

Indianapolis Community Plan to End Homelessness: 2018-2023

“We believe everyone has the right to be housed and connected to care.”

Dear Fellow Indianapolis Residents,

Our sincerest appreciation goes to the hundreds of community leaders, advocates, and organizations who collaborated to create the Indianapolis Community Plan to End Homelessness, a set of long-term solutions that fundamentally address the needs of our most vulnerable neighbors.

Over the last several years, our community’s efforts to prevent and end homelessness in Indianapolis have reached unprecedented levels. And yet despite this work, reported numbers indicate that our community has continued to see the prevalence of homelessness rise over the last decade. Our approach to ending homelessness can no longer stop with simply providing temporary shelter or transitional housing. We must increase affordable housing and supportive services so that the most vulnerable members of our community have a place to call home.

“We believe everyone has the right to be housed and connected to care.”

The Indianapolis Community Plan to End Homelessness, is our most transformative and ambitious plan to date, providing the types of systematic reforms necessary to take a truly collaborative approach to end homeless in Indianapolis. Anchored by strategies to reduce the length of time people experience homelessness; increase availability and accessibility to safe, supportive, and permanent housing; increase housing stability and prevent returns to homelessness; and prevent people from being released into homelessness, the Indianapolis Community Plan to End Homelessness will serve as a catalyst to developing real solutions for this urgent need.

Thank you for your commitment to these shared community priorities. We believe that homelessness can and must be solved in Indianapolis and we know that by coming together as one community – faith leaders, business professionals, social services professionals, public servants, and individual citizens – we can prioritize our resources to do just that. We look forward to continuing to work together in ensuring that all Indianapolis residents are housed and connected to care.

Sincerely,

Joe Hogsett
Mayor, City of Indianapolis

Alan Withey
Executive Director, Coalition for Homelessness Intervention & Prevention

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“We believe everyone has the right to be housed and connected to care.”

On any given night in the City of Indianapolis, nearly 1,600 of our most vulnerable neighbors are experiencing homelessness – they are sleeping in temporary shelters, transitional housing, or on the street. In a community that is nationally recognized as a leader in sports entertainment, serves as the Midwest hub for technology innovation, and prides itself on Hoosier hospitality, we believe that we can and must do more to help families and individuals who experience homelessness.

Since the inception of the first Blueprint to End Homelessness in 2002, community leaders and advocates have committed to taking a shared approach to ending homelessness in Indianapolis. Blueprint 2.0, which guided the community's work from 2013-2018 to make homelessness rare, short-lived, and recoverable, resulted in several key milestones, including:

- A community governance structure, organized around the Blueprint Council with the Coalition for Homelessness Intervention and Prevention (CHIP) serving as the support entity, began significant system-change efforts including: focusing on special populations like Veterans and those who are chronically homeless, changing the community funding process, and shifting the focus of the Continuum of Care to increasing permanent housing options.
- The Reuben Engagement Center opened in January 2017, providing a safe place for homeless individuals experiencing drug or alcohol intoxication who are unable to gain access to emergency shelter due to their active substance use. The Center provides these individuals with initial medical monitoring for withdraw symptoms, referrals for mental health and substance abuse treatment, recovery housing, and case management.
- System performance measures were established and regularly monitored so we can better track our goals toward ending homelessness.
- A Coordinated Entry System was successfully launched in July 2017, providing a common application process, assessment, prioritization, and referral to housing, resulting in more efficient use of resources based on vulnerability and severity of need.
- In 2017, the Indianapolis Housing Agency created its first ever homeless preference offering subsidies through the Coordinated Entry System.

While these efforts have helped Indianapolis to make great strides forward, we continue to face many challenges.

- The majority of services available to individuals and families facing homelessness are designed to meet immediate needs with temporary solutions, leaving gaps in services focused on obtaining and maintaining stable housing.
- The current inventory of safe, affordable housing dedicated to permanent supportive housing or rapid rehousing is too low to meet our city's demands.
- For those who do obtain housing, we do not have the support systems in place to provide consistent access to mental health services, interventions for substance use disorder, or to meet other long-term needs that would ensure overall wellbeing and long-term self-sufficiency.
- While many service providers are working to address these gaps, efforts often take a fragmented approach without building the coordination or collective funding strategies to support long-term success.

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As we look to the future for Indianapolis, we know that we must be prepared to rise to the challenge and address these critical issues. The Indianapolis Community Plan to End Homelessness is an ambitious yet clear plan to drive solutions for our City, anchored by a simple concept, “We believe *everyone* has the right to be housed and connected to care.” By focusing, first and foremost, on creating a surge of safe and affordable housing options in Indianapolis, the Plan calls on the business community, government representatives, and community advocates to reimagine our approach so that we can meet shared goals for the community.

By meeting the goals outlined in this Plan, Indianapolis will see radical changes over the next five years. By 2023, not only will we have ample affordable housing options throughout the city, we will also have a functioning system that effectively connects individuals and families experiencing homelessness to these safe, affordable housing options. By 2023, any individual or family in Indianapolis who becomes homeless will spend no more than 30 days without a permanent, safe, affordable place to live. No one who loses their job or experiences domestic violence will have to choose between the safety of themselves and their children and having a secure place to stay. No one will be released from a hospital, the criminal justice system, or the foster care system without a place to call home. And because we know that securing housing is just the first step toward long-term stability, everyone in our city will have continual access to care that meets their mental, physical, social, environmental, and economic needs so that once they are housed, they can stay housed for the long-term.

By working together to make these transformative changes a reality in Indianapolis, we can and will solve this city-wide issue, ensuring that everyone has a place to call home.

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Defining Homelessness

We recognize that homelessness can be defined in many different ways depending on program guidelines or federal funding restrictions. In fact, locally, Veteran’s programs, schools, re-entry programs, and the Department of Housing and Urban Development (HUD) funded Continuum of Care grantees, all operate within the Continuum of Care using different definitions. However, we recognize that limiting our shared definition of homelessness to align with any of these specific guidelines would exclude critical organizations and strategies needed for the success of this Plan. Moreover, some funding streams that restrict the definition of homelessness can even limit housing to people who are living in places not meant for human habitation, emergency shelters, or transitional housing, or those who are exiting from an institution where they temporarily resided for 90 days or less.

