual Number of All Persons Experiencing Literal Homelessness

Source	Number of People
HMIS	7,077
Wheeler (deduplicated with HMIS)	2,018
Julian Center (analysis based on survey information)	483
Coburn Center (analysis based on survey information)	144
Non-HMIS Participating Projects (extrapolation based on HIC, HMIS , AHAR sources)	2,033
<b>TOTAL</b>	<b>11,755</b>

SOURCE: Abt calculation

Household type is the only characteristic known for the 11,755 people estimated to have experienced homelessness in FY2016 (Exhibit 3-3) because the estimation was conducted separately for projects serving individuals and projects serving families. Once the number of people in families was determined (3,579), then the average family size of families with data in HMIS—3.34 people per family—was applied to that number. This calculation estimated that there were 1,072 families who experienced homelessness in Indianapolis in FY2016. Determining the number of family households is important for system modeling because families receive housing and services interventions as a family. Conducting system modeling on the number of people in families would overestimate the inventory of housing and services interventions needed to address the needs of families experiencing homelessness. The estimate for individuals does not need to be adjusted because almost all individuals experiencing homelessness without children under the age of 18 are alone.

#### Exhibit 3-4. FY2016 Household Type of People Experiencing Literal Homelessness

Household Type	Number of Households
Individual	8,047
Family (People)	1,072 (3,579)
Unaccompanied Children	129



Household Type	Number of Households
<b>TOTAL HOUSEHOLDS (PEOPLE)</b>	<b>9,248 (11,755)</b>

SOURCE: Abt calculation

A similar approach was used to determine other household characteristics, by applying proportions derived from HMIS data to the overall number of individuals and families who experienced homelessness (Exhibit 3-5).

The exception was Veteran status for individuals. As a result of the ongoing efforts to end Veteran homelessness in Indianapolis, there are regular and extensive outreach and engagement efforts for Veterans in all projects in the CoC, including projects that do not enter data into HMIS. Once Veterans are identified, they are usually enrolled in one or more HMIS-participating transitional housing or rapid re-housing projects. With this focused effort to identify and enroll Veterans in projects participating in HMIS, the HMIS data can be assumed to include almost all the Veterans experiencing homelessness in the CoC. If, as for the other household types, their representation in HMIS was applied to the overall number of individuals experiencing homelessness, it could potentially overcount Veterans and undercount individuals who are not Veterans.

The number of households of each type and characteristic in Exhibit 3-5 will be the basis of system modeling for each group.

#### Exhibit 3-5. FY2016 Household Types and Subpopulations

Household Types and Subpopulations	Proportional Representation in HMIS Data	Number of Households (estimated)
<b>FAMILIES</b>		
Families (age 25+)	83%	890
Parenting Youth	17%	182
<b>INDIVIDUALS</b>		
Individuals (age 25+, non-Veteran, non-chronic)	65%	5,207
Single Youth (age 18-24, non-Veteran, non-chronic)	10%	806
Chronically Homeless (age 18+, non-Veteran)	11%	879
Veterans (age 18+, including chronically homeless)	14%	1,097
<b>UNACCOMPANIED CHILDREN</b>		
Minors (age under 18)	NA	129

SOURCE: Abt calculation

### 3.5 Analysis of System Utilization Patterns

HMIS is the only dataset with information about how people move between projects and how long they stay in each. Given that coverage of projects entering data into HMIS is low (56%), the patterns of system utilization shown in Exhibit 3-6 are only suggestive. As discussed in prior sections, a high proportion of people reported in HMIS are also assumed to use other projects that do not participate

in HMIS. Therefore, by definition, the HMIS data is going to be missing portions of people's use of the homeless system – both the movement between projects and the overall length of stay. As a result, firm conclusions about current system utilization patterns cannot be drawn. Nonetheless, examining information about patterns of utilization that can be identified from HMIS is still valuable and provides a good reference point for planning.

There are three types of crisis services in Indianapolis—emergency shelter, street outreach, and day shelter. For purposes of analysis, Abt combined these three types of projects into a “crisis services” category. As shown in Exhibit 3-6 most people experiencing homelessness in Indianapolis only use crisis services. For the 593 families that used crisis services only a handful used crisis services and another intervention in the homeless system such as transitional housing, rapid re-housing or permanent supportive housing. A similar pattern held for the 3,187 individuals who used crisis services. With the planned upload of Wheeler data into HMIS there will be a more comprehensive dataset for utilization analysis in future years.

In FY2016 Indianapolis had not implemented coordinated entry to target interventions based on an individual's or family's barriers to exiting to permanent housing or a diversion project to try to prevent entry into literal homelessness at the entry points into the system. Implementation of coordinated entry, which will provide a system-wide assessment, prioritization, and referral process, will offer Indianapolis an opportunity to develop a more detailed understanding of system utilization even without additional projects entering data into HMIS.

#### **Exhibit 3-6. FY2016 HMIS Patterns of System Utilization**

<b>Program Type Combination</b>	<b>Families (Households)</b>	<b>Individuals</b>
Crisis Services Only	593	3,187
Crisis Services and Transitional Housing	14	103
Crisis Services and Rapid Re-housing	31	95
Crisis Services and Permanent Supportive Housing	15	111

SOURCE: Abt calculation

Average length of stay by project type is available for the combined HMIS and Wheeler dataset (Exhibit 3-7). Wheeler has a policy that limits people using its emergency shelter to just 10 days a month except during the winter months. Not surprisingly, the average lengths of stay at its emergency shelter and transitional housing projects are shorter than the average lengths of stay in those same project types for projects that enter data into HMIS.

Understanding current patterns of system utilization is important as the Indianapolis community plans for implementation of all or part of the ideal system developed through system modeling. But the community should assume that lengths of stay in shelter projects are artificially short because of existing policies. In the program models development process, the Steering Committee stated that people entering emergency shelter would not have a requirement to exit the project after a certain number of days. This change was made to provide for immediate safety and to ensure that people are connected to permanent housing.

**Exhibit 3-7. FY2016 Combined HMIS and Wheeler Average Length of Stay, by Project Type**

Program Type	Average Length of Stay for Families (Months)	Average Length of Stay for Individuals (Months)
Street Outreach	11	6
Day Shelter	2	3
Emergency Shelter	1	1
Transitional Housing	10	6
Rapid Re-housing	5	4
Permanent Supportive Housing	41	41
Safe Haven	NA	8

SOURCE: Abt calculation

### 3.6 Development of Assumptions for System Modeling

The next step in the system modeling process is to develop the “pathways” expected to most effectively help individuals and families with different needs and barriers to exit to permanent housing. Pathways are combinations of projects that provide for people’s immediate safety needs while also connecting them to projects that will help them to obtain housing through housing search assistance, temporary or permanent rental assistance, and supportive services to help them stabilize and maintain housing.

System modeling uses assumptions about pathways and length of stay in different project types to develop inventory recommendations for a system. The process is not intended to determine what assistance a specific individual or family will receive. Referral to housing and services interventions should be based on the assessment process conducted through coordinated entry, consideration of the households’ preferences, and availability of interventions at the time the individual or family presents for services.

Once the Steering Committee defined the set of pathways for Indianapolis, they then developed assumptions about the pathways that each household type and subpopulation would need. Pathway assumptions vary by need; for example, 90% of chronically homeless individuals are projected to need permanent supportive housing, but only 6% of families age 25+ are projected to need that intensive of an intervention. Sometimes the proportion of a population that needs a particular pathway can be informed by community data, such as analysis of coordinated entry assessment data. Selection of pathways is informed by local principles, such as adoption of a Housing First approach, emerging practices nationally, and funder’s priorities. The Steering Committee discussed all of these factors in developing the pathways for the various households and subpopulations in Indianapolis.

Pathways developed for families with a head of household age 25+ are shown in Exhibit 3-8. (The Steering Committee developed pathways for each of the identified household types and subpopulations, this information can be found in Appendix D).

**Exhibit 3-8. Pathways for Families Age 25+ Experiencing Homelessness**

Pathway	Overall Strategy	Detail Strategy
Diversion	20%	20%
Emergency Shelter Only	15%	15%
Transitional Housing (from Coordinated Entry Without Emergency Shelter)	4%	2%
Transitional Housing (from Emergency Shelter with Rapid Re-housing at Exit)		2%
Rapid Re-Housing (One-Time Assistance)	55%	5%
Rapid Re-Housing (Medium-Term Assistance)		50%
Permanent Supportive Housing (from Emergency Shelter)	6%	6%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>

To illustrate the concept, the family pathways listed in Exhibit 3-8 are described below. The main pathways are defined around the core project type that the person uses to exit to permanent housing; these pathways are grouped in the overall strategy column in Exhibit 3-8. Variations in the way that people access the core project type or the amount of assistance they are projected to receive are shown in the detail strategy column.

- **Diversion.** Immediate services intervention to divert families who otherwise would have become homeless entered emergency shelter. Diversion services may continue to support the family to identify a permanent housing option after the initial diversion from literal homelessness. The expectation is that 20% of the families who would have become homeless, and needed emergency shelter and other housing and services interventions, will not become literally homeless because of diversion.
- **Emergency Shelter Only.** Basic lodging to provide for the immediate safety needs of families who could not be diverted from homelessness. Fifteen percent of families are expected to only need emergency shelter.
- **Transitional Housing.** Time limited housing with services to stabilize the family to prepare them for exit to permanent housing. Some of the families (expected to be 2% of families) will be identified as needing transitional housing with a domestic violence focus during the coordinated entry process and will be referred directly to the transitional housing project. Some families (expected to be 2% of families) will enter the transitional housing project after a brief stay in emergency shelter and also will need continued assistance through rapid re-housing when they exit from transitional housing.
- **Rapid Re-housing.** More than half of the families are projected to need rapid re-housing assistance to exit to permanent housing after a brief stay in emergency shelter. Most of the families assisted (expected to be 50% of families) will need medium-term assistance. A few (expected to be about 5% of families) will need only one-time assistance of help locating housing and the initial security deposit.
- **Permanent Supportive Housing.** For families with a long history of homelessness and a household member with a disability, permanent supportive housing provides permanent rental

assistance and supportive services to help maintain housing. Only a few families (expected to be 6% of families) will need this level of intervention after a brief stay in emergency shelter.

The next step after defining the pathways and the percentage of each household type or subpopulation group needing each pathway is to project the average length of assistance that will be provided through each program type in the pathway. The Steering Committee developed these projections to model the inventory that would be needed for the ideal system. It is hard to reduce length of stay in interim programs that people use for their immediate safety if there are not sufficient permanent housing interventions available for them to exit to. Once the ideal model is developed, then a community can plan a transition from its current system to the ideal system, as new investments are made and current resources are reallocated to align with the program models and the vision of the ideal system.

Projected average length of stay for each program type in the pathways for families with a head of household age 25+ are shown in Exhibit 3-9 (this information is available for all household types and subpopulations in Appendix D). The pathways were designed with the goal of reducing the overall length of time individuals and families spend homeless, so the Steering Committee developed stretch goals when developing the length of stay assumptions in order to achieve system-wide progress in reducing people's experience of homelessness. The homeless system will not be able to achieve these length of stay goals without new resources and proactive implementation of the program models developed during the system modeling process. Some providers may find that they need additional training to be able to assist families to exit to permanent housing this quickly.

