# Indianapolis

## Blueprint 2.0 Evaluation

Written by: Marie Herb and Liz Stewart
Technical Assistance Collaborative, Inc.
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# Background

The Blueprint 2.0 2013 – 2018 is the Indianapolis Continuum of Care's (CoC) five-year plan to outline its commitment to intervening in and preventing homelessness. It outlines a vision for a future where the incidence of homelessness of all kinds "must be rare and short-lived."

The development of the Blueprint 2.0 was a comprehensive community-based process that included the active involvement of hundreds of individuals and over one hundred organizations. It built upon the original plan to end homelessness first developed in 2002. The community convened over four day-long sessions to strategize on critical issues to be addressed in the revised plan.

In developing this five-year plan, the community sought a "mid-way" evaluation to identify any early successes, highlight need for mid-course corrections, and provide the CoC members with strategies to implement the remainder of the Blueprint 2.0.

CHIP retained the services of the Technical Assistance Collaborative to review the Blueprint 2.0. Under advisement of the CoC Planning and Investment Committee, the evaluation approach included interviews with chairs of standing committees, interviews with staff of CHIP, review of relevant data, and interviews with previous CoC leadership. Most of the interviews took place between December 15, 2015 and January 15th, 2016.

TAC interviewed the following:

- Joan Harvey, Community Education and Policy Committee
- Mary Jones, Planning and Investment
- Jeremy Turner, Planning and Investment
- Laura Alvarado, Housing and Support Services
- Alan Witchey and Michael Butler, CHIP
- Christy Shepard, previous Executive Director of CHIP
- Amy Nelson, previous Chair of the Program Application and Technical Assistance Committee (PATA)

In addition to these interviews, in November 2015 TAC administered a short questionnaire via Survey Monkey to CoC members to gain initial insight into the Blueprint 2.0 and CoC operations and programming. Twenty-eight respondents completed the survey.

## Development of the Blueprint 2.0

Overall, all those interviewed felt the process to develop the Blueprint 2.0 and its early implementation was a positive experience and one that helped contribute to a more engaged and structured Continuum of Care. The opportunity to bring hundreds of stakeholders together allowed new voices to be heard. Moreover, many interviewed felt that these new voices and new stakeholders continued to be part of the CoC after the Blueprint 2.0 was created which has led to a more informed CoC. One respondent stated that the process was beneficial to the community and felt that "my little contribution was heard."

Feedback from the survey further supported the benefits of the process itself. When asked about the strengths of the CoC, many respondents highlighted the collaboration among CoC members and the movement toward greater cooperation. One respondent noted, "We are a very young CoC. I think we have gotten a lot of people active, involved, and interested and have already come a long way."

## Progress toward Goals

As the above demonstrates, one by-product of the Blueprint 2.0 development process has been a lasting positive impact on the involvement of new stakeholders and perhaps the reenergizing of existing stakeholders.

Through the interviews and surveys this evaluation also sought to identify progress toward goals of the Blueprint 2.0. The Survey Monkey results indicate that over 82% of those who responded felt that the CoC has made advancements in the effort to prevent and end homelessness in the CoC. This overall sense of accomplishment results from specific successes identified by the Committee Chairs and CHIP staff and through data compiled through the CoC's Homeless Management Information System (HMIS).

The three broad goals of the Blueprint 2.0 were to work toward:

1. **An Engaged, Invested & Active Community**
2. **Quality Housing & Service Delivery**
3. **High Impact, Effective & Accountable System**

Since the publication of the Blueprint 2.0, individuals, organizations and committees have been working hard to implement the strategies and to achieve the stated goals. The chart below identifies the next step strategies included in the Blueprint 2.0 and the current progress of those strategies:

| Next Step Strategies | Status |
|---|---|
| Developing the Blueprint Council, its job description, its structure and operating procedures, and its election/self-sustaining process | Completed |
| Completing the first Blueprint Council election process | Completed |
| Develop the timeline, priorities, and detailed action plans that are reviewed annually | Initial plans were partially developed but most have not been largely operationalized or reviewed annually. Additional work on plans may be required. |
| Develop committees and/or work groups to implement and oversee action plans | Committees developed. Attempts have been made to align committees to Blueprint structure. This evaluation identifies potential additional work to be completed in this area. |

One key indicator of Blueprint 2.0 success is the reduction of the number of homeless persons in Indianapolis.  The results of the January 2016 Point in Time count are not yet available. However, trends since 2013 to the count in January 2015 indicate a reduction in total numbers in some categories:

| | 2013 | 2014 | 2015 | % Change 2014-2015 |
|---|---|---|---|---|
| Persons in emergency shelters | 861 | 991 | 817 | -21% |
| Persons in transitional housing | 594 | 810 | 715 | -13% |
| Number of families | 151 | 161 | 136 | -18% |

However, during this same period of time the number of unsheltered increased by 33% and the number of Veterans increased by 5%.