Therefore, for the purposes of the Indianapolis Community Plan to End Homelessness, **homelessness will be defined as any family or individual that lacks regular, fixed, and adequate nighttime residence.**

By using this definition, strategies in the Plan are designed to support all unaccompanied minors and families who are unstably housed and likely to continue in that state, as well as families or individuals who face losing their primary nighttime residence within 14 days without the resources or support networks necessary to remain housed. The Plan also considers those who are fleeing or attempting to flee domestic violence or trafficking situations who lack resources or support networks to obtain other permanent housing. Further, the Plan includes individuals who entered into correctional institutions and treatment programs and lack resources or support networks to secure or maintain housing upon exit.

While this inclusive definition supports our community vision that everyone deserves to be housed and connected to care, it is important to note that this inclusive definition within the Plan will not change how Indianapolis collects data for the annual Point-in-Time count, nor will it change federal funding restrictions for program eligibility. However, adopting this inclusive definition will create shared ownership of meeting unfunded needs and encourage the community to seek less restrictive funds.

Special Populations

The majority of this Plan focuses on strategies that affect people of all walks of life who are experiencing homelessness; however, the community understands that specific populations who face homelessness can experience unique challenges that require more tailored solutions. To account for these unique challenges, the Plan also highlights unique goals and strategies for those who are Chronically Homeless, Veterans, Youth and Young Adults, and Families.

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Our Vision

Drawing on evidence-based practices, community members agreed on the key vision and values that will guide the oversight and implementation of this Plan. Prioritizing the increase of safe, affordable housing as a clear focus for ending homelessness in Indianapolis will be the foundation for the Plan, yet service providers, government representatives, and businesses alike acknowledge that an increase in housing alone will not address the complexity of needs, barriers, and systemic challenges that individuals and families experiencing homelessness often face. Input from a variety of community partners and those experiencing homelessness first-hand confirms that providing access to holistic systems of care designed to address mental, physical, social, environmental, and economic needs is just as critical as increasing the availability of housing as we build effective solutions to homelessness. These clear, community-driven concepts shape the vision for the Indianapolis Community Plan to End Homelessness:

“We believe everyone has the right to be housed and connected to care.”

Our Values

As we realize this vision together, community members have identified nine key values that will be essential in driving our collective work:

- **Client Choice** – We must treat all individuals and families experiencing homeless with dignity and respect, allowing for self-determination in making decisions about their lives.
- **Community-Level Approach** – We believe that the best solutions come when we work together to find solutions as a collaborative community rather than individually as separate entities.
- **Housing First** – We believe in quickly connecting individuals and families to permanent housing without preconditions or barriers and ensuring ongoing opportunities for engagement in services to support long-term stability.
- **Inclusivity** – We must seek to include stakeholders from every sector so that we can work collaboratively to reach our shared goals, with special emphasis on engaging those with lived experience.
- **Individualized and Client-Driven Services** – We recognize that all people experiencing homelessness are unique and we must provide services that respond to individual differences and needs, length of time for engagement, and types of services offered.
- **Quality** – We must provide quality housing and services, measuring all programs against common metrics of success.
- **System Integration** – We prevent and end homelessness by working collaboratively with other systems that impact our ability to end homelessness, including health care, education, corrections, the Balance of State Continuum of Care, and others.
- **Transparency & Cultural Competence** – We must assure that we make data-driven decisions, communicate openly, and provide services with dignity and respect by accommodating different cultures and beliefs.
- **Trauma Informed Care** – We must provide services that respond to all types of trauma and ensure safety while minimizing the risk of future incidences of trauma.

By extending these values beyond the daily work of social service providers and applying them to the shared approach of all intersecting systems that impact our neighbors, we can position Indianapolis, as a community, to effectively address the crisis of homelessness in our city.

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The Path Forward

As we work together to ensure that *everyone* in our community is housed and connected to care, our efforts will be focused on five Strategic Priorities:

- **Strategic Priority 1:** Optimize the crisis response system to reduce the length of time people experience homelessness and focus on permanent housing as a solution.
- **Strategic Priority 2:** Increase availability and access to safe, supportive, and permanent housing.
- **Strategic Priority 3:** Expand and enhance wraparound services to increase housing stability and prevent returns to homelessness.
- **Strategic Priority 4:** Unify intersecting systems in a shared approach to prevent people from being released into homelessness.
- **Strategic Priority 5:** Build the infrastructure of collective impact to align resources, enable collaboration, and maintain transparency with the community.

By holding one another accountable to these shared priorities, we can build a city-wide approach that strengthens *all* of the intersecting systems that impact opportunities to secure and maintain safe, affordable housing, fulfilling the right we all share to be housed and connected to care.

Additional Supporting Documents

Each Strategic Priority and 5 Year Goal featured within this Plan has a supporting operational plan that includes immediate action steps to prioritize during implementation; tools and resources needed to move each priority forward; accountable parties who are responsible for implementation; and progress measures that show advancement is taking place. Additionally, strategies included in this Plan for each special population has a supporting operational plan that will support the success of the Strategic Priorities and Goals in the overall community plan as well as the unique Strategic Priorities and 5 Year Goals.

A Plan Shaped by the Community Voice

We know that our entire community must be engaged to design and implement effective solutions to ending homelessness, and we're proud of the hundreds of community voices that shaped this plan. More than 400 individuals representing 82 unique organizations, at least 170 of whom are experiencing or have experienced homelessness first-hand, provided their leadership and expertise throughout the planning process. Over a full calendar year, these community voices shaped the Indianapolis Community Plan to End Homelessness through these activities:

- ✓ community focus groups and listening sessions
- ✓ key informant interviews
- ✓ electronic surveys
- ✓ Steering Committee and Continuum of Care (CoC) meetings
- ✓ comparative analysis of effective interventions taking place in other communities
- ✓ analysis of national and local best practices in prevention and intervention strategies
- ✓ community-wide planning sessions
- ✓ population-specific planning sessions
- ✓ community feedback sessions
- ✓ online public comment

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Strategic Priority 1: Optimize the crisis response system to reduce the length of time people experience homelessness and focus on permanent housing as a solution.

With increased housing as the clear exit strategy from homelessness in our community, our efforts must be reinforced by an evolved approach of our crisis response system that concentrates our collective resources on the shared belief that everyone has the right to be housed. By shifting the practices within the crisis response system so that all homeless service providers see themselves as part of the supportive housing system, we can prioritize permanent housing for all, reduce demands on temporary shelters, and rebalance the shelter system.

5 Year Goal:

The length of time people experience homelessness is 30 days or less by 2023.