**Exhibit 3-9. Average Length of Stay for Families Age 25+ (in Months or Units)**

Pathway	Overall Strategy	Detail Strategy	Diversion (months)	Emergency Shelter (months)	Transitional Housing (months)	Rapid Re-housing (months)	Permanent Supportive Housing (units)
Diversion	20%	20%	3				
Emergency Shelter Only	15%	15%		1			
Transitional Housing (from Coordinated Entry Without Emergency Shelter)	4%	2%			6		
Transitional Housing (from Emergency Shelter with Rapid Re-Housing at Exit)		2%		1	6	3	
Rapid Re-housing (One-Time Assistance)	55%	5%		1		1	
Rapid Re-housing (Medium-Term Assistance)		50%		1		4	
Permanent Supportive Housing (from Emergency Shelter)	6%	6%		1			1

Inventory recommendations for the Indianapolis homeless system were developed from the assumptions developed during this stage of system modeling. The full set of recommendations can be found in Chapter 4.

## 4. Inventory Recommendations for the Ideal System

Inventory modeling is conducted by calculating the number of units needed at a point in time to serve a defined number of people experiencing homelessness who need various pathways in different proportions for an average length of stay. Using this information, the number of times a bed or unit or subsidy slot is expected to turn over in a year can be calculated. From that the estimated number of units by project type can be derived.

For example, say families need emergency shelter for an average of one month before they exit to permanent housing or to the appropriate next intervention, and there are an estimated 24 families experiencing homelessness in a year. Thus, the system needs emergency shelter beds for two families at any point in time, because each set of emergency shelter beds serves 12 families a year, or “turns over” 12 times a year (assuming relatively even demand over the course of the year).

Because permanent supportive housing is a permanent subsidy, it does not turn over in the same way as a shelter bed or rapid re-housing subsidy slot, so that program type requires an additional turnover analysis.

Once the number of beds, units, or subsidy slots is calculated through the inventory modeling process, then the recommended inventory needed at a point in time can be compared with the existing inventory of resources from the Housing Inventory Count chart. From this inventory analysis, a plan to increase resources and align projects with the ideal system can be developed.

### 4.1 Inventory Modeling

For example, for the estimated 890 families with a head of household age 25+, Exhibit 4-1 shows the inventory recommendations based on the assumptions in Exhibit 3-9. A total of 329 beds, units, or subsidy slots need to be available at a point in time to serve those 890 families a year. Except for permanent supportive housing, all of the beds, units, and subsidy slots in the inventory will serve more than one family over the course of a year. In Exhibit 4-1, the last column indicates the number of families served by the recommended inventory in a year; for example, 45 subsidy slots are recommended to serve the families who are diverted from homelessness; these 45 slots are expected to serve 178 families a year.

With only 15% of families expected to exit homelessness in an average of one month (the group whose pathway is Emergency Shelter Only in Exhibit 3-9), many of the 330 beds, units, or subsidy slots will be filled with families who entered homelessness in the previous few months. Assuming even demand over the course of a year, then 74 families a month are expected to need services each month (890 families a year divided by 12 months). If all projects are able to achieve the length of stay assumptions for the program type they provide and exit families to permanent housing at the expected pace, then there should be sufficient inventory to meet the needs of the approximately 74 families who will enter homelessness each month.

### Exhibit 4-1. Inventory Recommendation for Families with Heads of Household Age 25+

Program Type	Inventory Recommendation at a Point in Time	Families Served in a Year
Diversion	45 services and subsidy slots	180
Emergency Shelter	57 sets of shelter beds for families (average family size is 3.34)	684
Transitional Housing	18 units	36
Rapid Re-housing	156 services and subsidy slots	508
Permanent Supportive Housing	53 units available per year (because the intervention is permanent)	53
<b>TOTAL</b>	<b>329 beds or units or subsidy slots</b>	

NOTE: The number of families served by the inventory over a year is greater than the number of families experiencing homelessness because most families are served by more than one intervention in a year.

## 4.2 Comparison to Current Inventory

The inventory recommendations developed through system modeling can be compared with the current housing inventory for a household type or subpopulation from the Housing Inventory Count chart. For example, Exhibit 4.2 compares the 2016 housing inventory for families with heads of household age 25+ against the ideal inventory developed for Indianapolis. The unit counts shown for each program type are for a point in time; in most cases, more than one family a year will be served by the bed, unit, or subsidy slot.

For example, for families who would be homeless without diversion assistance, the recommended inventory would create 45 diversion subsidy slots to prevent these families from becoming literally homeless. The new diversion program, shorter lengths of stay in shelter and transitional housing, targeting transitional housing to specific subpopulations, and increased availability of permanent housing resources to help families leave shelter quickly all contribute to an inventory recommendation for shelter and transitional housing for the ideal system that is substantially lower than the current inventory. Almost all of the recommended new permanent housing resources are rapid re-housing, with a small increase in permanent supportive housing. Scaling up rapid re-housing as an initial housing priority is discussed in Chapter 5.

### Exhibit 4-2. Comparison of 2016 Housing Inventory with System Modeling Inventory Recommendations for Families with Heads of Household Age 25+

Program Types (Point in Time Unit Count)	Current System (2016 Housing Inventory Count)	Ideal Inventory	Inventory Difference (Current vs Ideal)
Prevention/Diversion	NA	45	45
Emergency Shelter	108	57	(50)
Transitional Housing	68	18	(50)
Rapid Re-housing	0	156	156



## INVENTORY RECOMMENDATIONS

Permanent Supportive Housing	110	53 units a year available through turnover or new development	53 units a year available through turnover or new development
<b>TOTAL</b>	<b>286</b>	<b>329</b>	<b>--</b>

After reviewing the inventory recommendations for all household types and subpopulations, the Steering Committee chose to focus on two initial housing priorities: (1) ending chronic homelessness in five years through development of permanent supportive housing; and (2) a three-year plan to rapidly re-house families.

Other communities that have undertaken system modeling have decided to try to implement the ideal system over a period of time. In these cases, the CoC starts transition planning with its current inventory as the beginning and the ideal inventory it is trying to reach as the end point for its planning. The CoC would then plan for changes to its inventory based on available resources and strategies to improve performance in projects to reduce length of stay. There is a step-wise logic to these changes, with investment in permanent housing options usually occurring before reductions in shelter inventory.

### 4.3 Inventory Recommendations for Indianapolis

The Steering Committee developed pathways assumptions for each household type and subpopulation identified in the initial planning for the project (Appendix D). Inventory recommendations were developed for each of these groups to determine the overall inventory of beds, units or subsidy slots needed by project type, shown in Exhibit 4-3.

Inventory recommendations for program types that are expected to turn over during the year (every program type except permanent supportive housing) are shown as recommendations for a point in time. Permanent supportive housing is a permanent subsidy that is not expected to turn over quickly, the recommendations for this program type are shown as annual projections of units that will need to be available either through development of new resources or through turnover of existing units.

#### Exhibit 4-3. Ideal System Inventory Recommendations for Indianapolis

Program Type	All Families (age 18+)	All Non-Veteran Individuals (age 18+)	All Veterans (age 18+)	Total Inventory Recommendations	Current Inventory – 2016 Housing Inventory Count	Difference Between Ideal Inventory and Current Inventory
Diversion	57	170	26	253	0	253
Emergency Shelter	71	368	76	515	571	(56)
Transitional Housing	39	125	116	280	540	(260)
Rapid Re-housing	270	958	133	1,361	78	1,290
Permanent Supportive Housing (available through turnover or new development)	62	560	70	692 units available for move-in each year	935	692 units available for move-in each year

## INVENTORY RECOMMENDATIONS

TOTAL BEDS/UNITS/ SUBSIDY SLOTS NEEDED	499	2,181	421	3,101	2,124	
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Source: [Indianapolis CoC 2016 Housing Inventory Count Report](#)

NOTE: Inventory recommendations for families are for shelter or housing units not beds. Current inventory totals are calculated using Family Units from the 2016 Housing Inventory Count not Family Beds.

For comparison purposes, the 2016 inventory by program type is also included in the chart. The main difference between the ideal inventory recommendations and the current inventory is a significant shift in units from temporary interventions in emergency shelter and transitional housing projects to permanent housing interventions including diversion interventions that would prevent an individual or family from entering emergency shelter. The Steering Committee selection of initial housing priorities recognizes this shift and begins the planning and advocacy for a surge in new resources to create the permanent housing units recommended by system modeling.

### 4.4 Ongoing System Modeling

Data and assumptions in the system modeling spreadsheets Abt used to develop the inventory recommendations in this report can be updated to generate revised inventory recommendations. If desired by the community, a regular schedule could be established to review the system model to check on the accuracy of its assumptions and to monitor progress on transitioning to the ideal inventory.

For such an update, the CoC could review the assumptions in the system model produced in this project against the following possible type of new information:

- Annual count of people experiencing homelessness, by household type and subpopulation.
  - Uploads to HMIS from Wheeler Mission Ministries could provide more accurate proportions for subpopulations, particularly individuals who are chronically homeless.
- Estimates of the percentage of each household type and subpopulation needing different pathways to permanent housing.
  - Assessment and referral data from coordinated entry may provide a more accurate picture of the interventions different people need to exit homelessness to permanent housing.
- Length of time in each project in a pathway.
  - With better HMIS data, the CoC could analyze length of stay in different projects to assess whether the system modeling assumptions are being achieved.
- Housing inventory.
  - As new resources are invested, the updated housing inventory can be compared with the inventory recommendations from system modeling, to assess progress toward the ideal system.

Some CoCs use the system modeling spreadsheets to develop budget requests and to track changes to inventory when projects are funded and placed in service.

## 5. Initial Housing Priorities and Key Implications

To make progress on ending homelessness in Indianapolis, the Steering Committee identified two populations and interventions as initial housing priorities:

1. Developing sufficient permanent supportive housing to end chronic homelessness for the estimated 879 chronically homeless non-Veteran individuals in Indianapolis.
2. Developing the full inventory of rapid re-housing resources recommended for families of all ages in Indianapolis.

Sections 5.1 and 5.2 describe the inventory needed to meet these goals, estimated costs, potential funding sources, and other issues to consider as the CoC prepares to implement the priorities. Significant resources will need to be committed to achieve these housing goals, and significant changes will be needed to the existing homeless system to target the new housing to the intended households.

### 5.1 Initial Housing Priority 1: End Chronic Homelessness in Five Years

Chronically homeless individuals who have long histories of homelessness and a long-standing disability that would benefit from permanent supportive housing are usually the most vulnerable people in a CoC. HUD has identified this group as a priority for CoCs. Ending chronic homelessness would improve a CoC's performance on the System Performance Measures by reducing the number of people experiencing homelessness during the Point in Time Count and the length of time people are homeless.

Permanent supportive housing as an intervention to end chronic homelessness is supported by research and the experience of communities around the country. In particular, research has found that chronically homeless people have the highest costs to the homeless crisis response system and to other systems in the community, and that once they are housed, these costs go down substantially even when taking into account the cost of the housing (see Cost of Savings of Permanent Supportive Housing box). Permanent supportive housing is the evidence-based intervention for chronically homeless people.

The pathways that the Steering Committee developed for chronically homeless people project that 90% of that population would need permanent supportive housing, 5% would need emergency shelter only, and 5% would need rapid re-housing.