## The following summary notes are organized according to the Blueprint's three primary goals.

**1. An Engaged, Invested & Active Community**

*Increase Community Awareness and Engagement*

The Blueprint 2.0 underscored the belief that an informed and engaged community would enable new resources to be leveraged and the overall system capacity enhanced. The Community Education and Public Policy Implementation Committee assume the responsibility for the overall strategy regarding community awareness and engagement.

The Committee worked to carry out specific tasks including participation in the National Hunger and Homelessness Awareness Week through the Hidden Homeless Youth Awareness initiative. This initiative provided a direct, visual way for the broader Indianapolis Community to learn about its homeless residents and the broader problem of homelessness in the City.

In addition, the Know Outlets campaign increased community awareness through billboards and helped to raise money for security and utility deposits and other needs to increase access to housing by those who were unsheltered to move into permanent housing. Know Outlets raised $47,000 in cash contributions and $26,000 in in kind support and assisted 67 individuals to overcome barriers to stable housing.

The Blueprint 2.0 identified the need to address what had been a negative voice by the business community regarding homeless persons in downtown areas. Several chairs interviewed felt the overall Awareness Campaign and individual project initiatives (e.g. Reuben Engagement Center, weekly meeting of case managers, etc.) have greatly reduced the negative tone and the impulse to look to criminalize homelessness. This new "attitude" allows for a more helpful atmosphere and increases opportunities to address the needs of the homeless individuals.

2. Quality Housing & Service Delivery

*Reuben Engagement Center*

One accomplishment that demonstrates the progress towards the three broad goals is the development of the Reuben Engagement Center. The Reuben Engagement Center will provide shelter, medical detox, case management, mental health evaluations and housing referrals to chronically homeless, substance-addicted, mentally ill individuals. The Center will provide a safe place for homeless individuals who are experiencing drug or alcohol intoxication to be diverted from jail or an emergency room and who are unable to gain access to emergency shelter options due to active substance abuse. The center will provide a safe place for medical detoxification to occur and an opportunity to engage in community resources and services aimed at recovery and permanent housing.

The Reuben Engagement Center required the support of the business community, government, and community groups. The Center's advisory board composition highlights the involvement of

these sectors by having seats appointed by or representing these sectors as well as individual consumers of homeless services.  Moreover, the process to develop the Engagement Center provided a forum to educate the broader community on the service and housing needs of chronically homeless individuals. The Reuben Engagement Center is scheduled to open in 2016.

*Housing and Services*

The original Blueprint identified specific goals related to housing development. Blueprint 2.0 did not identify specific goals for either the creation of housing or services. Rather it called for a system of quality housing and service delivery that would ensure timely delivery of services and a continuum of housing options to meet the diverse housing needs of its homeless citizens.  As described below under Coordinated Entry and Assessment, the CoC developed a centralized waitlist for permanent support housing. This waitlist and the related case conferencing has contributed to a more effective placement of persons who are homeless into housing. The waitlist generally has 200 individuals on it at one time.

To this end, the Housing and Support Services committed embarked on an ambitious task to gain insight into the services available in three townships (Center, Warren and Lawrence). The Committee was successful in obtaining 660 completed surveys from residents in these three townships. The data is being analyzed and the committee plans to address any identified gaps in needed services.

*Veterans*

Significant resources have been deployed in Indianapolis to address the needs of homeless veterans. Until the Blueprint 2.0 much of this planning was in two silos: one for homeless veterans and one for other homeless. Blueprint 2.0 participants are now active members of the Veterans Task Force and collaborate on planning and programming to address the needs of homeless veterans.  Working with others in the CoC the Veterans Homelessness Task Force was created to develop a plan to end homelessness among veterans. The Taskforce to date has defined what the end of homelessness means in Indianapolis, has developed a master list by name of homeless veterans, convenes a weekly case conference of providers working to house veterans through the master list, and engage the Veterans Administration.  The Veterans Task Force plan is to end homelessness by the end of 2016.

As noted below, hopefully the stronger partnerships between the veteran service providers and the members of the CoC will help address what was an increase in homelessness among veterans between 2014-2015.

**3. High Impact, Effective & Accountable System**

*Coordinated Entry and Assessment*

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a Centralized or Coordinated Assessment System. HUD's primary goals for coordinated entry

processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present.

Like many communities, Indianapolis started the development of its coordinated entry system with its participation in the 100,000 Homes Campaign.  In addition, the community participated in a two day planning charette to map out the key elements of what an Indianapolis coordinated entry/assessment system would include.  Through this process the group agreed to the following:

- Everyone will enter the system through the designated coordinated access points.
- Persons will be able to access the system through a physical location in Indianapolis. There will also be full access through phone/virtual modes which will support the community's ability to ensure connection through secondary access points outside of Center Township and connect with persons who are living on the streets through mobile outreach.
- There will be one standard coordinated access assessment for the community that will be completed by all persons entering the CA system.
- Charrette participants confirmed that there should continue to be a centralized waitlist for supportive housing.
- HMIS should be used to track all data related to the coordinated access system.
- There should be staff dedicated to overall CA system oversight as well as stakeholder groups.