Annual Benchmarks:

Baseline*	86 days
2019	75 days
2020	64 days
2021	53 days
2022	41 days
2023	30 days

*Baseline data is from FY2017 System Performance Measures (September 2016-October 2017)

Key Strategies:

- 1.1 Develop and implement a clear front door diversion strategy focused on preventing individuals from entering the homeless system (*Planning and Investment Committee*)
- 1.2 Develop and implement a clear strategy for Street Outreach to connect individuals and families directly to rapid rehousing and permanent housing options, including those living in camps (*Planning and Investment Committee*)
- 1.3 Engage new Community Mental Health Centers in expanding effective housing models for clients with serious mental health issues, substance use disorders, or co-occurring mental health and substance use disorders (*CHIP and City of Indianapolis, Senior Strategy Director for Homelessness*)
- 1.4 Provide high-quality professional, intensive case management services in all temporary shelters and day services centers designed to directly connect individuals to all appropriate services, including permanent housing and obtaining healthcare and available cash and non-cash benefits (*Data and Monitoring Subcommittee*)
- 1.5 Create a comprehensive outreach plan and evaluation system inclusive of Professional Blended Street Outreach and the Faith-Based Outreach Team (*Blueprint Council*)
- 1.6 Increase the number of low-barrier shelter options for unsheltered individuals and families, including LGBTQ individuals and those with substance use disorder (*Planning and Investment Committee*)
- 1.7 Create policies and practical solutions to provide safe, stable options to reduce trauma for unsheltered individuals waiting for permanent housing or other housing options, including those currently living in camps (*Planning and Investment Committee*)
- 1.8 Align transitional housing with quality standards to reduce lengths of stay and increase exits to permanent supportive housing for populations for whom transitional housing is viable, including those experiencing domestic violence, those experiencing substance use disorder, Veterans, individuals with justice system involvement, and youth experiencing homelessness (*Blueprint Council*)

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Strategic Priority 2: Increase availability and access to safe, supportive, and permanent housing.

By taking a collaborative approach between service providers, businesses, and government entities, we can ensure quick access to the type of housing most needed by those experiencing homelessness - whether that's a safe haven from domestic violence, rapid rehousing, or permanent supportive housing - with the ultimate goal of positioning Indianapolis as a champion for permanent housing solutions.

5 Year Goal:

Increase the number of permanent supportive housing units by 1,110 and develop and maintain at least 690 rapid rehousing subsidy slots

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
Baseline*	963	654
2019	222 new units	138 new units
2020	222 new units	138 new units
2021	222 new units	138 new units
2022	222 new units	138 new units
2023	222 new units	138 new units

*Baseline data is from 2017 Housing Inventory Count

Key Strategies:

- 2.1 Create a pipeline of permanent supportive housing units that are not funded by the HUD Continuum of Care Program Competition so the Continuum of Care can divert new project funding to other housing needs (*City of Indianapolis, Department of Metropolitan Development*)
- 2.2 Work with affordable housing developers to increase units set aside for homeless individuals and families (*City of Indianapolis, Department of Metropolitan Development*)
- 2.3 Support affordable housing landlords to provide consistency in the quality of units and rental terms for formerly homeless individuals and families (*Housing and Services Committee*)
- 2.4 Create additional scattered site subsidies to increase client-choice housing options (*Blueprint Council*)
- 2.5 Increase availability of recovery housing for previously homeless individuals transitioning out of treatment or the criminal justice system (*Planning and Investment Committee*)
- 2.6 Ensure availability of adequate safe housing options for survivors of domestic violence, sexual assault, and human trafficking (*Domestic Violence Task Force*)
- 2.7 Build the capacity of permanent supportive housing providers to serve people with high barriers to housing through an assessment of current service models, staffing levels, and training needs (*Planning and Investment Committee*)
- 2.8 Re-examine and revise policies and practices that create barriers to housing access (*Housing and Services Committee*)

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Strategic Priority 3: Expand and enhance wraparound services to increase housing stability and prevent returns to homelessness.

While people experiencing homelessness do not all share the same path to obtaining permanent housing, we do know that overall health – which is influenced by mental, physical, social, environmental, and economic factors – plays a key role in the ability of all community members to secure and maintain stable housing for themselves and their families. We must develop a system of streamlined wraparound supports designed to meet individuals and families where they are and ensure inclusive and unrestricted access to the care they need.

5 Year Goal:

92% of formerly homeless individuals and families remain housed after two years.

Annual Benchmarks:

Baseline*	82% remain housed
2019	85% remain housed
2020	88% remain housed
2021	90% remain housed
2022	91% remain housed
2023	92% remain housed

*Baseline data is from FY2017 System Performance Measures (September 2016-October 2017)

Key Strategies:

- 3.1 Provide funding and programing support to all service providers to integrate Housing First principles and rapid rehousing best practices into service delivery models so they can effectively address individuals' primary reasons for lack of permanent housing, promote social wellbeing, and assist individuals with obtaining cash and non-cash benefits *(Housing and Services Committee)*
- 3.2 Provide professional case management services to assist individuals with obtaining health care coverage and access to primary health care services, such as early diagnosis and treatment for chronic diseases *(Housing and Services Committee)*
- 3.3 Increase the accessibility and affordability of public transportation for individuals and families experiencing homelessness *(IndyGo)*
- 3.4 Prioritize access to employment training, certification opportunities, and job placement for those experiencing or most at risk of homelessness *(EmployIndy)*
- 3.5 Expand access to and funding for a centralized SSI/SSDI Outreach, Access, and Recovery (SOAR) *(CHIP)*
- 3.6 Establish system led service delivery to streamline housing navigation and landlord relationship development *(Housing and Services Committee)*
- 3.7 Pursue opportunities to expand Medicaid reimbursement capacity and braided funding models for service delivery throughout the Continuum of Care *(CHIP and City of Indianapolis, Senior Strategy Director for Homelessness)*
- 3.8 Increase availability of criminal record expungement services to increase housing and employment eligibility *(City of Indianapolis, Office of Public Health and Safety)*
- 3.9 Re-examine and revise policies and practices that create barriers for high risk, high need populations to access services *(Housing and Services Committee)*

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Strategic Priority 4: Unify intersecting systems in a shared approach to prevent people from being released into homelessness.

Every day, individuals in Indianapolis are discharged from hospitals and treatment centers, released from the department of correction and local jail systems, and aging out of the foster care system without a place to call home. As a community, it is our shared responsibility to ensure that these intersecting systems are equipped not only to provide or connect individuals and families to resources for safe housing, but to ensure access and placement to prevent them from being released without a place to call home.