To help with resource timing and different development options, the Steering Committee requested that Abt develop several scenarios for ending chronic homelessness in five years. These scenarios are presented in Exhibit 5-1 and are described below:

- Scenario #1 projects that 20% of the individuals experiencing chronic homelessness will be housed each year, which may be a challenge in the first couple of years as the CoC seeks new housing resources.
- Scenario #2 phases in a percentage of chronically homeless individuals housed each year, starting at a lower level of 10% and increasing over the five years to 30% in the fifth year, which may better fit the availability of housing resources and project development timelines.

## PRIORITIES AND IMPLICATIONS

- Scenario #3 phases in a number of chronically homeless individuals to be housed each year over the five years, instead of units to be created. This scenario projects only 850 persons will be served by the end of the five years.
- Scenario #4 projects the end of chronic homelessness at the end of five years, without making an annual commitment.

### Exhibit 5-1. Permanent Supportive Housing Development over Five Years to End Chronic Homelessness

Permanent Supportive Housing Scenario	Current Permanent Supportive Housing Inventory Dedicated to	New Permanent Supportive Housing Units Needed Each Year <sup>a</sup>					Units Created in Years 1-5	Ending Permanent Supportive Housing Inventory
		Year 1	Year 2	Year 3	Year 4	Year 5		
Scenario #1 - serve 20% of chronic individuals per year (176 each)	225	147	139	132	126	120	664	889
Scenario #2 - serve 10% first year (88), 15%, second year (132), 20% third year (176), 25% fourth year (220), 30% fifth year (264)	225	69	103	138	171	203	684	909
Scenario #3 - serve 100 first year, 150 second year, 200 each year in third, fourth, and fifth years	225	79	121	159	151	143	653	877
Scenario #4 - end chronic homelessness in five years	225	TBD	TBD	TBD	TBD	TBD	781	1,006

<sup>a</sup> Inventory modeling assumes 5% of the permanent supportive housing inventory turns over each year and is available for new move-ins.

NOTE: Scenario #3 plans for only 850 chronically homeless individuals over five years.

#### 5.1.1 Planning for Expansion of Permanent Supportive Housing

Additional planning for Indianapolis's goal of ending chronic homelessness through investment in permanent supportive housing should begin with a comprehensive outreach effort to identify and assess individuals experiencing chronic homelessness in Indianapolis. The information gathered through this activity can be used to determine the housing and services models that chronically homeless people will need to move into and maintain permanent housing. Once the set of housing and services models is complete, a funding and development plan can be created with a pipeline of projects and a capacity-building plan for housing and services providers. Key considerations in the development of permanent supportive housing include determining housing type and service model.

## Housing Type

The two main types of permanent supportive housing are tenant-based subsidies used to rent units from private landlords and dedicated units in part or all of a building. Each type has advantages and disadvantages. Most communities find that a mix of housing types can provide individuals who are enrolled in the project with real choice, in compliance with fair housing law. Tenant-based subsidies can be implemented quickly and provide people looking for housing the opportunity to locate in their preferred neighborhood, if there are units within the rent limit for the project whose owner are willing to rent to the persons seeking housing. Some individuals have barriers to accessing housing that prevent them from finding an appropriate unit in the private market. For them, a site-based unit may be the best choice.

## Cost Savings of Permanent Supportive Housing

*Successfully implementing permanent supportive housing not only will reduce the number of people experiencing the hardships of being homeless, but will create cost-savings in other crisis systems such as hospitals and jails. Funding from homeless specific sources is generally not sufficient to fully implement the amount of permanent supportive housing needed to meet the system demands; but when other systems are willing to invest in permanent supportive housing development, they still experience a cost-savings at a rate that exceeds their investment.*

*A study of permanent supportive housing in Indiana found cost savings to the community consistent with numerous cost studies<sup>5</sup> across the nation. In 2016, the University of Southern Indiana prepared a report<sup>6</sup> for the Indiana Housing and Community Development Authority that looked at a cohort of formerly homeless people. It compared their interaction with medical and criminal justice systems in the two years prior to housing versus after placement in permanent housing. The researchers studied residents of five scattered site and congregate permanent supportive housing projects which use the Housing First model in Evansville, Indiana. Not only did tenant well-being improve, but providing housing and supportive services resulted in:*

- 83% cost savings associated with incarceration
- 78% cost savings for medical hospitalizations
- 66% cost savings for emergency room services
- 62% cost savings for mental health hospitalizations

Development of permanent supportive housing through rehabilitation or new construction provides an opportunity to design units and common spaces that are functional and attractive. These buildings can have sufficient scale to provide 24-hour staffing and on-site supportive services. But high capital costs and long development time frames can limit this approach. Some of these disadvantages can be removed by master leasing all or part of a building for the permanent supportive housing project.

Three of the four scenarios for developing permanent supportive housing over the five-year timeline expect that new units or subsidy slots will be available in the first year. To make progress toward the goal, the strategy in early years might be to expand tenant-based subsidies, with development of site-based units planned for later years of the plan. To successfully serve chronically homeless individuals with tenant-based subsidies, the CoC should ensure that

<sup>5</sup> National Alliance to End Homelessness. Permanent Supportive Housing Cost Study Map. June 30, 2015. Accessed at <http://www.endhomelessness.org/library/entry/permanent-supportive-housing-cost-study-map> on April 5, 2017.

<sup>6</sup> Bakke, E. Burnett, P., Hanka, M. Opartney, M., Phillips, I., Reynolds, E., Cupka Head, S. Impact of Indiana Permanent Supportive Housing Initiative. University of Southern Indiana. 2013. Accessed at [https://www.in.gov/myihcda/files/IPSHI\\_Study.pdf](https://www.in.gov/myihcda/files/IPSHI_Study.pdf) on April 5, 2017.

eligibility restrictions are minimal and that a substantial landlord recruitment strategy is in place to identify owners and management companies willing to rent to people with housing barriers.

### **Service Model**

Supportive services in permanent supportive housing can vary in intensity based on the needs of the persons being served. Some people need support during their move into the unit, but then are able to maintain their housing with limited services. Other people may need daily engagement to help them maintain their housing. People with a high level of need may benefit from models such as Assertive Community Treatment (ACT) teams; that is, a team of providers including a psychiatrist, nurse or other medical professional, substance abuse specialist, employment specialist, and case manager that meet frequently with the permanent supportive housing tenant.

The CoC's plan to end chronic homelessness should include recommendations of the service models to be implemented, along with training and capacity-building strategies. To ensure that the projects are being delivered with fidelity to the selected service model, projects should be monitored and providers should have access to resources for continuous quality improvement.

The assessment used at coordinated entry which is used to determine whether an individual has the level of housing barriers, including a disability, that makes them appropriate for referral to permanent supportive housing may not provide enough information to make a determination of the type of supportive services in permanent supportive housing that the individual needs. Once the initial determination of referral to permanent supportive housing has been made, additional information from a clinical assessment, past history in housing including in permanent supportive housing, and the judgement of service providers currently working with the person may provide enough information to determine the type of permanent supportive housing that would best meet their needs. In some cases, the need for more intensive support may emerge after the person has been housed. Permanent supportive housing tenants are eligible to transfer between projects to maintain their housing. The CoC should have a process to refer between projects when necessary to stabilize such a person in housing. In other cases an individual may not be initially referred to permanent supportive housing from coordinated entry but, using progressive engagement principles, as their need for permanent supportive services to end their homelessness emerges they would be referred to permanent supportive housing to receive the appropriate level of support.

Assessment may determine that some people who are chronically homeless need more assistance with daily living skills such as bathing, grooming, cooking, and cleaning than a permanent supportive housing case manager usually provides. This level of assistance might then be provided in a permanent supportive housing unit by a home health aide or other caregiver. Or the assessment may determine that the person can be more appropriately served in a facility providing more support. As the chronically homeless population ages, the CoC will need to develop partnerships with mainstream services for senior citizens to access resources needed for people experiencing homelessness who need assistance with activities of daily living.

A critical issue in achieving overall reductions in homelessness and system costs is who to prioritize for permanent supportive housing placement. Length of time homeless and level of service needs should be the primary factors used in prioritizing referrals. HUD's 2016 *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent*



*Supportive Housing*<sup>7</sup> can provide critical guidance on whom to target for permanent supportive housing.

### 5.1.2 Estimated Costs of Ending Chronic Homelessness in Five Years

Several types of funding are needed to provide permanent supportive housing. All projects need funding for housing, either through rent assistance for tenant-based subsidies or through operating funding for site-based projects, and for supportive services. Both of these types of funding must be renewed annually to maintain housing for the tenants. Site-based projects with dedicated units for people needing permanent supportive housing may also require substantial capital investment for acquisition, rehabilitation, or new construction before the property is available for occupancy.

For this project, Abt estimated annual per unit costs for housing and services for the permanent supportive housing units planned for two of the Steering Committee's permanent supportive housing scenarios (Exhibit 5-2). Cost estimates were developed from case manager costs, the caseload ratio for permanent supportive housing from the program models chart, and current Fair Market Rent (FMR) costs for one-bedroom units in Indianapolis. These estimates are preliminary and may overestimate costs if decent housing in areas that people prefer can be identified for less than the FMR. Or they may underestimate costs if the service model needed to stabilize some people in housing has higher costs per person. Some people who need permanent supportive housing may receive disability benefits or have income from employment or other sources. For them, the project would not need to pay 100% of the rent, and additional people could be housed with any excess project resources.

As the development strategy is created, providers and funders should discuss usual costs of different types of permanent supportive housing and explore opportunities to manage costs while providing decent housing and client choice.

#### Exhibit 5-2. Estimated Annual Permanent Supportive Housing Costs

Cost Type	Annual Costs
<b>Services</b>	
Case management costs per person	\$2,928
<b>Housing</b>	
2017 one-bedroom, FMR \$689; annual cost	\$8,268
SUBTOTAL SERVICES/HOUSING COSTS PER UNIT	\$11,196
<b>Admin</b>	
10% of Project cost	\$1,120
TOTAL PER UNIT ANNUAL COST	\$12,316
<b>YEAR 5 ANNUAL COSTS FOR UNITS CREATED</b>	
Scenario #1 – 664 units created	\$8,177,824

<sup>7</sup> <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

Cost Type	Annual Costs
Scenario #4 – 781 units created	\$9,618,796

ASSUMPTIONS: Average case manager salary + benefits of \$43,917; caseload ratio 15:1.

SOURCE: Abt calculations

### Funding

Funding for rental assistance or operating costs for *housing* usually comes through federal programs including the CoC Program or Housing Choice Vouchers. The new federal Housing Trust Fund may also provide operating funding. The Indiana Housing and Community Development Authority administers the funding and develops the rules, under federal requirements. Funding for *services* in permanent supportive housing can come from sources such as state or local mental health resources, Medicaid, the CoC Program, foundations, and fundraising.