Progress on the coordinated entry system has continued since the charette. One by-product of the development of the coordinated entry system that many people cite as a positive change is case conferencing regarding specific clients and matching them to available resources including housing. Many cited Coordinated Entry as a promising structure to maximize Indianapolis' resources.

The CE system in Indianapolis is still in its relative infancy and additional work and resources will be required to bring the system to scale and to maximize its utilization as a tool to coordinate referrals of persons to the most appropriate housing and service resources.

*CoC Governance and Decision-Making*

While it has been highlighted that one of the primary successes of the Blueprint 2.0 has been to bring individuals and organizations together, many still indicated there is a need for the governance structure and decision-making power and authority to be reviewed and clarified. There was in general a lack of clarity over how decisions get made and who has the authority to make decisions. From the Committee Perspective, it is not clear what latitude committees have to make decisions and to provide public feedback on things considered within the committee's purview.

From the broader CoC perspective confusion exists over how decisions are made. These may be decisions regarding funding, CoC policy directives, and priorities.

Another concern several committee chairs highlighted was the struggle to maintain active committee members. It can be difficult to carry out the mandates of the committee with a small pool of engaged stakeholders.

It should be noted that recent changes in the project ranking and review procedures have been generally well-received. A previous PATA committee chair highlighted that the process is much more community-driven now and provides a transparent understanding to all stakeholders how projects are scored and prioritized. However, it has been stated that there are still areas in the ranking and review process that can be improved.

Many CoCs experience the need to revisit their Governance Charter to either clarify existing expectations, rules, and requirements or at times to make substantive changes to its decision-making practices.

*Performance Measures*

The HEARTH Act codified into law the CoC Program and CoC planning processes. A critical aspect of the Act is a focus on viewing the local homeless response as a coordinated system of homeless assistance options as opposed to independently funded programs. To facilitate this perspective and to hold CoCs accountable, the Act now requires communities to measure their performance as a coordinated system, in addition to analyzing performance by specific projects or project types.

The CoC began working on the development of performance measures as outlined by HUD including the length of time people remain homeless; the extent to which people return to homelessness; the total number of homeless people in the CoC; income growth; the number of people who become homeless for the first time; and the number of people who return to homelessness. To encourage CoCs HUD has identified specific criteria for how communities can be identified as High Performing under the CoC Program.

The CoC has made progress in working to develop specific performance goals targets. This work has entailed looking at CoC HMIS data and comparing that to HUD High Performing Community benchmarks. The CoC, through its Performance Measures subcommittee has gained insight into its current system's progress and how different individual programs or types of programs impact movement toward the outcomes. The Performance Measures subcommittee continues establishing its local performance measures and targets.

Based on the most recent data available, the Indianapolis CoC has had the following positive performance measure outcomes:

- Reduced rate of return to homelessness for those persons exiting Permanent Housing to a permanent housing destination between FY 14 and FY 15 (decreased from 10% to 7%)
- Reduced number of sheltered and unsheltered homeless persons by 11.8% between FY 14 and FY 15

- Increased percentage of adult system stayers who increased total income between FY 14 and FY 15 (up 3%)
- Over 50% of system leavers in FY 15 increased total income
- Nearly half of all persons exiting ES, SH, TH, and PH-RRH (49.52%)exited to successful permanent housing destinations in FY 15
- 93% of persons in PH projects except RRH either exited to a permanent housing destination or remained in a permanent housing project in FY 15

## Next Steps

Blueprint 2.0 has provided the Indianapolis CoC with a strong foundation to continue to make progress toward its overall goal to *making homelessness rare, short-lived and recoverable.*

The Blueprint 2.0 has:

- ✓ Brought the community together in a stronger way than ever
- ✓ Given voice to those previously not engaged in homeless services and planning
- ✓ Promoted community awareness through public campaigns
- ✓ Improved relations between service providers and the business community
- ✓ Decreased negative attitudes towards the homeless
- ✓ Created an innovative program to meet the service and housing needs of homeless individuals with substance abuse issues
- ✓ We have developed a structure to prioritize assistance to families

To continue its path toward its overall goal, the Blueprint 2.0 could:

- ➤ Establish priorities for each Blueprint goal and timelines for all
- ➤ Fine tune its governance structure to allow for clarity and transparency in its decision making processes
  - o Review committee structure to assure maximum effectiveness and success
  - o Develop realistic action plans with success measures and timelines
  - o Provide sufficient support to committees and Chairs
- ➤ Develop Program Outcomes
- ➤ Measure programs by identified targeted performance measures and take action on programs that do not meet performance. Action could include assistance and guidance to program revisions and restructuring.  Establish specific housing creation goals
- ➤ Review the results of the supportive services survey to identify gaps in services or respond to duplication of services
- ➤ Monitor the operations and outcomes of the Reuben Engagement Center
- ➤ Continue to grow and expand its Coordinated Entry system to meet HUD's outlined criteria
- ➤ Review action plan progress at regular intervals (quarterly)