5 Year Goal:

All intersecting systems have been integrated to understand how many people are exiting into homelessness so that mutual strategies for reduction can be developed.

Annual Benchmarks:

Baseline	Data sharing plans will be developed with hospitals and treatment centers, the criminal justice system, and foster care system
2019	All intersecting systems have established shared, baseline goals
2020	TBD based on shared baseline goals established in 2019
2021	TBD based on shared baseline goals established in 2019
2022	TBD based on shared baseline goals established in 2019
2023	TBD based on shared baseline goals established in 2019

Key Strategies:

- 4.1 Connect healthcare providers, criminal justice system representatives, and the Department of Child Services to the Coordinated Entry System to better understand when, where, and how housing is available (*CHIP*)
- 4.2 Utilize findings from the Data Integration Project to develop and implement a pilot cross-sector data sharing agreement between homeless service providers and key intersecting systems, with respect of client confidentiality (*CHIP*)
- 4.3 Collaborate with all hospital systems to ensure screening, referral, and navigation services are designed to connect patients experiencing or at risk for homelessness to housing and wraparound supports (*CHIP*)
- 4.4 Coordinate efforts with Department of Corrections, local jail systems, and re-entry service providers to ensure all pre-release programs, policies, and services are designed to connect justice-involved individuals at risk of homelessness to permanent housing and wraparound supports (*City of Indianapolis, Office of Public Health and Safety*)
- 4.5 Collaborate with Department of Child Services and the foster care system to identify individuals aging out of the foster care system who are at risk of entering homelessness and connect them to permanent housing and wraparound supports (*Youth Task Force*)
- 4.6 Work with Health Insurance & Medicaid Providers to promote accountability to policies and procedures that require safe housing placement upon release (*CHIP*)

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Strategic Priority 5: Build the infrastructure of collective impact to align resources, enable collaboration, and maintain transparency with the community.

Fostering a shared commitment to ending homelessness in our community will require a better infrastructure both within and beyond the homeless services system. We must build a unified system for collecting, sharing, and integrating data between homeless service providers and all intersecting systems so that, together, we can effectively measure the community’s progress and identify real-time opportunities to adjust our approach. While this will require action across the community, it will also be critical to designate community leaders with the capacity, connections, and expertise to keep all of stakeholders connected, informed, and actively on track toward our shared goals. Through this improved infrastructure, we can provide greater opportunities for all community members to learn about the realities of homelessness, break down stigmas, and gain buy-in on the solutions.

5 Year Goal:

Funding for the Indianapolis Continuum of Care has increased by TBD% by 2023.

Annual Benchmarks:

Baseline	Policies, procedures, and the Continuum of Care Charter has been amended to support new leadership structure and transparency with providers and the community.
2019	A clear map of needed resources has been created and a development plan is being implemented.
2020	TBD% of needed resources outlined in development plan have been secured
2021	TBD% of needed resources outlined in development plan have been secured
2022	TBD% of needed resources outlined in development plan have been secured
2023	TBD% of needed resources outlined in development plan have been secured

Key Strategies:

- 5.1 Reduce barriers for service providers and programs that are serving homeless individuals but not utilizing the Homeless Management Information System (HMIS) to join shared data tracking practices (*CHIP*)
- 5.2 Provide all HMIS users with onboarding, resources, and support to ensure consistency, timeliness, and results in data collection and reporting efforts (*CHIP*)
- 5.3 Implement a targeted community education plan for representatives from the healthcare system, criminal justice system, schools, City of Indianapolis, faith-based communities, government and philanthropic funders, foster care system, and Balance of State to share Plan priorities, progress, and opportunities for meaningful collaboration (*Education Committee*)
- 5.4 Define and align the Continuum of Care and its governing structure with the priorities in the Indianapolis Community Plan to End Homelessness (*Blueprint Council*)
- 5.5 Develop a communication system between all Continuum of Care Committees that allows entities to efficiently share progress, challenges, and best practices, and collectively track progress toward five-year goals (*Blueprint Council*)
- 5.6 Develop a readily available Implementation Guide focused on outcomes and resources needed to help the community successfully execute the Plan (*Blueprint Council*)
- 5.7 Convert existing resources, target new investments, and enhance funding collaboration to shift from managing homelessness to ending homelessness through a Housing First model (*Planning and Investment Committee and City of Indianapolis, Senior Strategy Director for Homelessness*)

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Special Populations

While the strategies in this Plan are designed to impact all individuals and families who experience homelessness, we recognize that we must focus our resources on the specific populations that experience the highest rates of homelessness in order to have the most impact. Each special population will have an operational plan that will support the success of the Strategic Priorities and Goals in the overall community plan as well as the unique Strategic Priorities and 5 Year Goals. These populations include:

- **Chronically Homeless**

Individuals or families with heads of household who have a disabling condition and have been homeless for one year or longer or had four or more homeless episodes, totaling at least 12 months in the previous three years are identified as Chronically Homeless within this Plan.

- **Veterans**

Individuals who have served in some capacity with the armed forces or reserve and are currently homeless are identified as Veterans within this Plan.

- **Youth and Young Adults**

The 5-Year Housing and Services Goals included in the following population specific strategies focus on youth and young adults ranging from age 18-24 due to housing eligibility, including parenting youth. However, the community recognizes the urgency of addressing the comprehensive needs of unaccompanied youth from age 12-24, as well as youth who meet the Department of Education's definition of homeless, therefore strategies for addressing these needs are included in a supplementary youth and young adults operational plan.

- **Families**

Families self-define and are either literally homeless by Department of Housing and Urban Development's definition or are homeless and doubled up by the Department of Education's definition. Parenting youth age 18-24 are included in strategies for Youth and Young Adults, rather than Families.

As a key part of the Indianapolis Community Plan to End Homelessness, the following population specific strategies have been tailored to meet the needs of these unique groups, while aligning with clearly with the Strategic Priorities 2 and 3 on the previous pages.

Strategies for Chronic Homelessness

People experiencing chronic homelessness are among the most vulnerable of all homeless populations. Oftentimes these individuals have long-standing disabilities and injuries that are exacerbated due to the prolonged length of time living on the streets or in areas unfit for habitation. Because of the complex health needs associated with these circumstances, research continually demonstrates that the highest costs within the Crisis Response System are incurred by supporting the immediate needs of individuals experiencing chronic homelessness, without resulting in long-term housing solutions. Indianapolis has committed to ending chronic homelessness by creating a surge in housing that is accessible to people experiencing chronic homelessness through Continuum of Care funded permanent supportive housing, housing choice vouchers, as well as ensuring that wraparound support services are available and accessed through Medicaid.