In the last few years, several communities including Los Angeles, California, and Orlando, Florida, have made commitments to reducing and ending chronic homelessness. Each community has a different approach to funding the new permanent supportive housing inventory called for in its plan. Los Angeles voters have approved a property tax increase to repay bonds that were sold to pay for housing and a sales tax increase to pay for supportive services. Los Angeles has also pioneered using Medicaid savings to pay for housing, an approach that other cities including Chicago and Boston are exploring. Orlando secured Housing Choice Voucher commitments from its public housing authority and a \$6 million services funding commitment from Florida Hospital, the largest hospital in the area. The Orlando initiative is currently “housing the first 100” chronically homeless people.<sup>8</sup>

Usually site-based permanent supportive housing projects are developed with very little debt because there is not sufficient rental income to pay a mortgage. There are several sources of non-debt funding for capital funding, including grants and equity investments as a result of an award of Low Income Housing Tax Credits. The CoC should ensure that permanent supportive housing providers who are developing new projects leverage all available state and federal resources. Creating a development pipeline can prepare the CoC to strategically position projects when new funding opportunities appear.

## 5.2 Initial Housing Priority 2: Three-Year Plan to Rapidly Re-house Families

Rapid re-housing is the primary intervention recommended for both parenting youth and families with head of household age 25+. Under this initial priority, the plan is to meet the needs of both groups of families by securing rapid re-housing funding over a period of three years.

Assumptions about the length of assistance needed vary by the age of the head of the household. As a result, Abt projected the inventory needs of parenting youth separately from those of families with a head of household age 25+. Service intensity and focus may also need to vary for each group of families to provide the appropriate support to help them maintain housing after the temporary rental

<sup>8</sup> Corporation for Supportive Housing. (September 2016). *Housing the First 100, Orlando FL*. Accessed April 8, 2017, at <http://www.csh.org/wp-content/uploads/2016/09/Orlando-Frequent-User-Initiative-ProfileFINAL.pdf>.



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assistance ends. Exhibit 5-3 shows the increase in subsidy slots needed over the three-year period. By the third year, 261 rapid re-housing subsidy slots would be needed at a point in time to serve families becoming homeless each month. These subsidy slots would serve about 600 families a year.

**Exhibit 5-3. Rapid Re-housing Subsidy Slots Needed**

	Rapid Rehousing Resources Needed and Families Served in a Year (1,072 total families a year)						Assumptions
	Year 1		Year 2		Year 3		
	Subsidy slots at a point in time	Families served in a year	Subsidy slots at a point in time	Families served in a year	Subsidy slots at a point in time	Families served in a year	
Parenting Youth (age 18-24) – 182 families experiencing homelessness each year	36	36	73	73	109	109	Average of 12 months of assistance: Year 1 20% Year 2 40% Year 3 60%
Families (age 25+) – 890 families experiencing homelessness each year	78	269	123	400	152	489	Average of 1 month of assistance Years 1-3 each 5%  Average of 4 months of assistance Year 1 25% Year 2 40% Year 3 50%
Existing RRH Slots at Start of Year	0	--	114	--	196	--	
New RRH Slots to be Added Each Year	114	--	82	--	65	--	
TOTAL RRH SLOTS AT END OF YEAR	114	305	196	473	261	598	

### 5.2.1 Planning for Expansion of Rapid Re-housing

Rapid re-housing can rapidly end a family's episode of homelessness by providing temporary services and financial assistance. The main activities of a rapid re-housing project are housing location assistance, initial funds for security deposit and first month's rent, temporary rental subsidy while the family prepares to assume payment for their housing, and supportive services to help the family address the initial crisis that led to their homelessness and to stabilize in their housing, including connecting to resources in the community.

The *Rapid Re-housing Performance Benchmarks and Program Standards*<sup>9</sup> developed by the National Alliance to End Homelessness, and supported by the U.S. Department of Veterans Affairs and HUD, provide performance benchmarks to evaluate project implementation and program standards for the three components of rapid re-housing: housing identification, rent and move-in assistance, and rapid re-housing case management and services. The program models developed by the Steering Committee reference the *Program Standards* as the basis for the rapid re-housing program for system modeling in Indianapolis.

Rapid re-housing inventory is counted as a subsidy slot for a family enrolled and provided assistance to find, lease, and move into a unit in the private rental market. When the family exits the project, the assistance is available for another family experiencing homelessness. For families with a head of household age 25+, the system modeling assumptions for the average length of stay in rapid re-housing to be four months. Thus, the same rapid re-housing subsidy slot can be used for three families in a year.

The key considerations in the expansion of rapid re-housing are effective supportive services and structuring the financial assistance to leverage all resources.

#### Supportive Services

Effective case management for rapid re-housing requires staff who are well trained in the program model, are able to engage families during home visits, and can quickly transition families to supports in mainstream systems and the community, if necessary. Organizations operating rapid re-housing projects must be able to support and supervise case managers to help them provide needed services and prepare families for exit from the project after only a short period of assistance.

Some providers find the limited financial and services assistance in rapid re-housing difficult to reconcile with their organizational philosophy of providing long-term support. These concerns should be addressed directly to ensure that the rapid re-housing project is implemented with fidelity to the model.

### 5.2.2 Estimated Costs of Rapidly Re-housing Families in Three Years

There are two main types of costs in a rapid re-housing project: (i) financial assistance for security deposits, rent, utilities, and move-in; and (ii) supportive services to help families stabilize in housing.

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<sup>9</sup> <http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

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Cost studies have shown that rapid re-housing costs less than shelter plus usual care and transitional housing, while providing similar outcomes.<sup>10</sup>

Abt developed cost estimates for rapid re-housing inventory for families from average case manager costs, the caseload ratio for rapid re-housing, and current FMR costs for two- and three-bedroom units (Exhibit 5-4). These costs are preliminary. As the community prepares to implement this recommendation, discussions should be held with providers and funders about usual costs for each activity and about how costs can be managed to serve as many families as possible.

### Exhibit 5-4. Estimated Annual Rapid Re-housing Costs

Cost Type		Annual Costs
<b>Services</b>		
Case management costs per person	\$2,196	
Additional case management capacity for team leads, balancing caseloads, vacancies, leave: 1 FTE additional capacity for every 3 FTE case manager	\$725	
SERVICES COST PER YEAR		\$2,921
<b>Housing</b>		
2017 two-bedroom FMR \$850; annual cost	\$10,200	
2107 three-bedroom FMR \$1,140; annual cost	\$13,680	
HOUSING COST PER YEAR		\$11,940
SUBTOTAL SERVICES/ HOUSING COSTS PER UNIT		\$14,861
<b>Admin</b>		
10% of Project cost		\$1,486
TOTAL PER UNIT ANNUAL COST		\$16,347
ANNUAL COST FOR 261 SUBSIDY SLOTS AT A POINT IN TIME TO SERVE 598 FAMILIES		
TOTAL COST FOR 261 SUBSIDY SLOTS		\$4,266,567

ASSUMPTIONS: Average case manager salary + benefits \$43,917; caseload ratio 20:0. Average family size is 3.34

SOURCE: Abt calculations

NOTE: Abt corrected a calculation error in this chart on 8/16/2017.

<sup>10</sup> U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (October 2016). *Family Options Study: 3-Year Impacts of Housing and Services Interventions for Homeless Families*. Accessed April 5, 2017, at <https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf>.

Though there are several funding sources for rapid re-housing, there is no one source that can provide sufficient resources to fund the program at the scale that families in Indianapolis need. Combining, or “braiding,” two or more financial resources in a rapid re-housing project is one strategy to ensure flexibility so a household receives the right amount of assistance. Despite a CoC’s best attempts to assess households for appropriate services, it is not unusual that a household needs more or a different type of support to remain housed. With braided sources, households can receive assistance from one project and funding source and then switch to a different source if the need for assistance continues beyond what the initial project provides.

Funding sources that can be braided include Emergency Solutions Grant (ESG), Temporary Assistance for Needy Families (TANF), HOME Tenant-Based Rental Assistance, Supportive Services for Veteran Families (SSVF), CoC Program funds, state or local housing funds, and private sources.

To successfully braid funding, the CoC must understand which funding sources can be combined without breaking program eligibility rules. For example, ESG funds can be used when a household is literally homeless at the time of eligibility approval. A provider might choose to use ESG for a shorter term such as three or four months and then transition that household’s payments to a different source, such as HOME, that could provide longer term assistance if the family needs it. Another example of braided funding is to initially use TANF to help a family move out of homelessness and for the first couple of months of rental subsidy, and then transition the family to a private funding subsidy source, if the household needs more assistance.

Providers must consider eligibility, including homeless status, as households are transferred from one funding source to another along their path to stability. To prevent eligibility problems after the fact, rapid re-housing projects that braid different sources of funding can be designed with the assumption that families will need to receive more than one sources of assistance. This assumption should only be used for project planning and administration purposes. Decisions about whether a family needs additional assistance or should be graduated from assistance should only be based on an assessment of the family’s stability in housing and not on availability of additional assistance. In order to maintain eligibility in projects with braided funding, one good practice is to consolidate applications to include eligibility requirements from all available funding sources. Many eligibility processes require identical information such as income verification forms, IDs, and Social Security cards. These documents can be gathered once, and then attributed to many different funding sources. With braided funding, the work of switching a family’s support from one source to another falls on the provider—the family should experience seamless support.

Braided funding can be structured in several ways. One agency can administer all or most of the rapid re-housing funding in a community; a group of providers can decide to centralize financial assistance resources in a single agency that all can access for the families they serve; or providers can create processes to transfer clients who need different funding sources. For example, a household might move into permanent housing with rapid re-housing funding from one agency and receive supportive services from a separate agency. If the household needs additional funding in order to prevent a return to homelessness, a second source could be used for rental assistance. Ideally, the family receives services from one organization, no matter what the source(s) of the financial assistance.

The setup and management of data and accounting systems in this model need to be flexible in order to track information and make timely payments. In a nimble system, project administrators can order payments for a household to be transitioned from one contract to another, data can be tracked accordingly, and the accounting team can update ledgers and payments.

### **5.3 Key Implications for System Change**

Expanding permanent housing resources for chronically homeless individuals and for families will fundamentally change the homeless system in Indianapolis and lay the foundation for the implementation of the ideal system envisioned by the Steering Committee and system modeling process. Conducting the analysis and modeling for the project highlighted several areas that need to be addressed for Indianapolis to achieve its vision of homelessness being rare, brief, and non-recurring:

- The current homeless system does not have enough permanent housing resources to meet the needs of the estimated 11,755 people in Indianapolis who experience homelessness each year.
- The emergency shelter system does not seem to have the capacity to serve all these people, and not all shelter projects are aligned with the CoC's vision.
- The permanent supportive housing system does not seem to have the capacity to provide the different level of services needed by people experiencing chronic homelessness.

Thus, the key implications for system change are the following.

#### **5.3.1 Surge in Funding**

Abt's preliminary estimate of the costs of developing sufficient permanent supportive housing to end chronic homelessness and creating rapid re-housing capacity to serve 600 families annually is more than \$12 million a year (Exhibits 5-2 and 5-4), plus additional resources for one-time capital costs for any site-based permanent supportive housing.

Existing resources will not be adequate to fund these housing priorities. Other communities have made substantial new investments in permanent housing to end homelessness through general revenue commitments, new taxes of various kinds, and partnerships with the private sector. As a first step, Steering Committee members and other leaders in Indianapolis could explore public-private partnerships with a vision of ending homelessness for individuals and families in the community.

#### **5.3.2 Emergency Shelter Assessment**

During the Steering Committee meetings, the participants described how people experiencing homelessness access emergency shelter beds to meet their immediate safety needs. Committee members shared examples of barriers to accessing shelter including:

- Insufficient family shelter that results in parents temporarily surrendering custody of their children.
- Rules on length of stay that result in exits to unsheltered homelessness.
- Restrictions on the length of time that minors may be sheltered, resulting in minors having the highest rates of unsheltered homelessness.

There are many reasons for each of these situations, but the result is that people are put in more vulnerable situations because of the current shelter system.

A shelter assessment would look at the need for shelter, gaps in the current inventory, and impact of the current shelter system on people experiencing homelessness and the community. An assessment could also be conducted with each shelter project to better understand whom they serve, how they serve people, where people exit the shelter to, and other key strengths and barriers. Using this system and project information, the assessment could then make recommendations, based on best practices for shelters nationally, for how the current shelter system could more effectively serve people experiencing homelessness and the providers that serve them in Indianapolis.

### **5.3.3 Permanent Supportive Housing Assessment**

Permanent supportive housing is an evidence based practice for chronically homeless people with disabilities and long histories of homelessness. During the Steering Committee meetings and data gathering for the cost estimating task, information was obtained that suggested that the existing permanent supportive housing projects may need capacity building to provide the housing and services developed during the system modeling process. Some of the areas that were identified include:

- Supportive services models with different levels of services frequency and intensity are not available.
- Permanent supportive housing providers are providing assistance with daily living activities (ex. eating, bathing, dressing, toileting) that are outside the scope of most permanent supportive housing projects.
- Current caseload ratios are much higher than the ratios developed during the system modeling process.

A permanent supportive housing assessment would examine the practices of existing projects, including caseload ratios and services models that are being implemented, and compare them to best practices for permanent supportive housing. Current residents of permanent supportive housing should be included in the assessment to get their input on the level and quality of services, and to evaluate the impact of the current projects on permanent housing retention and other outcomes. The assessment would make recommendations about improvements to practices to ensure fidelity to the services model being implemented, training needs including Housing First training, changes to staffing resources, and capacity building as new permanent supportive housing is developed.

## Appendix A: Indianapolis System Modeling Steering Committee

Jeff Bennett, City of Indianapolis

Jennifer Fults, City of Indianapolis

Chelsea Haring-Cozzi, United Way of Central Indiana

Ben Jones, CICF

Mary Jones, United Way of Central Indiana

Laura Littlepage, Public Policy Institute- IUPUI

Katherine Tavitian, Anthem

Karin Thornburg, Midtown Mental Health

Teresa Wessel, Horizon House

Kay Wiles, HIP

### CHIP STAFF

Alan Witchey, CHIP

Zach Gross, CHIP

Rachael Sample, CHIP

## Appendix B. Project Information from 2016 Housing Inventory Count Chart

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Adult & Child	CTI-PATH Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
Adult & Child Center	Permanent Housing 1	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	8	8	No	HMIS Client Data
Adult & Child Center	Permanent Housing 2	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	16	16	No	HMIS Client Data
Adult & Child Center	Shelter Plus Care	Permanent Supportive Housing	Families and Individuals 18+		10	10	No	HMIS Client Data
Boner Center	2016 ESG RRH - John Boner Center	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Catholic Charities	Holy Family Shelter	Emergency Shelter	Families		33	11	No	HMIS Client Data
Catholic Charities	Holy Family Transitional Services	Rapid Re-housing	Families		n/a	n/a	No	HMIS Client Data
Coburn Place	Coburn Place	Transitional Housing	Families and Individuals 18+	Domestic Violence Survivors	85	35	No	Provider Survey
COT Force	COT	Street Outreach			n/a	n/a	No	HMIS Client Data
Damien Center	2015 ESG RRH Damien	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Dayspring Center	Dayspring Center	Emergency Shelter	Families		60	14	No	HMIS Client Data
Dayspring Center	Wellspring Cottage	Transitional Housing	Families		44	9	No	HMIS Client Data
Englewood CDC	The Commonwealth	Permanent Supportive Housing	Families and Individuals 18+		20	10	No	HMIS Client Data
Family Promise	Interfaith Hospitality Network	Emergency Shelter	Families		14	4	No	HMIS Client Data



Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Family Support Center	Children's Bureau	Emergency Shelter	Unaccompanied Youth		24	24	No	HMIS Client Data
For God So Loved the World	Shepard's Pathway	Emergency Shelter	Families		80	20	No	Extrapolated from HMIS Data
Gallahue Mental Health Services	Gallahue - BOS - PATH Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
Gallahue Mental Health Services	Gallahue - Indy - PATH Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
Gennesar et Free Clinic	2016 ESG RRH - Gennesar et	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Gennesar et Free Clinic	Health Recovery Program	Emergency Shelter	Individuals 18+	Adult Males	8	8	No	HMIS Client Data
Gennesar et Free Clinic	Women's Health Recovery Program	Emergency Shelter	Individuals 18+	Adult Females	4	4	Yes	Under Development**
Good News Ministries	Family Shelter	Transitional Housing	Families		40	10	No	Extrapolated from HMIS Data
Good News Ministries	Mens Shelter	Emergency Shelter	Individuals 18+	Adult Males	81	81	No	Extrapolated from HMIS Data
Hawthorne Center	2015 ESG RRH - SECS Collaborative	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Hayes Gibson International	The Barton Center	Permanent Supportive Housing	Families		70	13	No	HMIS Client Data
Health & Hospital	Midtown PATH Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
Homeless Initiative Program	Dowe Project	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	16	16	No	HMIS Client Data
Homeless Initiative Program	Dowe Project	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	1	1	Yes	Under Development**

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Homeless Initiative Program	GPD - Veterans' Per Diem Housing Program	Transitional Housing	Families and Individuals 18+	Veterans	18	15	No	HMIS Client Data
Homeless Initiative Program	HIP - Street Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
Homeless Initiative Program	HIP Triage/Medical	Street Outreach			n/a	n/a	No	HMIS Client Data
Homeless Initiative Program	RRH Emergency Solutions Grant	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Homeless Initiative Program	SSVF - Priority 1 SSVF	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
Homeless Initiative Program	SSVF - Supportive Services for Veteran Families	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
Horizon House	Dayspring Center	Day Shelter	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Horizon House	Horizon House Outreach	Street Outreach			n/a	n/a	No	HMIS Client Data
HVAF of Indiana	GPD - Carson Apartments	Transitional Housing	Individuals 18+	Adult Males; Veterans	13	13	No	HMIS Client Data
HVAF of Indiana	GPD - Donald W. Moreau Sr. Veterans House	Transitional Housing	Individuals 18+	Veterans	40	40	No	HMIS Client Data
HVAF of Indiana	GPD - HVAF Warman Woods	Transitional Housing	Individuals 18+	Adult Males; Veterans	47	47	No	HMIS Client Data
HVAF of Indiana	GPD - Manchester	Transitional Housing	Individuals 18+	Veterans	51	51	No	HMIS Client Data
HVAF of Indiana	GPD - Scattered Site GPD	Transitional Housing	Individuals 18+	Adult Males; Veterans	25	25	No	HMIS Client Data

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
HVAF of Indiana	HVAF Scattered Sites	Transitional Housing	Individuals 18+	Adult Males; Veterans	9	9	No	HMIS Client Data
HVAF of Indiana	REST Program	Transitional Housing	Individuals 18+	Adult Males; Veterans	22	22	No	HMIS Client Data
HVAF of Indiana	SSVF - Priority 1 SSVF	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
HVAF of Indiana	SSVF - Supportive Services for Veteran Families	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
InteCare	SSVF - Supportive Services for Veteran Families	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
John H. Boner Community Center	Brookside Manor - Our Town	Permanent Supportive Housing	Individuals 18+	Chronic Homeless; Transition Aged Youth (18-24)	10	10	No	HMIS Client Data
John H. Boner Community Center	Scattered Site	Permanent Supportive Housing	Families		48	16	No	HMIS Client Data
John H. Boner Community Center	Special Needs	Permanent Supportive Housing	Families and Individuals 18+		96	33	No	HMIS Client Data
Mary Rigg Neighborhood Center	2016 ESG RRH - Mary Rigg	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Midtown CMHC	First Home	Safe Haven	Individuals 18+		25	25	No	HMIS Client Data
Midtown CMHC	Intecare 1 (St. George)	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	17	17	No	HMIS Client Data
Midtown CMHC	Intecare 2	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	30	30	No	HMIS Client Data
Midtown CMHC	Intecare 2	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	3	3	No	HMIS Client Data
Midtown CMHC	Shelter Plus Care Adult	Permanent Supportive Housing	Families and Individuals 18+	Chronically Homeless	86	50	No	HMIS Client Data

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Midtown CMHC	Shelter Plus Care Adult	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	11	11	No	HMIS Client Data
Midtown CMHC	Shelter Plus Care Youth	Permanent Supportive Housing	Unaccompanied Youth		10	10	No	HMIS Client Data
Midtown CMHC	The Villages	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	20	20	No	HMIS Client Data
Midtown CMHC	The Villages	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	5	5	No	HMIS Client Data
Missionaries of Charity	Queen of Peace	Emergency Shelter	Families	Adult Females	15	1	No	Extrapolated from HMIS Data
Outreach, Inc.	Outreach, Inc.	Street Outreach			n/a	n/a	No	HMIS Client Data
Partners In Housing	Burton Apartments	Permanent Supportive Housing	Individuals 18+		23	23	No	HMIS Client Data
Partners In Housing	Colonial Park	Permanent Supportive Housing	Individuals 18+		25	25	No	HMIS Client Data
Partners In Housing	Crown Pointe	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	39	39	No	HMIS Client Data
Partners In Housing	GPD - Linwood Manor VA Grant Per Diem	Transitional Housing	Individuals 18+	Veterans	30	30	No	HMIS Client Data
Partners In Housing	Mozingo Place	Permanent Supportive Housing	Individuals 18+		10	10	No	HMIS Client Data
Partners In Housing	Orleans II	Permanent Supportive Housing	Families		47	19	No	HMIS Client Data
Partners In Housing	The Orleans	Permanent Supportive Housing	Individuals 18+		10	10	No	HMIS Client Data
Partners In Housing	Threshold	Permanent Supportive Housing	Individuals 18+	Chronically Homeless	42	42	No	HMIS Client Data
Pathway to Recovery Inc.	Pathway I	Transitional Housing	Individuals 18+		22	22	No	HMIS Client Data
PourHouse, Inc.	PourHouse	Street Outreach			n/a	n/a	No	HMIS Client Data

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Quest for Excellence Inc.	Billy's Manor	Transitional Housing	Families and Individuals 18+		14	9	No	Extrapolated from HMIS Data
Quest for Excellence Inc.	WINGS	Emergency Shelter	Families	Domestic Violence Survivors	28	7	No	Extrapolated from HMIS Data
RecycleForce	2016 ESG RRH - Recycleforce	Rapid Re-housing	Families and Individuals 18+		n/a	n/a	No	HMIS Client Data
Richard L. Roudebush VA Medical Center	VASH - Indianapolis HUD-VASH	Permanent Supportive Housing	Families and Individuals 18+	Veterans	449	425	No	Extrapolated from HMIS Data
Seeds of Hope	Seeds of Hope	Transitional Housing	Individuals 18+	Adult Females	13	13	No	Extrapolated from HMIS Data
SORRT	Homeless	Street Outreach			n/a	n/a	No	HMIS Client Data
SORRT	Penn Place - Services	Street Outreach			n/a	n/a	No	HMIS Client Data
Stopover, Inc.	Stopover Transitional Living	Transitional Housing	Individuals 18+		8	8	No	HMIS Client Data
Stopover, Inc.	Stopover Transitional Living	Transitional Housing	Individuals 18+		8	8	No	HMIS Client Data
Stopover, Inc.	Stopover, Inc	Emergency Shelter	Unaccompanied Youth		6	6	No	HMIS Client Data
The Damien Center	Damien Center S+C	Permanent Supportive Housing	Families and Individuals 18+	HIV+	40	35	No	HMIS Client Data
The Damien Center	Damien Center S+C	Permanent Supportive Housing	Families and Individuals 18+	HIV+	13	10	No	HMIS Client Data