If Indianapolis achieves these outcomes, Indianapolis will end chronic homelessness by 2023.

5 Year Housing Goal for Chronic Homelessness

Increase the number of permanent supportive housing units by 664 for those who are chronically homeless. *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for*

Annual Benchmarks:

	Permanent Supportive Housing Units
Baseline*	470
2019	147 new units
2020	139 new units
2021	132 new units
2022	126 new units
2023	120 new units

Key Strategies:

- C.1 Increase availability of housing choice vouchers, project-based vouchers, and dedicated permanent supportive housing units
- C.2 Engage Community Mental Health Centers in expanding effective housing models for clients with serious mental health, substance use disorder, and/or co-occurring diagnoses
- C.3 Coordinate and monitor progress of Continuum of Care, permanent supportive housing, Indianapolis Housing Agency, and housing navigation to increase utilization and decrease length of time homeless
- C.4 Create a pipeline for development of permanent supportive housing programs for those who are chronically homeless
- C.5 Annually assess the number of chronically homeless individuals to determine what resources and strategies will be needed to meet the 5-year goal of ending chronic homelessness
- C.6 Promote risk mitigation funds and eviction prevention plans to assist in housing development

**Baseline data is from 2017 Housing Inventory Count*

5 Year Services Goal for Chronic Homelessness

92% of individuals who previously experienced chronic homelessness will remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Chronic Homelessness)*

Annual Benchmarks:

Baseline*	
2019	91% remain housed
2020	92% remain housed
2021	92% remain housed
2022	92% remain housed
2023	92% remain housed

**Baseline data is from F2017 System Performance Measures (September 2016 – October 2017)*

Key Strategies:

- C.7 Promote community engagement within permanent supportive housing programs and the City of Indianapolis at large to assist individuals with long-term homelessness to connect with the community
- C.8 Expand access and funding for a centralized SSI/SSDI Outreach, Access, and Recovery (SOAR) to ensure individuals have access to income through SSI/SSDI
- C.9 Implement a moving on strategy to increase positive turnovers
- C.10 Increase service provider capacity for Medicaid billing to fund services, including those under the 1115 waiver
- C.11 Establish permanent supportive housing case management standards to reduce case manager to tenant ratios to 20:1
- C.12 Increase coordination with disability and in-home elder care services to ensure all eligible individuals have in-home medical services

Strategies for Veterans

Veterans experience homelessness at a higher rate than the general population for a number of reasons. Veterans are more likely to be living with the effects of post-traumatic stress disorder (PTSD), substance use disorder, and a lack of family and social support networks. The majority of homeless Veterans are single, are living with mental health or substance use disorder, or co-occurring conditions. In order to address Veteran homelessness, Indianapolis must more effectively utilize existing resources of both permanent supportive housing and rapid rehousing. Not only must our permanent supportive housing program specifically for Veterans, HUD-VASH, operate at optimal levels of both case management staffing and voucher utilization, we must also continue to prioritize resources to increase permanent housing availability, and improve outcomes of transitional housing programs.

If Indianapolis succeeds at increasing housing availability and improving these outcomes, Indianapolis will end Veteran homelessness by December 2019.

5 Year Housing Goal for Veterans

Increase the number of available permanent supportive housing units by 397 and maintain the existing inventory of rapid rehousing eligible units for homeless Veterans. *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Veterans)*

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
Baseline*	440	389
2019	117 available units	maintain system capacity
2020	70 available units	maintain system capacity
2021	70 available units	maintain system capacity
2022	70 available units	maintain system capacity
2023	70 available units	maintain system capacity

Key Strategies:

- V.1** Develop and implement effective diversion strategies in partnership Supportive Services for Veteran Families providers
- V.2** Coordinate and monitor progress of the U.S. Department of Housing and Urban Development's Veteran Affairs Supportive Housing Program, Indianapolis Housing Agency, and housing navigation to increase VASH utilization and decrease length of time homeless
- V.3** Realign existing funding sources to maintain current inventory of rapid rehousing for Veterans

**Baseline data is from 2017 Housing Inventory Count*

5 Year Services Goal for Veterans

92% of formerly homeless Veterans remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Veterans)*

Annual Benchmarks:

Baseline*	84%
2019	85% remain housed
2020	87% remain housed
2021	90% remain housed
2022	91% remain housed
2023	92% remain housed

**Baseline data is from F2017 System Performance Measures (September 2016 – October 2017)*

Key Strategies:

- V.4** Improve non-bridge Grant Per Diem performance to increase the number of Veterans moving quickly from transitional housing to permanent housing
- V.5** Improve access to permanent supportive housing for Veterans through all crisis response housing opportunities
- V.6** Increase community collaboration to maximize access to services after housing for all Veterans, and to increase services provided in permanent supportive housing
- V.7** Coordinate with the VA and all Veteran service providers to ensure a collective approach to ending Veteran homelessness

Strategies for Youth and Young Adults

In addition to the social, emotional, and developmental needs that all young people share as they grow into adulthood, youth and young adults experiencing homelessness face a particularly complex set of challenges, often struggling to navigate a system that has been designed for adults. These challenges can be even greater for LGBTQ youth, pregnant and parenting youth, minors, those connected to the juvenile justice system, former foster youth, victims of sexual trafficking, youth with special needs, chronically homeless youth, and youth of color.

By prioritizing immediate stable housing for all of these groups, as well as permanent connections within the community, opportunities for education and employment, and supports for social-emotional wellbeing,

Indianapolis can effectively reduce these challenges decrease youth homelessness by at least 30% by the year 2023.

5 Year Housing Goal for Youth and Young Adults

Increase the number of permanent supportive housing units by 45 and develop and maintain 429 rapid rehousing eligible units for homeless youth and young adults. *(Aligned with Strategic Priority #2, to increase availability and access to safe, supportive, and permanent housing - for Youth and Young Adults)*

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
Baseline*	10	0
2019	9 new units	25 new units
2020	9 new units	50 new units
2021	9 new units	114 new units
2022	9 new units	114 new units
2023	9 new units	114 new units

**Baseline data is from 2017 Housing Inventory Count*

Key Strategies:

- Y.1 Increase number of non-time limited supportive housing units set aside for youth and young adults, in addition to main-stream service
- Y.2 Increase availability of low-barrier, short term housing options for youth and young adults
- Y.3 Create an integrated discharge process between Coordinated Entry, Department of Child Services, and Juvenile Justice in order to connect youth and young adults to housing and service options prior to aging out or being released
- Y.4 Develop and implement effective diversion strategies in partnership with youth service providers
- Y.5 Create a shared approach with Indianapolis Housing Agency to ensure a collective approach to end youth and young adult homelessness

5 Year Services Goal for Youth and Young Adults

90% of formerly homeless youth and young adults remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Youth and Young Adults)*

Annual Benchmarks:

Baseline*	43%
2019	50% remain housed
2020	70% remain housed
2021	70% remain housed
2022	90% remain housed
2023	90% remain housed

**Baseline data is from F2017 System Performance Measures (September 2016 – October 2017)*

Key Strategies:

- Y.6 Create a multi-agency crisis response team (navigators) to assist youth and young adults through the homeless system
- Y.7 Implement programs that increase the educational attainment and connection to the job market for youth and young adults
- Y.8 Integrate service provision with other youth service providers to create a shared approach for ending youth homelessness

Strategies for Families

Family homelessness is unique because it sits at the intersection of youth homelessness and individual homelessness, with the effects that are compounded within the family structure. Children who experience homelessness have a lower ability to obtain education and have a higher risk of behavior issues and unstable futures. Parents who experience domestic violence face short and long-term safety and housing stability challenges for themselves and their families. To help move families out of homelessness, Indianapolis must not only increase the availability of rapid rehousing units specifically meant for families, we must also commit to fostering collaboration with the Coordinated Entry System and domestic violence service providers so families fleeing domestic violence can have immediate access to safe housing options, eliminating the need to enter the shelter system. We must also prioritize strengthening our utilization of school liaisons who are in a unique position to provide supportive services to families, so that children do not suffer from the detrimental side effects of homelessness.

By prioritizing these strategies, Indianapolis will decrease the rate of family homelessness by at least 50% by the year 2023.

5 Year Housing Goal for Families

Increase the number of permanent supportive housing units by 53 and increase the number of rapid rehousing eligible units by 261 for homeless families. *(Aligned with Strategic Priority #2, to increase availability and*

Annual Benchmarks:

	Permanent Supportive Housing Units	Rapid Rehousing Eligible Units
Baseline*	43	265
2019	11	114 new units
2020	11	36 new units
2021	11	46 new units
2022	10	32 new units
2023	10	33 new units

*Baseline data is from 2017 Housing Inventory Count

5 Year Services Goal for Families

92% of formerly homeless families remain housed two years after securing permanent housing. *(Aligned with Strategic Priority #3, to expand and enhance wraparound services to increase housing stability and prevent returns to homelessness - for Families)*

Annual Benchmarks:

Baseline*	80% remain housed
2019	80% remain housed
2020	85% remain housed
2021	90% remain housed
2022	90% remain housed
2023	92% remain housed

Key Strategies:

- F.1 Create a pipeline of affordable housing for extremely low-income families
- F.2 Promote risk mitigation funds and eviction prevention plans to assist in housing development
- F.3 Expand resources beyond current funding programs, and integrate outside system resources to provide additional subsidies for families experiencing homelessness
- F.4 Foster collaboration between domestic violence service providers and the Coordinated Entry System to provide immediate access to safe housing options
- F.5 Increase the number of rapid rehousing available for families, including survivors of domestic violence
- F.6 Collaborate with landlord partners to increase the number of properties available for utilization of housing assistance programs (vouchers and subsidies) in safe neighborhoods with access to public transportation and employment opportunities
- F.7 Collaborate with the Crisis Response System to decrease length in shelter and increase connections to permanent housing
- F.8 Assess the community need for rapid rehousing and other interventions annually to determine the necessary resources and partnerships to decrease the number of homeless families
- F.9 Develop and implement effective diversion strategies in partnership with family homelessness service providers and emergency shelter providers
- F.10 Increase the number of permanent supportive housing units designated specifically for families experiencing homelessness.

Key Strategies:

- F.11 Provide training, resources, and support to all programs that serve families experiencing or at risk of homelessness to ensure that the educational, financial, developmental, and health care needs of the family are being met
- F.12 Implement a communitywide procedure to connect service providers and system partners to McKinney Vento Liaisons in schools to increase coordination for transportation and services to families and children, and to decrease the length of time children miss school due to homelessness
- F.13 Continue to emphasize strong rapid rehousing program performance and support capacity for services to ensure positive permanent housing outcomes

*Baseline data is from F2017 System Performance Measures (September 2016 – October 2017)

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Appendix A - Acknowledgements

Community Voices

We would like to thank more than 400 community members who participated in the inclusive development of the Community Plan to End Homelessness, including 170 individuals who are experiencing or who have experienced homelessness first-hand, and representatives of the following 82 agencies.

A Bigger Vision Films	Greater Indianapolis Progress Committee	Metropolitan School District of Washington Township
Adult & Child Health	Healthnet Homeless Initiative Program	Midtown Community Mental Health – Eskenazi Health
Anthem, Inc.	Holy Family Shelter	National Alliance on Mental Illness – Greater Indianapolis
Anthem Indiana Medicaid	Hoosier Veterans Assistance Foundation	Neighborhood Christian Legal Clinic
Back on My Feet	Hope Rising	Nurse-Family Partnership of Indiana
Catholic Charities Indianapolis	Horizon House	Office of Indianapolis Mayor Joe Hogsett
Central Indiana Community Foundation	Indiana Connected by 25	Outreach Inc.
Children’s Bureau	Indiana Department of Child Services	PACE, Inc.
Cinnaire	Indiana Department of Correction	Partners in Housing
City of Indianapolis	Indiana Housing and Community Development Authority	Pathway to Recovery
Coalition for Homelessness Prevention and Intervention	Indiana Legal Services	PourHouse
Coburn Place Safe Haven	Indiana State Police	Progress House
Community Solutions, Inc.	Indiana Youth Group	Purpose of Life Ministries
Connect2Help	Indianapolis Emergency Medical Services	Realtor Foundation
Corporation for Supportive Housing	Indianapolis Fire Department	Richard L. Roudebush Veterans Affairs Medical Center
Damien Center	Indianapolis Housing Agency	School on Wheels
Dayspring Center, Inc.	Indianapolis Neighborhood Housing Partnership	Second Helpings
Department of Veterans Affairs - Indianapolis	Indianapolis Police Department	Society of St. Vincent de Paul
Domestic Violence Network	InterCare, Inc.	Southeast Community Center
Dove Recovery House for Women	Interfaith Hospitality Network	The Julian Center
Downtown Indy	John H. Boner Neighborhood Center	The Salvation Army
EmployIndy	Lilly Endowment, Inc.	TWG Development
Eskenazi Health – Pedigo Health Clinic	Lutheran Child and Family Services	United Way of Central Indiana
Families First	Marion County Department of Child Services	Volunteers of America of Indiana
Family Promise of Greater Indianapolis	Marion County Prosecutor’s Office	Wheeler Mission Ministries
Federal Home Loan Bank of Indianapolis	Marion County Sheriff’s Office	
Food 4 Souls	Mary Rigg Neighborhood Center	
Gennesaret Free Clinics	Merchants Affordable Housing Corporation	
Goodwill Industries of Central Indiana		