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
The Julian Center	34 North	Permanent Supportive Housing	Families and Individuals 18+	Adult Females	34	19	No	HMIS Client Data
The Julian Center	New Life Transitional Housing	Transitional Housing	Families and Individuals 18+	Domestic Violence Survivors	52	15	No	Provider Survey
The Julian Center	The Julian Center	Emergency Shelter	Families and Individuals 18+	Domestic Violence Survivors	98	53	No	Provider Survey
The Julian Center	The Julian Center	Emergency Shelter	Families and Individuals 18+	Domestic Violence Survivors	4	4	Yes	Under Development**
The Salvation Army Social Service Center	Homeless Shelter	Emergency Shelter	Families and Individuals 18+	Adult Females	84	48	No	HMIS Client Data
The Salvation Army Social Service Center	Homeless Shelter DV Component	Emergency Shelter	Families and Individuals 18+	Domestic Violence Survivors	42	22	No	Extrapolated from HMIS Data
Volunteers of America	GPD - VOA VA GPD	Transitional Housing	Individuals 18+	Adult Males; Veterans	20	20	No	HMIS Client Data
Volunteers of America	HCHV/RT - Contract Emergency Residential Services	Emergency Shelter	Individuals 18+	Veterans	29	29	No	HMIS Client Data
Volunteers of America	SSVF - Priority 1 SSVF	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data
Volunteers of America	SSVF - Supportive Services for Veteran Families	Rapid Re-housing	Families and Individuals 18+	Veterans	n/a	n/a	No	HMIS Client Data

Organizational Name	Project Name	Project Type	Household Type*	Subpopulation Targeted	Year-Round		Under Development**	Data Source for System Use Analysis
					Beds	Units		
Westside Community Development Corporation	Families in Transition	Transitional Housing	Families		48	13	No	HMIS Client Data
Wheeler Mission Ministries	Center for Women and Children	Emergency Shelter	Families and Individuals 18+	Adult Females	99	73	No	Wheeler Mission Ministries Client Data
Wheeler Mission Ministries	Higher Ground	Transitional Housing	Individuals 18+	Adult Females	15	15	No	Wheeler Mission Ministries Client Data
Wheeler Mission Ministries	Men's Residential Center	Transitional Housing	Individuals 18+	Adult Males	119	119	No	Wheeler Mission Ministries Client Data
Wheeler Mission Ministries	Wheeler Mission Lighthouse Center	Emergency Shelter	Individuals 18+	Adult Males	142	142	No	Wheeler Mission Ministries Client Data
Wheeler Mission Ministries	Wheeler Mission Lighthouse Center	Emergency Shelter	Individuals 18+	Adult Males	58	58	No	Wheeler Mission Ministries Client Data

\*In instances where projects listed as serving both Individuals 18+ and Families on the 2016 HIC had greater than 10 beds, but none of those beds listed as being used by a given household type, Abt has only shown the household type with beds.

\*\*Under development projects were used for system modeling purposes, but were not used to generate FY 2016 annual usage data.

## Appendix C. Program Models Chart

### Program Models

- Purpose – describes the program elements needed to provide an effective, efficient intervention to ensure immediate safety and rapid exit to permanent housing as appropriate to the needs of the individual or family experiencing homelessness
- Implemented in within framework of CoC’s coordinated entry process
- Standard elements of all program models:
  3. Programs are designed using evidence based and best practices models specific to the population being served.
  4. Case managers are trained to meet the specific needs of the population being served by the program including training in cultural competency.
  5. All programs have policies and procedures to ensure that services are delivered with respect for the rights of the people being served, including the rights of the LGBTQ population, and in compliance with applicable federal and state fair housing and equal protection laws.
  6. All programs have access to extensive referral resources to connect participants with services and supports from public and private organizations as appropriate including: income and non-cash benefits including SSI/SSDI Outreach, Access and Recovery (SOAR) assistance, employment training and referrals, education, legal services, child care, health care, treatment for mental health and substance abuse disorders, parenting skills training.
  7. Programs are designed to address the safety needs of people who have experienced domestic violence, sexual assault or human trafficking through security measures and safety planning with the survivor.
  8. All programs enter data into HMIS, or comparable database as required by law, following applicable ROI and privacy procedures.
  9. Programs follow CoC program standards for the applicable program type.



I. DIVERSION Diversion services are intended to prevent people who will be literally homeless from becoming homeless.					
Program Type	Population <sup>11</sup>	Program Description <sup>12 13</sup>	Essential Program Elements	Length of Program <sup>14</sup>	Outcome Measures <sup>15</sup>
<b>Diversion</b>	<p>Target population:</p> <p>Individuals and families who will be homeless if they do not receive diversion assistance. Prevent people from sleeping at shelter or in an unsheltered location.</p> <p>Families Individuals Youth Veterans</p>	<p>Housing relocation and stabilization services and short- and/or medium-term rental assistance necessary to prevent an individual or family from moving into an emergency shelter, transitional housing or place not meant for human habitation.</p> <p>Implemented in coordination with coordinated entry.</p> <p>This program is in addition to a community based eviction prevention program that serves people at risk of losing their housing because of eviction.</p>	<p>Assess for imminent risk of needing to sleep at shelter or in an unsheltered location. Determine if person can be assisted to remain safely in their own housing or be housed with family or friends.</p> <p>Staff quickly available to assist the household – at least on the same day the household presents</p> <p>Highly skilled staff – mediation, negotiation, assessment, advocacy, case management planning using a strengths based model [Example: Cleveland Mediation Center]</p> <p>Flexible resources</p> <p>Financial assistance to assist person to safely stabilize in their own or other people's housing, or to relocate to stable housing. Includes short and medium term financial assistance,</p> <p>Housing search and stability case management</p>	<p>Graduated assistance based on risk of homelessness.</p> <p><b>Length of assistance will vary from one-time 'light touch' to more extensive 3-4 months of support based on acuity</b></p>	<p>Improve performance on system performance measures:</p> <p># 2 – Reduce returns to homelessness in 6,12,or 24 months</p> <p># 3 – Reduce the number of homeless people annually and at a point in time</p> <p># 5 – Reduce the number of people who become homeless for the first time</p>

<sup>11</sup> Homeless Definition Eligibility resources: [https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20\\_SHP\\_SPC\\_ESG.pdf](https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20_SHP_SPC_ESG.pdf)

<sup>12</sup> CoC Program Rule resources: <https://www.hudexchange.info/resource/2035/coc-program-interim-rule-formatted-version/>

<sup>13</sup> ESG Rule resources: [https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRule&ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)

<sup>14</sup> SSVF Program Manual: [http://www.va.gov/HOMELESS/ssvf/docs/SSVF\\_Program\\_Guide\\_May2016.pdf](http://www.va.gov/HOMELESS/ssvf/docs/SSVF_Program_Guide_May2016.pdf)

<sup>15</sup> System Performance Measures resources: <https://www.hudexchange.info/programs/coc/system-performance-measures/>

I. DIVERSION Diversion services are intended to prevent people who will be literally homeless from becoming homeless.					
Program Type	Population <sup>11</sup>	Program Description <sup>12 13</sup>	Essential Program Elements	Length of Program <sup>14</sup>	Outcome Measures <sup>15</sup>
			<p>Caseload – 20:1 clients/case manager</p> <p>After hours availability preferred</p> <p>Program design addresses the standard elements for program models including: 1) evidence based and practice models; 2) case managers trained to meet specific needs of population; 3) policies and procedures ensure protection of the rights of people being served including LGBTQ population and adherence to fair housing and equal protection laws; 4) extensive mainstream referral resources; 5) safety needs of domestic violence survivors; 6) enter data into HMIS or comparable database; 7) follow CoC written standards for program type.</p> <p>POPULATION SPECIFIC PROGRAM ELEMENTS</p> <p>Youth – family intervention services</p>		

<b>II. INTERIM HOUSING</b> Temporary shelter or housing that provides for the household's immediate safety while they are being assessed, searching for permanent housing, and receiving services. All households in these units are considered homeless.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
<b>Emergency Shelter</b>  Housing Focused Case Management provided as part of emergency shelter or as a partner project, specific implementation will vary by program	Families Individuals Youth – minors Youth – 18-24 Veterans Chronically Homeless People	Emergency shelter provides safe, basic lodging where individuals and families can stay temporarily while they resolve their housing crisis.  No admission requirements but people are expected to be assessed and to participate in case management as needed to help them obtain permanent housing. No time limits on shelter stays; households ideally housed within 30 days.	Includes housing focused and crisis response case management, transportation, Safe place to meet basic needs (including food, hygiene, limited storage of belongings, laundry, sleep) until household can exit to permanent housing  Keep families intact (not separated by age or gender of children, or gender of head of household) Assessment Case management to connect to permanent housing Low barrier/harm reduction/no entry refusal because of intoxication Open 24 hours a day to increase case management opportunities Caseload – 20:1 clients/case manager  Connection to animal care or rescue organizations for the household's pets Program design addresses the standard elements for program models including: 1) evidence based and practice models; 2) case managers trained to meet specific needs of population; 3) policies and procedures ensure	No time limits on shelter stay or case management services  Individuals and families ideally housed within 30 days	Improve performance on system performance measures:  # 1 – Reduce length of time homeless  # 2 – Reduce returns to homelessness in 6,12,or 24 months  # 3 – Reduce the number of homeless people annually and at a point in time  # 7 – Increase successful placements from street outreach, and successful placement in or retention of permanent housing

<b>II. INTERIM HOUSING</b> Temporary shelter or housing that provides for the household's immediate safety while they are being assessed, searching for permanent housing, and receiving services. All households in these units are considered homeless.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
			<p>protection of the rights of people being served including LGBTQ population and adherence to fair housing and equal protection laws; 4) extensive mainstream referral resources; 5) safety needs of domestic violence survivors; 6) enter data into HMIS or comparable database; 7) follow CoC written standards for program type.</p> <p>POPULATION SPECIFIC PROGRAM ELEMENTS</p> <p>Youth – family intervention services; dedicated beds for minors</p> <p>Medically vulnerable - Medical respite</p> <p>People with a serious mental illness - high acuity beds (Safe Haven)</p> <p>People with an active substance abuse disorder who are under the influence - acute detox short term shelter (Engagement Center)</p>		
<b>Transitional Housing</b>	Domestic violence including victims of trafficking Youth – 18-24 & minors Veterans	Temporary housing for people who have a specific service need and who prefer a communal, structured program.	Permanent housing focused:  Low barrier to entry and to remaining in the program  Priority on shortest length of stay needed for positive housing outcome	Maximum of 24 months  Follow-up services also are provided to former residents of transitional housing after leaving transitional housing to	Improve performance on system performance measures:  # 1 – Reduce length of time homeless