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Steering Committee

Thank you to the following members of the Community Plan to End Homelessness Steering Committee who served as leaders, advisors, and thought partners throughout the planning process by providing input and expertise on research methodologies, stakeholder engagement, community planning sessions, and plan drafts.

Dan Arens
Adult & Child Health

Scott Armstrong
Partners in Housing

Jeff Bennett
Deputy Mayor, City of Indianapolis

Gabie Benson
Realtor Foundation

Danny Camacho
Pathway to Recovery

Jennie Fults
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Kay Wiles
Healthnet Homeless Initiative Program

Alan Witchey
Coalition for Homelessness Intervention and Prevention

Teresa Wessel
Horizon House

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Blueprint Council

Thank you to the members of the Blueprint Council, who have been involved in the planning process in a variety of critical ways, including participating in focus groups and community planning sessions and providing feedback and approval on final plan drafts. Individuals listed below are reflective of the 2018 Blueprint Council members who provided final approval of the Indianapolis Community Plan to End Homelessness.

Scott Armstrong, Chair
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Pathway to Recovery

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City of Indianapolis

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Emmy Hildebrand
Hoosier Veterans Assistance Foundation

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Alan Witchey
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William Bumphus
Wheeler Mission Ministries

Traci Johnson
Damien Center

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Appendix B - Glossary of Terms

Collective Impact¹: Collective impact is a method for solving a specific social problem that includes five key characteristics: 1) All participants have a common agenda; 2) There are shared measurement systems for data and results; 3) Action plans exist that outline and coordinate mutually reinforcing activities; 4) There is open and continuous communication among all players; and 5) A strong back-bone organization with a specific set of skills exists to serve the entire initiative.

Continuum of Care (CoC): The primary decision-making entity defined in the HUD funding application as the official organization representing a community plan. The CoC is established by representatives of relevant organizations to carry out the responsibilities set forth in the CoC program rules.

Coordinated Entry System (CES): A coordinated process designed to coordinate program participant intake, assessments and provision of referrals.

Department of Child Services (DCS): The governmental agency responsible for the protecting children from abuse and neglect. DCS also manages the state of Indiana’s foster care system.

Diversion: Diversion from homelessness is a strategy that prevents a household (individuals or families) from entering shelter or an unsheltered location by helping them identify immediate alternate housing arrangements, and if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion is implemented within the coordinated entry system (CES) and reduces the demand on shelter programs.

Emergency Food and Shelter Program (EFSP): A federal grant program that is governed by a National Board and determined by a Local Board and provides funding for the provision of food and shelter.

Emergency Shelter: Services that provide short-term support and emergency housing to persons experiencing homelessness. Persons utilizing this type of services are considered homeless.

Emergency Solutions Grant (ESG): A grant program administered by the Indiana Housing and Community Development Authority that provides funding for essential services, operations, and homeless prevention activities to emergency shelters, transitional housing for homeless, and day/night homeless shelters.

Faith-Based Outreach Team: The Faith-Based Outreach Team promotes collaboration and communication among people of faith in Central Indiana who serve the needs of those experiencing homelessness, with the goal of increases effectiveness and decrease redundancy in helping neighbors find stability in life.

Indiana Family & Social Services Administration (FSSA): A department of the State that works to consolidate and better integrate the delivery of human services.

Grant Per Diem Program (GDP): A grant program administered by the Department of Veteran Affairs to promote the development and provision of supportive housing and/or supportive services for veterans experiencing homelessness.

High School Equivalency (HSE): Formerly GED, HSE classes and diplomas are designed to be similar to receiving a high school education.

High Performing Community: A designation of the United States Department of Housing and Urban Development (HUD) that indicates the Continuum of Care meets the standards defined in the Continuum of Care Program Rule.

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Housing Inventory Count (HIC): A point-in-time inventory of provider programs within the CoC that provide beds and units dedicated to serve persons who are homeless.

Homeless Management Information System (HMIS): An information system designated by the Continuum of Care (CoC) to comply with requirements prescribed by HUD. This system stores client information about persons who access homeless services in a CoC.

Housing First: An approach to homeless assistance that prioritized providing permanent housing to persons experiencing homelessness and including voluntary services once the household is stable in housing. This approach values client-choice and the provision of necessities like housing and food first.

Client Track: The software that is used by the Homeless Management Information System (HMIS) Lead to administer HMIS.

HMIS Lead: The organization designated by the Continuum of Care to administer the Homeless Management Information System (HMIS).

The United States Department of Housing and Urban Development (HUD): A department administered by the United States Secretary of Housing and Urban Development that is focused on creating strong, sustainable, inclusive communities and quality affordable homes for all.

Indiana Balance of State Continuum of Care: Indiana’s Statewide Continuum of Care represents 91 of the 92 counties in the State.

Indianapolis Housing Agency (IHA): A federally-funded government housing agency that provides low-income families, seniors, and families with disabilities access to affordable housing in one of their communities or in private market housing subsidized through Housing Choice Voucher Program (Section 8).

Managed Care Entities (MCEs): Services that are required under Federal Managed Care regulations to deliver Medicaid health benefits and additional services.

McKinney-Vento Homeless Assistance Act: A federal law that provides funding for homeless services, with a special emphasis on elderly persons, handicapped persons, and families with children

McKinney-Vento Liaisons: McKinney Vento Liaisons are local homeless education liaisons response for ensuring the identification, school enrollment, attendance, and opportunities for academic success of students in homeless situations. By linking students and their families to school and community services, local liaisons play a critical role in stabilizing students and promoting academic achievement at the individual, school, and district level.

Memorandum of Understanding (MOU): A formal agreement between two or more parties that outlines the responsibilities of each parties to an agreement.

Non-Time Limited Supportive Housing: Non-Time Limited Supportive Housing refers to housing for youth and young adults that is not time limited and offers supportive services and the opportunity for youth and young adults to move toward independence at their own pace.

Permanent Supportive Housing (PSH): Housing that is non-time limited; and prioritized for households experiencing chronic homelessness, community-based, and includes supportive services.

Point in Time Count (PIT): A count of sheltered and unsheltered homeless persons on a single night, conducted annually in Indianapolis.

Prevention: Homelessness prevention focuses on a household (individual or family) who is imminently at-risk of becoming literally homeless (14-days to eviction), but currently residing in a permanent housing situation. These permanent housing situations may include a leased unit, a house with a mortgage, a unit shared with others (doubled-up), or residence in a hotel or motel not paid for by federal, state, local, or community-based funding.

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Rapid Re-Housing (RRH): Services and supports designed to help persons experiencing homelessness move as quickly as possible into permanent housing with temporary financial assistance.

Recovery Housing: Recovery housing refers to safe, healthy, and substance-free living environments that support individuals in recovery from substance use disorder.

Risk Mitigation Funds: Reimbursement funds designed to incentivize and protect landlords who are willing to reduce screening criteria to rent to someone with limited income, poor rental history, or criminal history.

SSI/SSDI Outreach, Access, and Recovery (SOAR): A program designed to increase access to Supplemental Security Income (SS)/Social Security Disability Insurance (SSDI) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder.

Street Outreach: Services that focus on reaching out to unsheltered homeless persons to connect them to emergency shelter, housing, or critical services.

Supportive Services for Veteran Families (SSVF): A supportive services grant program administered by the VA provides funding to non-profit organizations and consumer cooperatives to assist very low-income Veteran families residing in or transitioning to permanent housing.

Transitional Housing (TH): Housing for up to 24 months that serve as intermediary housing before a person moves into permanent housing.

U.S. Department of Housing and Urban Development – VA Supportive Housing Program (HUD-VASH): A collaborative program between HUD and VA combines HUD housing vouchers with VA supportive services to help Veterans who are homeless and their families find and sustain permanent housing.

Wraparound Supports: Services designed to address basic needs and diverse aspects of individual wellbeing.

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Appendix C - Data

In the development of the Indianapolis Community Plan to End Homelessness, the Steering Committee and Blueprint Council prioritized the use of strong measurement and a focus on outcomes as a means to measure our community's success. By examining key system performance measures utilized by Department of Housing & Urban Development (HUD), and the data from the System Modeling Report completed in 2017, key data points were identified and included as success measures in the plan. Under each strategic priority baseline, annual targets, and a five-year goal were created.

Strategic Priority 1 measures an individual or family's length of time homeless in emergency shelter, transitional housing, and safe haven. This is a HUD system performance measure, which assesses the community's crisis response system and our ability to help individuals quickly move from crisis to stable, permanent housing. By focusing on driving down the length of time individuals and families spend in crisis housing, we are encouraging a more effective community response to homelessness.

Strategic Priority 2 measures the number of permanent supportive housing and rapid rehousing that has been identified as needed to adequately address homelessness for key segments of our community. In this planning process, the community prioritized the creation of an inventory of permanent housing that could end chronic homelessness among individuals, and end veteran homelessness. The secondary priorities for the community focus on increasing the availability of permanent supportive housing and rapid rehousing for families, as well as for youth and young adults. The number of units of permanent housing needed were identified from the System Modeling Report completed by ABT Associates.

Strategic Priority 3 measures the number of individuals and families who did not return to homelessness upon exiting to a permanent housing destination. This is also a HUD system performance measure and was seen as a correlating measure to the effectiveness of the services and case management provided to homeless individuals and families. This measure examines all types of interventions in the overall community and assesses our community's ability to ensure that individuals and families are connected to sufficient resources and supports so that they can remain in their permanent housing. This includes individuals who are receiving temporary or ongoing assistance to obtain and maintain housing, and it also includes individuals who were able to exit to permanent housing without financial assistance but may have received services and case management from community partners. In regards to the population specific measures for housing retention, it should be noted that only programs dedicated to serving that population were assessed in their population goals.

Goals for **Strategies Priorities 4 and 5** were identified based upon community feedback and the capacity for continuous and accurate measurement of our community capacity to address homelessness. Strategic Priority 4 will eventually have annual targets and a five-year performance goal related to data integration, after we have sufficient information from those projects to establish them. Strategic Priority 5 is the development of new funding, and those targets will be set as part of the initial operationalization of the plan.

The 5-Year Housing Goal for **Chronic Homelessness** utilizes Indianapolis' system modeling, which assumes 5% of the permanent supportive housing inventory turns over each year and is available for new move-ins. Annual benchmarks for achieving this goal account for housing at least 20% of individuals experiencing chronic homelessness per year.

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The 5-Year Housing Goal for **Veterans** utilizes Indianapolis' system modeling, which indicate that the rapid rehousing inventory must be sufficient to serve at least 288 Veteran households with approximately 5 months of assistance annually and must also have sufficient resources to end chronic homelessness. The number of available permanent supportive housing units, as noted in the goals and benchmarks for this population, includes the number of units that are made available annually due to turnover or new units. According to system modeling, the Indianapolis community has sufficient resources for rapid rehousing, but the eligibility for some Veterans to receive services will need to be assessed. The need for rapid rehousing should be assessed annually as the number of homeless Veterans decreases.

For **Youth and Young Adults**, Permanent Supportive Housing Units are nationally recognized as Non-Time Limited Supportive Housing.

The 5-Year Housing Goal for **Families** utilizes Indianapolis' system modeling adapted from a three-year model to a five-year model to align with the five-year period of this Plan. It will be necessary to assess the need using CES data and adjust projections as necessary. Annual benchmarks for achieving the 5-Year permanent supportive housing goal for families assumes 20% of units will be attained annually.

It is also important to note that as community-wide data collection efforts improve and additional institutions and partners participate, the baseline data included in the plan will become more accurate. As more information becomes available, the data related to each priority area within the Plan should be continually evaluated.

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Appendix D - Sources

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