<b>II. INTERIM HOUSING</b> Temporary shelter or housing that provides for the household's immediate safety while they are being assessed, searching for permanent housing, and receiving services. All households in these units are considered homeless.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
	Substance users in early recovery		Keep families intact Referrals to mainstream services for non-population specific services needs Financial education provided by case managers Caseload – 20:1 clients/case manager Permanent housing planning with connection to community Program design addresses the standard elements for program models including: 1) evidence based and practice models; 2) case managers trained to meet specific needs of population; 3) policies and procedures ensure protection of the rights of people being served including LGBTQ population and adherence to fair housing and equal protection laws; 4) extensive mainstream referral resources; 5) safety needs of domestic violence survivors; 6) enter data into HMIS or comparable database; 7) follow CoC written standards for program type.  POPULATION SPECIFIC PROGRAM ELEMENTS  Trauma informed care for youth	assist their adjustment to independent living.	# 2 – Reduce returns to homelessness in 6,12,or 24 months  # 3 – Reduce the number of homeless people annually and at a point in time  # 4 – Increase employment and income for persons in CoC Program-funded projects  # 7 – Increase successful placements from street outreach, and successful placement in or retention of permanent housing

II. INTERIM HOUSING Temporary shelter or housing that provides for the household's immediate safety while they are being assessed, searching for permanent housing, and receiving services. All households in these units are considered homeless.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
			Trauma informed care and support on developing healthy relationships for DV survivors		

<b>III. PERMANENT HOUSING</b> Housing that is safe and stable, in which a household can stay for as long as they choose. May provide a subsidy and voluntary services (as determined by assessment) to help the household to retain the housing.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
<b>Rapid Re-housing (RRH)</b>	Families Individuals Youth Veterans Chronically Homeless People	Rapid re-housing (RRH) assistance aims to help individuals or families who are homeless move as quickly as possible without preconditions into permanent housing and achieve stability in that housing through a combination of short to medium term rental assistance and supportive services tailored to the needs of the individual or family.	<p>Based on <a href="#">National Alliance to End Homelessness Rapid Re-housing Performance Benchmarks and Program Standards</a> that defines three main components of rapid re-housing: housing identification, rent and move-in assistance and case management to connect people to jobs and services.</p> <p>Permanent housing planning with connection to community</p> <p>Regular case management meetings with individualized housing stabilization plan</p> <p>Participant responsibility for rent on a sliding scale with expectation that participant is paying an increasing percentage of rent over time</p> <p>Housing First – low barrier with no income or other requirements for entry</p> <p>Landlord recruitment and support to identify sustainable housing options</p> <p>Caseload – 20:1 clients/case manager</p> <p>Program design addresses the standard elements for program models including: 1) evidence based and practice models; 2) case managers trained to meet specific needs of population; 3) policies and procedures ensure protection of the rights of people being served</p>		<p>Improve performance on system performance measures:</p> <p># 1 – Reduce length of time homeless</p> <p># 2 – Reduce returns to homelessness in 6,12,or 24 months</p> <p># 3 – Reduce the number of homeless people at a point in time</p> <p># 4 – Increase employment and income for persons in CoC Program-funded projects</p> <p># 7 – Increase successful placements from street outreach, and successful placement in or retention of permanent housing</p>

<b>III. PERMANENT HOUSING</b> Housing that is safe and stable, in which a household can stay for as long as they choose. May provide a subsidy and voluntary services (as determined by assessment) to help the household to retain the housing.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
			including LGBTQ population and adherence to fair housing and equal protection laws; 4) extensive mainstream referral resources; 5) safety needs of domestic violence survivors; 6) enter data into HMIS or comparable database; 7) follow CoC written standards for program type. POPULATION SPECIFIC PROGRAM ELEMENTS Youth – intensive services and longer assistance period Chronically homeless people – assess for need for PSH		
<b>PSH</b>	Chronically homeless individuals and families Other individuals and families with a disability and with high vulnerability or services needs as determined by assessment	Permanent housing through tenant based subsidies or dedicated units with supportive services to help individual or family maintain housing. No barriers to entry and focus on maintaining housing.	Follows Housing First principles Services appropriate to the needs of people being served – primary focus is tenancy supports to help them maintain housing Intensity and clinical sophistication of the services appropriate to the needs of the participant (Example: Assertive Community Treatment (ACT) Teams for services, harm reduction for substance abusers) Participants integrated into the community to the greatest extent possible – client choice between rent subsidy and facility based units whenever possible. Comply with fair housing requirements.	Housing without a designated length of stay	Improve performance on system performance measures: # 1 – Reduce length of time homeless # 2 – Reduce returns to homelessness in 6, 12, or 24 months # 3 – Reduce the number of homeless people annually and at a point in time # 4 – Increase employment and income for persons in CoC Program-funded projects



<b>III. PERMANENT HOUSING</b> Housing that is safe and stable, in which a household can stay for as long as they choose. May provide a subsidy and voluntary services (as determined by assessment) to help the household to retain the housing.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
			<p>Connection to supported employment programs where appropriate</p> <p>Preparation for moving on to other affordable, permanent housing for PSH tenants who no longer need PSH supports</p> <p>Permanent housing planning with connection to community</p> <p>Landlord recruitment and support</p> <p>Caseload – 15:1 clients/case manager</p> <p>Program design addresses the standard elements for program models including: 1) evidence based and practice models; 2) case managers trained to meet specific needs of population; 3) policies and procedures ensure protection of the rights of people being served including LGBTQ population and adherence to fair housing and equal protection laws; 4) extensive mainstream referral resources; 5) safety needs of domestic violence survivors; 6) enter data into HMIS or comparable database; 7) follow CoC written standards for program type.</p> <p>POPULATION SPECIFIC PROGRAM ELEMENTS</p> <p>Youth - training on developmental and mental health issues that emerge at this age. Program components may also</p>		# 7 – Increase successful placements from street outreach, and successful placement in or retention of permanent housing

<b>III. PERMANENT HOUSING</b> Housing that is safe and stable, in which a household can stay for as long as they choose. May provide a subsidy and voluntary services (as determined by assessment) to help the household to retain the housing.					
Program Type	Population	Program Description	Essential Program Elements	Length of Program	Outcome Measures
			have more focus on education and/or employment, family intervention		
<b>Other Permanent Housing</b>	Individuals and families exiting permanent supportive housing who still need affordable, permanent housing	<p>Move-on program for people who no longer need PSH level of support but who need affordable permanent housing (ex. <a href="#">CSH Moving On Toolkit</a>).</p> <p>In other communities PSH programs have found that in the initial phase of the move-on program a substantial number of tenants are ready to move-on, after the initial phase approximately 5-10% of tenants per year are ready to move-on.</p> <p>Affordable housing for people experiencing homelessness who need assistance with Activities of Daily Living (ADL) but who do not need PSH – primarily older individuals</p>	Permanent financial assistance to maintain affordability	Permanent	<p>Improve performance on system performance measures:</p> <p># 1 – Reduce length of time homeless</p> <p># 2 – Reduce returns to homelessness in 6,12,or 24 months</p> <p># 3 – Reduce the number of homeless people annually and at a point in time</p> <p># 7 – Increase successful placements from street outreach, and successful placement in or retention of permanent housing</p>

## Appendix D. Assumptions for Each Household Type and Population Group

### PARENTING YOUTH

#### Pathway and Average Length of Stay for Parenting Youth Age 18-24

	Overall Strategy	Detail Strategy	Diversion/After ES Care	Emergency Shelter (ES)	Transitional Housing (TH)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Months	Months	Units
Diversion	10%	10%	4				
Emergency Shelter Only	10%	10%	4	1			
Transitional Housing (from Coordinated Entry without ES)	15%	5%			9		
Transitional Housing (from ES with RRH at exit)		10%		1	9	3	
Rapid Re-housing (medium-term assistance)	60%	60%		1		12	
Permanent Supportive Housing (from ES)	5%	5%		1			1

#### Inventory Recommendations for Parenting Youth Age 18-24

Program Type	Inventory Recommendation at a Point in Time	Families Served in a Year
Diversion/After ES Care	12 services & subsidy slots	36
Emergency Shelter	14 family shelter units (average family size is 3.34)	168
Transitional Housing	21 family units	28
Rapid Re-housing	114 services & subsidy slots	114
Permanent Supportive Housing	9 units a year available through turnover or new development	9
TOTAL	170 beds or units or subsidy slots	182 families served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory  
Recommendations for Parenting Youth Age 18-24**

<b>Program Types (Pt-in-time Unit Count)</b>	<b>Current Inventory (2016 HIC)</b>	<b>Inventory Recommendations</b>	<b>Difference Current Inventory to Recommendations</b>
Prevention/Diversion	0	12	12
Emergency Shelter	0	14	14
Transitional Housing	0	21	21
Rapid Re-housing	0	114	114
Permanent Supportive Housing	0	9 PSH units available a year through turnover or new development	9 PSH units available a year through turnover or new development
<b>TOTAL</b>	<b>0</b>	<b>170</b>	<b>--</b>

**INDIVIDUALS 25+****Pathway and Average Length of Stay for Non-Veteran Individuals Age 25+**

	Overall Strategy	Detail Strategy	Diversion	Emergency Shelter (ES)	Transitional Housing (TH)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Months	Months	Units
Diversion	15%	15%	2				
Emergency Shelter Only	30%	30%		1			
Transitional Housing (from Coordinated Entry without ES)	5%	4%			3		
Transitional Housing (from ES with RRH at exit)		1%		1	3	3	
Rapid Re-housing (one-time assistance)	40%	5%		1		1	
RRH from unsheltered homelessness		5%				4	
RRH (medium-term assistance)		30%		1		4	
Permanent Supportive Housing (from ES)	10%	6%		1			1
PSH from unsheltered homelessness		4%					1

**Inventory Recommendations for Non-Veteran Individuals Age 25+**

Program Type	Inventory Recommendation at a Point in Time	Individuals Served in a Year
Diversion	130 services & subsidy slots	260
Emergency Shelter	312 shelter beds	3,744
Transitional Housing	65 beds	260
Rapid Re-housing	643 services & subsidy slots	1,929
Permanent Supportive Housing	520 units a year available through turnover or new development	520
TOTAL	1,670 beds, units or subsidy slots	5,207 individuals served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory  
Recommendations for Non-Veteran Individuals Age 25+**

<b>Program Types (Pt-in-time Unit Count)</b>	<b>Current Inventory (2016 HIC)</b>	<b>Inventory Recommendations</b>	<b>Difference Current Inventory to Recommendations</b>
Prevention/Diversion	0	130	130
Emergency Shelter	623	312	(311)
Transitional Housing	189	65	(124)
Rapid Re-housing	0	643	643
Permanent Supportive Housing	131	520 PSH units available a year through turnover or new development	520 PSH units available a year through turnover or new development
<b>TOTAL</b>	<b>943</b>	<b>1,670</b>	<b>--</b>

**SINGLE YOUTH 18-24****Pathway and Average Length of Stay for Non-Veteran Single Youth Age 18-24**

	Overall Strategy	Detail Strategy	Diversion	Emergency Shelter (ES)	Transitional Housing (TH)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Months	Months	Units
Diversion	10%	10%	2				
Emergency Shelter Only	20%	20%	2	1			
Transitional Housing (from Coordinated Entry without ES)	15%	5%			6		
Transitional Housing (from ES with RRH at exit)		10%		1	6	6	
Rapid Re-housing (one-time assistance)	50%	5%		1		1	
RRH (medium-term assistance)		45%		1		9	
Permanent Supportive Housing (from ES)	5%	5%		1			1

**Inventory Recommendations for Non-Veteran Single Youth Age 18-24**

Program Type	Inventory Recommendation at a Point in Time	Youth Served in a Year
Diversion	40 services & subsidy slots	80
Emergency Shelter	56 shelter beds	672
Transitional Housing	60 beds	120
Rapid Re-housing	315 services & subsidy slots	420
Permanent Supportive Housing	40 units a year available through turnover or new development	40
TOTAL	511 beds, units or subsidy slots	806 youth served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory  
Recommendations for Non-Veteran Single Youth Age 18-24**

<b>Program Types (Pt-in-time Unit Count)</b>	<b>Current Inventory (2016 HIC)</b>	<b>Inventory Recommendations</b>	<b>Difference Current Inventory to Recommendations</b>
Prevention/Diversion	0	40	40
Emergency Shelter	0	56	56
Transitional Housing	8	60	52
Rapid Re-housing	0	315	315
Permanent Supportive Housing	20	40 PSH units available a year through turnover or new development	40 PSH units available a year through turnover or new development
<b>TOTAL</b>	<b>28</b>	<b>511</b>	<b>--</b>



**CHRONICALLY HOMELESS INDIVIDUALS 18+****Pathway and Average Length of Stay for Surge of Resources for Non-Veteran Chronically Homeless Individuals Age 18+**

	Overall Strategy	Detail Strategy	Emergency Shelter (ES)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Units
Emergency Shelter Only	5%	5%	1		
RRH (medium-term assistance)	5%	5%	1	8	
Permanent Supportive Housing (from ES)	90%	45%	1		1
PSH from unsheltered homelessness		45%			1

**Surge Inventory Recommendations for Non-Veteran Chronically Homeless Individuals Age 18+**

Program Type	Surge Inventory Recommendation	Individuals Served During Surge
Emergency Shelter	41 shelter beds	492
Rapid Re-housing	29 services & subsidy slots	44
Permanent Supportive Housing	Between 664 and 781 units created during surge to end chronic homelessness depending on PSH scenario chosen	791 chronically homeless individuals housed in PSH units available through turnover or new development
TOTAL	TBD	879 chronically homeless individuals served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory Recommendations for Non-Veteran Chronically Homeless Individuals Age 25+**

Program Types (Pt-in-time Unit Count)	Current inventory (2016 HIC)	Surge Inventory	Difference Current Inventory to Surge Inventory
Emergency Shelter	0	41	41
Rapid Re-housing	0	29	29
Permanent Supportive Housing	225	664 to 781 units depending on scenario chosen	791 chronically homeless individuals housed in PSH units available through turnover or new development
TOTAL	225	--	--

**VETERAN INDIVIDUALS 18+****Pathway and Average Length of Stay for Veteran Individuals Age 18+**

	Overall Strategy	Detail Strategy	Diversion	Emergency Shelter/Bridge Housing (ES/BH)	Transitional Housing (TH)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Months	Months	Units
Diversion	15%	15%	3				
Emergency Shelter/Bridge Housing Only	15%	15%		2			
Transitional Housing (from Coordinated Entry without ES)	20%	10%			10		
Transitional Housing (from ES with RRH at exit)		10%			10	3	
RRH (medium-term assistance)	40%	40%		2		5	
Permanent Supportive Housing (from ES)	10%	10%		2			1

**Inventory Recommendations for Veteran Individuals Age 18+**

Program Type	Inventory Recommendation at a Point in Time	Individuals Served in a Year
Diversion	26 services & subsidy slots	104
Emergency Shelter/Bridge Housing	76 shelter/bridge housing beds	456
Transitional Housing	116 beds	139
Rapid Re-housing	133 services & subsidy slots	288
Permanent Supportive Housing	70 units a year available through turnover or new development	70
TOTAL	421 beds or units or subsidy slots	698 Veterans served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory  
Recommendations for Veteran Individuals Age 18+**

<b>Program Types (Pt-in-time Unit Count)</b>	<b>Current Inventory (2016 HIC)</b>	<b>Inventory Recommendations</b>	<b>Difference Current Inventory to Recommendations</b>
Prevention/Diversion	0	26	26
Emergency Shelter	29	76	57
Transitional Housing	270	116	(154)
Rapid Re-housing	61	133	72
Permanent Supportive Housing	449	70 PSH units available a year through turnover or new development	70 PSH units available a year through turnover or new development
<b>TOTAL</b>	<b>809</b>	<b>421</b>	<b>--</b>

NOTE: Transitional housing through Grant Per Diem program can meet the need for emergency shelter beds.

**CHRONICALLY HOMELESS VETERAN INDIVIDUALS 18+****Pathway and Average Length of Stay for Surge of Resources for Chronically Homeless Veteran Individuals Age 18+**

	Overall Strategy	Detail Strategy	Emergency Shelter/Bridge Housing (ES)	Rapid Re-housing (RRH)	Permanent Supportive Housing (PSH)
			Months	Months	Units
RRH (medium-term assistance)	10%	10%	2	9	
Permanent Supportive Housing (from ES)	90%	90%	2		1

**Surge Inventory Recommendation for Chronically Homeless Veteran Individuals Age 18+**

Program Type	Surge Inventory Recommendation	Individuals Served During Surge
Emergency Shelter/Bridge Housing	9 shelter beds	54
Rapid Re-housing	4 services & subsidy slots	5
Permanent Supportive Housing	47 units	47 housed in PSH units through turnover or new development
TOTAL	60	52 chronically homeless Veteran individuals served by one or more programs

**Comparison of 2016 Housing Inventory to System Modeling Inventory Recommendations for Chronically Homeless Veteran Individuals Age 18+**

Program Types (Pt-in-time Unit Count)	Current Inventory (2016 HIC)	Surge Inventory	Difference Current Inventory to Surge Inventory
Emergency Shelter/Bridge Housing	29	9	These resources are also available to non-chronically homeless Veterans.
Rapid Re-housing	270	4	
Permanent Supportive Housing	449	47	
TOTAL	748	60	--

NOTE: Transitional housing through the Grant Per Diem program can meet the need for shelter beds.

## Appendix E. Glossary

**Affordable Housing:** Housing for which the occupant(s) is/are paying no more than 30 percent of household income for gross housing costs, including utilities.

**Annual Homeless Assessment Report (AHAR):** A HUD report to the U.S. Congress that provides nationwide estimates of homelessness, including information about the demographic characteristics of homeless persons, service use patterns, and the capacity to house homeless persons. The report is based primarily on Homeless Management Information Systems (HMIS) data about persons who experience homelessness during a 12-month period.

**Chronically Homeless Individual or Family:** A homeless individual or family with an adult head of household with a disability (see definition for Person with Disabilities for more information) who lives in a place not meant for human habitation; a safe haven; an emergency shelter; or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

**Continuum of Care (CoC):** A collaborative funding and planning approach that helps communities plan for and provide, as necessary, a full range of emergency, transitional, and permanent housing and other service resources to address the various needs of homeless persons. HUD also refers to the group of service providers involved in the decision-making processes as the “Continuum of Care.”

**Coordinated Entry:** A coordinated assessment system that HUD requires Continuums of Care to implement that can make rapid, effective, and consistent client-to-housing and service matches—regardless of a client’s location within the CoC’s geographic area—by standardizing the access and assessment process and coordinating referrals across the CoC.

**Day Shelter:** A project that offers daytime facilities and services (no lodging) for persons who are homeless.

**Diversion:** Assistance provided to assist a household from becoming homeless. In order for the intervention to be diversion, the household being served must be coming to the homeless assistance system specifically seeking shelter. Target households for diversion believe they need somewhere to stay that night.

**Emergency Shelter:** A project that offers temporary shelter (lodging) for homeless persons in general or for specific subpopulations. Requirements and limitations may vary by program or may be specified by the funder.

**Family Intervention Programs for Minors and Youth:** An umbrella term that encompasses many different programs and practices in the youth homelessness field. Fundamentally, family intervention

focuses on maintaining (or rebuilding) a connection between at-risk and homeless youth and their families. Family intervention services engage the youth and his or her family in the following ways:

- **Prevention:** Services that are designed to intervene in a family crisis before a young person leaves home.
- **Reunification:** Services that help a young person return to living with family after leaving home.
- **Reconnection:** Services to rebuild relationships but which may or may not result in a young person returning home.

**Homeless:** There are several categories in the homeless definition:

- **Category 1 – Literally Homeless**
  - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
  - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals).
- **Category 2 – Imminent Risk of Homelessness**
  - Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- **Category 3 – Homeless under Other Federal Statutes** [No CoC has been approved to use CoC funds to serve households that are homeless under this definition]
- **Category 4 – Fleeing/Attempting to Flee Domestic Violence**
  - Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

**Homeless Management Information System (HMIS):** A computerized data collection application designed to capture client-level information over time on the characteristics and service needs of men, women, and children experiencing homelessness, while also protecting client confidentiality. The HMIS aggregates client-level data to generate an unduplicated count of clients served within a community's system of homeless services. The HMIS collects data on client characteristics and service utilization in order to report on project and system performance.

**Housing Inventory Count (HIC):** The point-in-time inventory of provider programs within a Continuum of Care that provide beds and units dedicated to serve persons who are homeless;

categorized by five program types: (i) Emergency Shelter; (ii) Transitional Housing; (iii) Rapid Re-housing; (iv) Safe Haven; and (v) Permanent Supportive Housing.

**Point in Time (PIT) Count:** A count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd-numbered years). Each count is planned, coordinated, and carried out locally.

**Permanent Supportive Housing (PSH):** A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.

**Person with Disabilities:** A household composed of one or more persons at least one of whom is an adult who has a disability.

(1) A person shall be considered to have a disability if he or she has a disability that: (i) Is expected to be long-continuing or of indefinite duration; (ii) Substantially impedes the individual's ability to live independently; (iii) Could be improved by the provision of more suitable housing conditions; and (iv) Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, posttraumatic stress disorder, or brain injury.

(2) A person will also be considered to have a disability if he or she has a developmental disability.

(3) A person will also be considered to have a disability if he or she has acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

(4) Notwithstanding the preceding provisions of this definition, the term "person with disabilities" includes, except in the case of the Single Room Occupancy (SRO) component, two or more persons with disabilities living together, one or more such persons living with another person who is determined to be important to their care or well-being, and the surviving member or members of any household described in the first sentence of this definition who were living, in a unit assisted under this part, with the deceased member of the household at the time of his or her death. (In any event, with respect to the surviving member or members of a household, the right to rental assistance under this part will terminate at the end of the grant period under which the deceased member was a participant.)

**Rapid Re-housing:** A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing.

**Safe Haven:** A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

**Street Outreach:** A project that offers services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

**Transitional Housing:** A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months. Requirements and limitations may vary by program and will be specified by the funder.